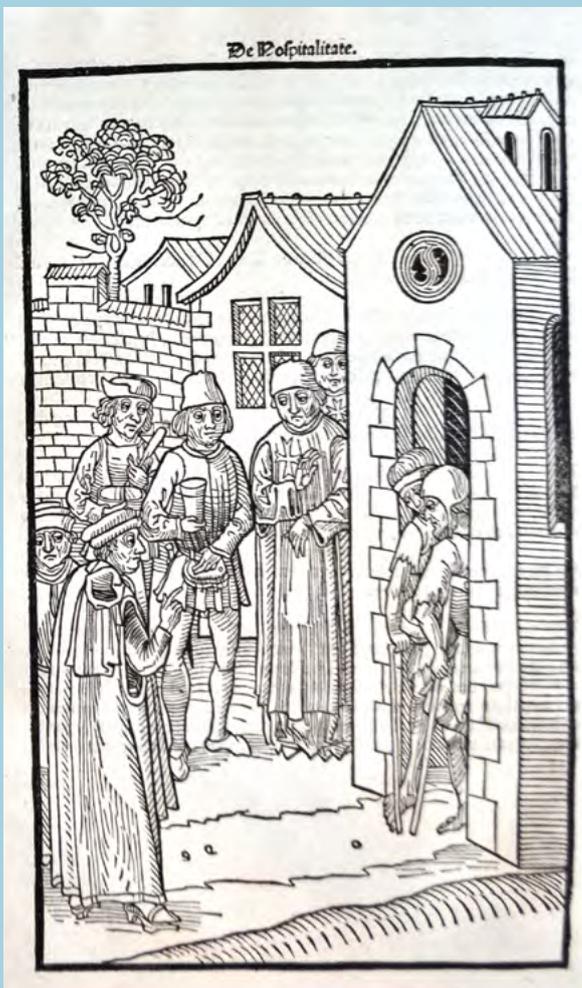


One St John

THE INTERNATIONAL HISTORICAL JOURNAL OF
THE MOST VENERABLE ORDER OF ST JOHN
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The 'logo' of *One St John*: 'Almsgiving by the brothers of the hospital of St John of Jerusalem', from *Stabilimenta Rhodiorum Militum* by Guillaume Coursin, 1493. By kind permission of the Museum of the Order of St John.

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**St John
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Fourth volume of *One St John*

Volume 4 of *One St John* appears four months later than originally hoped for. The reason for the delay has been the Co-Editors' wish to allow the announcement of the appointment of the Order's next Librarian to precede publication. We knew that such an appointment was imminent and so we have been biding our time.

Now that Fr. Howell Crawford Sasser Snr. has been confirmed as Librarian, we may accordingly present Vol. 4 to its far-flung readers across the world-wide family of the Most Venerable Order of St John.

The mission of the journal is to reach a global audience of 'St Johnnies' who are committed to the charitable ethic suffusing the Order. In doing so, the journal hopes to help St John members everywhere appreciate the Order the better by having access to scholarly historical articles on the Order's long and varied history.

The first four volumes of *One St John* have demonstrated how historically rich the St John heritage is in all the nations in which the Order is active. We the Co-Editors trust the readers will agree with us that Volume 4 shows how the Order's history is a well-nigh inexhaustible lode of high-quality ore for those inspired in the present by the Order's past.

Up till now we have drawn the content of the first four volumes of the journal mainly from the rich seam of historical investigation that can be found in the annual published proceedings of the St John Ambulance Historical Society of Australia. These published articles started their lives as papers delivered to our annual seminar. But *One St John* is an international publication, and we know there is a strong interest in the history and heritage of the Order worldwide, and much intelligent research currently is being conducted into the Order's past. In future we, the current Co-Editors, hope that the balance will tip strongly in favour of the inclusion of articles submitted to us from elsewhere in the worldwide family of St John

Ian Howie-Willis MA PhD KStJ

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Interim Editors

Fr Howell Crawford Sasser Snr.

The new Librarian of the Most Venerable Order of St John.

Co-editors, *One St John*



During October 2018, St John International announced the appointment of a new Order Librarian. He is Colonel (Ret.) Reverend Howell Crawford Sasser Snr. KStJ, a former military intelligence officer in the US Army. After retiring from his military career, Col. Sasser, pictured above, was ordained as an Anglican priest.

As Librarian, Fr. Sasser succeeds two distinguished predecessors – the late Professor Jonathan Riley-Smith GCStJ, who held the Chair in Church History at Cambridge University and was the Order Librarian for a record 38 years, 1978–2016; and his successor, Alan CN Borg KStJ, previously the Director of the Imperial War Museum and then of the Victoria and Albert Museum, who was Librarian for the two years 2016–2018.

For those unfamiliar with the position, the Order Librarian is the Order's chief 'history-heritage' officer. It is a position analogous to that of Librarian of a Priory of the Order, except that instead of being the overseer of the 'history-heritage' function within a sole Priory, the responsibility is for the entire Order – including all its Foundations & Establishments, i.e. all the Priors, Commanderies and Associations and other institutional elements of the Order's organisational chart.

And so, Fr. Sasser's 'duty statement' requires him: "among other responsibilities, to advise the Grand Prior, the Great Officers, the Grand Council and the Secretary-General on the history, customs and traditions of the Order; maintain an overview of the Order's history and heritage activities in the Priors, Commanderies and Associations of the Order; work with the Deputy Librarian to manage and produce the online journal of the Order [i.e. this journal, *One St John*]; and monitor the activities of the libraries, museums and heritage centres of the Order worldwide." As readers will appreciate, his task and responsibilities are huge!

Fr. Sasser's experience as an Anglican priest was extensive before his retirement in 2005. He was the Archdeacