Work, work, work: Australian Army nurses after World War I

Abstract
The Australian Army Nursing Service (AANS), with almost 2500 trained female nurses, provided nursing care and performed a myriad of other medical, administrative and non-nursing roles for the AIF overseas during World War I. In 1919 and 1920, the Army demobilised most. However, the nurses’ military service changed their nursing lives forever. Based on extensive new data, and building on the work of historian Jan Bassett, this paper explores the work of nurses immediately after the war, their continuing ties with the military, how the government’s repatriation system treated them and the commemorations of their work.

While some were entitled to pensions, many others struggled financially through life. Many were mentally and physically exhausted from their military service and found general nursing, their own qualifications, too much. Although other historians such as Marianne Barker and Ruth Rae believe that the AANS set the standards for Australian hospital nursing after the war, many branched out and pioneered other fields such as infant welfare, repatriation nursing, industrial and school nursing while others opened nurses’ homes.

In Jan Bassett’s PhD in 1991, she wrote ‘To gauge the full impact of wartime experiences clearly one needs to look at the remainder of army nurses’ lives’. As part of her research into Australian military nurses, she accessed the records of the charitable organisation, Edith Cavell Trust Fund (ECTF), which had information about more than 700 World War I (WWI) nurses from Victoria. Bassett suggested due to the rich material contained within ‘They deserve a full-length study of their own’. Sixteen years later and her work remains the only significant investigation into the post WWI lives of those Australian Army Nursing Service (AANS) nurses who went overseas on active service.

This paper continues that investigation. Rather than the illness, rehabilitation or poverty focus of Bassett, this paper looks at work opportunities and experiences for all Australian ex-military nurses in the immediate years after the war. Thus, it contributes a labour history perspective to the post-war environment for Australian nurses and for Australian women. It partly examines the story of the nurses within the Anzac legend, therefore enhancing the feminine perspective of Australian commemoration and remembrance of WWI. It also adds to the available data about WWI nurses as the statistics used in this
paper come from the detailed database I have constructed for all AANS nurses from around Australia who served overseas using their National Archives records, diaries, letters, correspondence with family members, nursing journals, embarkation rolls and military papers held at the Australian War Memorial. The database not only includes details of their war service but also their place of birth, training hospital, nursing roles prior to enlistment and post war life where available.3

The Australian Imperial Force’s (AIF) Australian Army Nursing Service (AANS), with 2498 professional female nurses, and more than 700 other Australian nurses working overseas with allied services, provided nursing care and performed a myriad of other medical, administrative and non-nursing roles during WWI.4 On Armistice Day, when soldiers ceased fighting, the medical services did not stop work. The Spanish flu pandemic sweeping the world was particularly dangerous to the young adult group. With thousands of soldiers hospitalised, military nurses’ skills were vital in managing the feared complication of pneumonia.5 They were not immune themselves; like soldiers, several military nurses died during the war, died of Spanish flu, some only days before the Armistice.6 Even after many military hospitals closed, work for Australian military nurses did not cease. They were often required for duty on the ships transporting either convalescing soldiers, or soldiers with their families back to Australia. In 1919 and 1920 the AIF demobilized most AANS members.7 In contrast to soldiers, they were not discharged; officially, they had not been enlisted in the AIF in the first place, although the many signed attestation papers in their records belie this.8 The notion of resurrecting a Nursing Reserve force came without delay with nurses’ records showing that some 190 elected to transfer immediately.

The development of nursing during WWI had created an environment for ample praise of the AANS.9 Thus, a grateful nation provided these military nurses with its highest compliment – it regarded them as similar to soldiers. Nurses who had served abroad could march on Anzac Day with the soldiers.10 And many did. For example, Mary-Jane Derrer led the Anzac Day march in Mackay for many years at the insistence of local diggers.11 Some nurses also received funerals with full military honours including Matron
Rose Creal in 1921 and Matron-in-Chief Grace Wilson in 1957. The Returned Services League and other similar organisations also welcomed army nurses as both honorary and full members, although nurses also developed their own Returned Nurses’ Associations. It is difficult to know what friendships military nurses retained after the war although Marianne Barker suggests that they ‘retained a strong bond of camaraderie’. While this might be true for a few, nurses serving overseas had so often worked with others not from their training hospital, town, their state or even Australia that for many, the close mateship associated with the men of the AIF, is not evident.

Pensions/repatriation

Under the terms of the various Repatriation Acts, the definition of ‘soldier’ included members of the AANS. Returned nurses were eligible for disability or invalid pensions under the War Pensions Act but not long-service pensions as the AANS was not a permanent force. The government also linked the rate of their pension to their service pay, which were at soldiers’ levels not officers’ rates and also often below their pre-war civilian earnings. In 1915, trained nurses with some years experience could expect to receive more than £70 per annum plus board, meals, laundry and uniform while AANS nurses received only £60 per annum after paying the charges for the items above. Given that a considerable number of sisters and matrons filled army staff nurse positions, the disparity in their army/civilian wages was exacerbated.

At least 990 nurses made requests to the Repatriation Department after the war; their personal service records in the National Archives show this information. However, in most instances, there are no details as to what the request was for. In addition to these ‘requests’ are at least 330 applications for assistance. For a few, it was a request for assistance to purchase professional instruments to aid them in gaining a position such as bush nursing or theatre work. Other applications were for land settlement, war service home loans, pensions or medical assistance. Only two AANS nurses received wounds during WWI; the rest suffered a myriad of illnesses; it is rare to find a nurse without a report of sickness. As they often self-treated their problems, and avoided hospitalisation,
their medical records lacked the necessary details.\textsuperscript{24} Moreover, as the British Museum destroyed AIF medical records in 1919, many suffered further stress as they did not have enough evidence to support their claims for wartime illness and debility.\textsuperscript{25}

Service pensions for those who were permanently unemployable, had pulmonary tuberculosis, or were over the age of 60, did not appear until 1936.\textsuperscript{26} This included AANS nurses. Not until 1958 was access to medical and hospital treatment in repatriation hospitals extended to all WWI nurses, irrespective of whether their disabilities were war-related.\textsuperscript{27} Consequently, the majority of applications to the Repatriation Department are after 1958, the last being in 1969. The government extended nursing home care to those suffering from chronic illnesses in 1973. At least forty-three nurses applied for support after this time although most WWI nurses had already died. Thus governments had paid lightly for the nurses’ service. On the other hand, as Jan Bassett says, most of the nurses had paid a heavy price for their wartime experiences.\textsuperscript{28}

There is plenty of evidence that nurses felt the mental and physical stress of their war service, just as the soldiers did. They felt that they were not able to return to general nursing with its long hours and physical demands.\textsuperscript{29} Before repatriation to Australia, Evelyn Davies noted those who felt the need for a change:

\begin{quote}
It is too funny to hear all the girls talking, some are going to make sweets, others take flats & sub let them, others tea rooms, we are all sick of having women over us and will do anything to be independent…
\end{quote}

As many of them continued working with the Army until 1920, they had had less time overseas to adjust than Australian soldiers had. In their minds, they were returning to a ‘reduced world’. Bassett records that hundreds of nurses were recorded as ‘medically unfit’ when they were demobilized.\textsuperscript{31} Quite a number of these nurses took long holidays after their return. However, many of these actually had no long-term disability that prevented them working. Bessie Proudfoot had her file marked MU due to a major
operation in 1919 but the classification related to ‘medically unfit for further service’ rather than medically unfit *per se*.32

Nursing organisations such as the Royal Victorian Trained Nurses Association – whose members came from Victoria, South Australia, Western Australia and Tasmania – had established Benefit Funds to aid trained nurses in times of need. However, these had to be supplemented by state based charitable funds such as the ECTF, and the Red Cross Service.33 While Bassett links the poverty and illness of nurses to their WWI service, the post war period coincided with a number of issues perhaps not foreseen when nursing associations moved to professionalise nursing. In the pre-antibiotic era, nurses often suffered illnesses picked up in their hospitals or workplaces and when off work they usually did not receive an income. The requirement of hospitals of the time and of the Army to be single meant that many nurses entered their middle age without financial support. Financial assistance from parents also diminished as they died; this also could mean the loss of a permanent residence for the nurse as property often was willed to sons, not daughters. As patient care moved from the home to the hospital environment, there came fewer opportunities to work as a nurse in private homes, which also contributed to earning inflexibility. All these factors, combined with the opportunity cost of private nurses giving up their lucrative earnings during their war service, contributed to nursing poverty.34 It was an odd situation given the nurses’ relatively high socio-economic status when they started nursing.35

Nursing historian Joan Durdin states that there was no lack of work in the 1920s as hospitals sought to increase their numbers to pre-war levels.36 However, it is also not clear how easy it was to gain good work. Private nursing, the main avenue for employment in Western Australia, for example, had almost ceased during the war as many nurses’ homes or bureaux had closed. Victoria Hobbs notes that younger army nurses were at a disadvantage, as many had not had experience in this field.37 Clare Fitzpatrick was one of more than 450 army nurses who graduated after the war started and who had later difficulty in getting a nursing job. Eventually she became a midwife in District Nursing in Kalgoorlie, married and obtained a war service block at Westonia.
because of her war service. Only five nurses appear in my database as working in private nursing post war compared with more than 325 before the war.

**Military connections**

The AANS chose varying paths after the war. For many, it was important to retain their military connections, and ex-service nurses confidently thought that military hospitals would give them employment priority. However, only 189 AANS who served overseas are recorded as taking up military hospital work, having to compete for positions with those nurses already ensconced. Some nurses remained as permanent members of the AANS to staff base hospitals around the nation. Others worked in repatriation hospitals or hospitals for permanently incapacitated ex-army patients such as the paralysed and limbless and those with tuberculosis. For example, Dorothy Edis went to the Anzac hospital at Keane’s Point in Western Australia, which cared for the rehabilitation of battle casualties, mostly amputees. Mary Ferry retained her connection in a very different way. She nursed at rural Pompoota in South Australia from 1922, looking after returned soldiers on the land settlements there.

Many nurses married, often men from the AIF or those they met through the war. More than 185 nurses married during the war. The data also shows 642 post-war marriages thus more than one third of the AANS left nursing after the war, having to resign when they married. In 1931, an Australian doctor Lt Col J.S. Purdy wrote:

> I hardly think that … the people of Australia realise how much they owe to these brave women. It is only those who, like my friend, Capt. (“Dad”) Forsyth, who had had the honour of marrying one who really knows their real worth.

However, for some this did not end their working lives. As many of their returned soldier husbands struggled to cope with civilian life, some returned to nursing to fill the family coffers.
Post war work

Some nurses returned to their old positions. Senior nurses such as Ethel Gray, Matron of Perth Hospital had her previous post held open for her, while junior nurses, often with only a single certificate, had to compete openly for new positions. Some of the Austin-trained nurses returned to the Austin Hospital, Melbourne; a Medical Officer there in 1926 wrote of Evelyn Richardson and her staff:

the excellence of nursing at the hospital remains a vivid memory. The staff were dedicated. Care, comfort and welfare of the patients was the universal aim. Added to this the feeling of teamwork was quite remarkable and I am sure this was due to the Matron and her senior nurses, several of whom had served in World War I.

Some nurses were keen to resume their professional careers and to expand their qualifications. In England in 1919, nurses had had the opportunity to undertake useful courses such as sanitation, housekeeping, infant welfare and midwifery training, and even motor driving, while awaiting return to Australia.

Other AANS nurses left nursing altogether by resigning, retiring or moving to charitable work. Mary Campbell, for example, was unable to nurse again. During her service in India, she had contracted dysentery, anaemia and gastritis. Post war she relied on her pension and ECTF grants.

Some nurses retrained in specialised fields, and sometimes in more than one specialisation. In 1920, Sydney Hospital noted that seven Sisters had returned from overseas war service. Of these, two took leave of six months ‘to take a course in Obstetric Nursing’. After demobilisation in September 1919, Bessie Proudfoot chose to train at the Melbourne Eye and Ear Hospital, and then later became a graduate of the Tresillian School of Infant Welfare in Sydney. Baby welfare nursing seemed a popular choice – probably because the nurses deemed the work physically light and so positive in contrast to their horrid war experiences. Elizabeth Burchill records that in 1917, there was one
Infant Welfare Centre and one nurse in Melbourne while by 1920 there were thirteen nurses, eleven ex army.55

With the decline of nursing in private homes and limitations on the number of nurses employed in hospitals, nurses sought other avenues for employment. For those war nurses who desired independence from the hierarchical hospital structures, a few became pioneers in new activities such as industrial nursing in stores and factories around Australia; for example, the Myer store in Adelaide appointed Enid Cherry as its nurse in 1923.56 Other fields of employment included working as matrons at colleges and orphanages, nurses at doctors’ and dentists’ surgeries, State School nursing, and Council nursing. Ballarat City Council appointed Matron Annie Roberts as Council nurse in 1920 with the object of her appointment to minimise the spread of diphtheria and influenza.57 There were also government positions such as Board of Health and Children’s Welfare Department nurses, running guest homes and rest homes, women police duties, even running a clinic for colonic irrigation! It is reasonable to suggest that so many men had had a positive experience of professional nursing during the war, that later employing these women within business and government circles seemed apt. Other less demanding forms of nursing came into vogue for AANS veterans including hourly nursing58, the Motor Nursing Service59 and visiting nursing services for insurance companies.60 Perhaps the most emotional but non-remunerative work was that of caring for family members – returned male relatives, sick siblings or elderly parents.

Although many military nurses had had the opportunity to develop a wider set of nursing skills and roles, it is not obvious that they were able to use them in civilian nursing. Certainly, military theatre nurses had a greater knowledge of trauma management and emergency operations, useful for dealing with increasing numbers of casualty patients from vehicle and industrial accidents.61 War nurses were able to carry out anaesthetics, surgical work and dispensing, normally the domain of other medical professionals. There is no evidence that any official nurse training school sanctioned these new nursing practices. For example, the curriculum of the West Australian Nurses’ Registration Board in the early 1920s shows no alteration from the Australasian Trained Nurses Association
state branch’s first curriculum of 1908.\textsuperscript{62} Ruth Rae’s view that military nurses became the ‘clinical educators to the next generation of nurses’ is supported in part by the appointments of ex-AANS Gertrude Barnes as the first Tutor Sister at Adelaide Hospital and Grace Douglas at Melbourne Hospital from 1922.\textsuperscript{63} Returned nurses did make lasting impressions on probationers. Trainees at the Royal Prince Alfred Hospital had ‘a healthy respect’ for the returned Sisters and regarded them with a mixture of admiration and awe, seeing them as stern disciplinarians who managed their wards with authority and maximum efficiency.\textsuperscript{64}

\section*{Commemoration}

There was much recognition of the nurses’ work immediately after the war but they often did not receive the same level of recognition as soldiers.\textsuperscript{65} While Ken Inglis notes that the etiquette of publicly honouring nurses was ‘tricky’ and his research identified only about one in ten local memorials as recording nurses’ names, communities actually did commemorate hundreds of nurses.\textsuperscript{66} Country towns particularly included their nurses’ names on their war memorials – such as Merino in Victoria, Bungendore in NSW and Denmark in Western Australia. Bacchus Marsh in Victoria even commemorated their representative nurse, Kathleen Rogers, in their Avenue of Honour. Nursing associations, churches and returned service associations also erected monuments including two Brisbane churches, St Luke’s Church of England and the Sandgate Baptist Honour Board.\textsuperscript{67} A Roll of Honour at St Paul’s Cathedral, Melbourne even listed twenty-one AANS nurses who died. In addition, many memorials only commemorated those who had died, thus excluding almost the entire Australian war nursing group.

The significant difference between acknowledging returned soldiers and nurses is the site of commemoration; while some have interpreted Inglis’s work to mean that nurses were barely recognised, they were.\textsuperscript{68} However, often it was in a public place at the hospital where the nurses had trained or the hospital where they worked immediately before the war. While many men had their service recognised in their workplaces, generally this was not a public place such as that of a hospital foyer. To illustrate, an honour board in the
foyer of the Homeopathic Hospital Melbourne had fifty-six names. Some saw this as an
evasion of recognition; other nurses thought it appropriate, as they did not seek the
triumphalism that local street-based memorials seemed to engender. After all, nurses
had spent their war dealing with the wounded, the sick, the dying and the disabled. It was
also more complicated to commemorate a nurse on a local memorial when she might
have left her hometown ten or twenty years earlier; she did not return to the town when
her male peers did. Only if she had family willing to fight for her recognition did this
occur. In terms of mateship and ‘family’, commemoration at the training hospital
recognised the same bonds that united soldiers who had enlisted from the same district or
town.

One additional complexity in remembering Australian returned nurses was the
transnational commemoration of Edith Cavell, the English nurse shot in 1914. NZ
historian Katie Pickles highlights that there are as many memorials to Cavell in Australia
as to Australia’s own war nurses. Australian society women had taken Cavell to their
heart; their connection to her and her Britishness was the opposite of their relationship to
Australian professional nurses who not only came from a different class, but a different
class to British nurses.

Remembrance

Although Marianne Barker states that the nurses had the chance ‘to show society quite
forcibly that their clinical work was of enormous value and should be recognised’, it is
evident that army nurses did not draw significant attention to their military nursing
skills. From a historical perspective, many were singularly silent or ‘self-forgetful’. Others
related that ‘no words could adequately describe’ the great services they rendered,
so they also said nothing. Not enough is known about these WWI days of military
nursing – as an article in the Victorian nursing journal Una in 1917 recorded, they might
well be called ‘the Silent Service’. The trauma of remembering, and the desire to move
away from nursing and the military may have been contributing factors. For example,
Frances Sinclair’s daughter readily recalled that her brothers ‘said that they couldn't
remember Mum talking about serving in the war and I can't either except that she did tell me once that she had seen Lawrence of Arabia walking the other side of the road in Cairo’.75

As Janice Gill believes, after nine decades we have forgotten the very considerable achievement of WWI army nurses.76 Perhaps those of us under the age of 50 never learnt of it because of WWII – although the last AANS nurse did not die until 1998.77 In part, the division of nurses between the Australian and British services contributed to this memory lapse; also hundreds of nurses served in Greece and India, well away from their Australian male compatriots and outside the AIF experience. Those in India were not working in a ‘theatre of war’ and thus did not receive the same war medal entitlements.

Only three AANS nurse autobiographies appeared after the war, Anne Donnell’s Letters (1921), May Tilton’s The Gray Battalion (1933) and Gertrude Moberley’s Experiences of a “Dinki Di” R.R.C. Nurse (1933) – and one memoir In Grey and Scarlet… (1922) by Kate Luard who served with the British. And the volume of official medical history of the war by A.G. Butler discussing war nurses did not appear on shelves until 1943. One can see that the advent of World War II and the deaths and imprisonment of the nurses of the Second AIF had a more lasting impact on the Australian consciousness. One nursing association made the suggestion, even during WWI, that perhaps Australians would have taken more notice if an Australian nurse had died under fire.78 Certainly, this was the unintended result from WWII as many Australians are more familiar with the name of the sole survivor of the Banksa Island massacre, Sister Vivian Bullwinkel. Again, the notion of the ‘silent service’ is a contributing factor to this situation. Sarah Furnifull herself reflected fifty-five years later: ‘I have tried to set down my memories of that terrible period … But I remember a lot of things that I try hard to forget.’79 Her desire to forget, so similar to many others, meant that outside the nursing world, her work experiences slipped away from the Australian collective memory.

To conclude, for those WWI nurses who did not marry, work was essential to avoid financial pressures. However, the stresses of war limited the physical and mental ability
of many to return to general nursing. Instead, many war nurses branched out into new fields of nursing and having pioneered Australian military nursing, now were early workers in new fields of infant welfare, industrial nursing and repatriation nursing.

2 Bassett, PhD, p xxxvii. The ECTF files holds material for Victorian nurses who served overseas with the Australian Army and with other allied forces, and nurses who served in Australia. There were other trust funds in Australia.
3 The AANS database forms a 278-page appendix to my thesis. See Kirsty Harris, ‘Not just ‘routine nursing’: the roles and skills of the Australian Army Nursing Service’, PhD thesis, University of Melbourne, 2006. I constructed additional databases for Australian nurses serving with other allied forces also as part of my research.
4 The AANS figure of 2498 serving overseas includes 14 ward assistants, 1 seamstress and 28 masseuses. A detailed discussion on the number of Australian nurses who served with the AIF can be found at Kirsty Harris, ‘Rubbery figures’: the puzzle of the number of AANS on active service in WWI, Sabretache, Journal of the Military Historical Society of Australia, Vol XLIX, No. 1, March 2008, pp 5-10.
5 C.R. Boughton, A Coast Chronicle – The History of the Prince Henry Hospital, The Board of the Prince Henry Hospital, Sydney, 1963, p 50.
6 Matron Jean Miles-Walker died 30 Oct 1918; Emily Clare died 17 Oct 1918. The deaths include 21 AANS and 4 who served with the Queen Alexandra’s Imperial Military Nursing Service.
7 Jan Bassett, Guns and Brooches - Australian Army Nursing from the Boer War to the Gulf War, Oxford University Press Australia, Melbourne, 1992, p 95.
10 Trembath and Hellier, p 107 citing Senator Millen, Minister for Repatriation to Secretary, RVTNA, 8 August 1917, in RVTNA Council Correspondence.
12 Sister May Dickson, QA is also mentioned in ‘Nurse’s Military Funeral’ in Una Vol XV, No. 8, 30 October 1917, p 243.
13 ‘Personal’ in Una, 30 Jul 1919, p 138. Pauline Pierre-Humbert was welcomed as a member of her RSL while others were considered ‘honorary’ members; ‘Distinctions gained by Nurses in Active Service’, in Herald, reprinted in Una, 30 Aug 1919, p 176; Victoria Hobbs, But Westward Look: nursing in Western Australia 1829-1979, University of Western Australia Press for the Royal Australian Nursing Federation (WA Branch), Perth, 1980, p 66; Joan Durdin, They Became Nurses – a history of nursing in South Australia 1836-1980, Sydney, 1991, p 94. Different states named nurse organisations the Returned Army Nurses’ Association or Returned Sisters’ Association, and some became sub-branches of the RSL.
15 Only a third of the AANS served solely in Australian military hospitals. Most served in British or other allied services hospitals for an extended period sometime during their war service. This lack of camaraderie is also evident in Canadian military nurses post war – see Susan Mann, Margaret Macdonald – Imperial Daughter, McGill-Queen’s University Press, Montreal, 2005, p 167.
16 Trembath and Hellier, p 107 citing Senator Millen, Minister for Repatriation to Secretary, RVTNA, 8 August 1917, in RVTNA Council Correspondence, RANF.
17 Bassett, Guns and Brooches, p 99.


For example, at least sixty-five matrons of country hospitals served as staff nurses or sisters in the AANS.


Nurses had the same eligibility as soldiers for soldier settlement land under the Repatriation Act (1917). There is little research on this topic but for new information on this topic see: Selena Williams, ‘Soldier Settlement for Returned Army Nurses Post World War’, *When the Soldiers’ Return* conference, University of Queensland, Brisbane, 28 September 2007.

The two wounded nurses were Margaret Looker (wounded hand) and Rachel Pratt (gun shot wound shoulder).


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It should be noted that some AANS were of considerable age when they went overseas; many were over 40 and one aged 57!

Australian War Memorial (AWM) 3DRL 3398B, Davies, letter 3 Mar 1919, p 4.

Bassett, *Guns and Brooches*, p 99 citing nominal roll at CARO.

NAA, B2455, Bessie Proudfoot.

See *Una*, 20 Aug 1904, 30 Nov 1907; 30 July 1920, p 75. The Australasian Trained Nurses Association, based in NSW, represented nurses in NSW and Queensland but also had members in other states. The Royal British Nursing Association had a branch in South Australia. Many nurses had dual memberships.


Nurses required the financial support of a middle class background to become a nurse, such were the poor wages they received as trainees. See Kingston, p 83.


Hobbs, p 65.

Interview Pat Price (niece of Clare Fitzpatrick), December 2000.

Hobbs, p 71.

This is 189 names out of more than 2000 entries in the database, and when the staffing requirement of military hospitals in Australia was a minimum of 423; this number also does not include the many newly opened rehabilitation centres.


War nurses were supposed to be aged between 21 and 40. However at least 142 were over 40 when the war ended.


Mary Campbell was born in 1875 in Geelong and had been nursing for ten years before the war.


Conversation with Dorothy Rowe, Jessie Tomlins’ daughter, Dec 2002. Jessie Tomlins trained in midwifery and went to Darwin Hospital to work in tropical medicine; Harford, p 152 citing Sydney Hospital *AR*, 1920, p 29; Author’s family papers.


*Una*, 30 Jul 1920, p 73.

*Una*, 30 July 1920, p 75. An hourly nurse had their own motor car, and visited those who did not want a resident nurse in the house and were able to pay the hourly nursing fee.

Durdin, *They Became Nurses*, p 115. Patients were taken to and from doctors’ and dentists’ surgeries, or from hospital, and put to bed, the nurse giving whatever treatment was needed.

*Durdin*, p 328.


Hobbs, p 69 citing Appendix III.


Armstrong, pp 160-161.

Rae, *Scarlet Poppies*, p 223.


69 Inglis, *Sacred Places*, p 186.


71 Barker, pp 2-3.

72 *Una*, 1 Nov 1920, p 138.

73 ‘Service for Nurses’ in *Una*, 1 Jan 1921, p 184.

74 ‘R.A.N.S. – Army Nurses’ Work’ in *Una*, 30 Nov 1917, p 278.

75 Email Biddy Foster, daughter of Frances Sinclair, email to author, 27 Dec 2000.


77 My thanks to Melanie Oppenheimer for identifying this nurse, Mary Marshall.


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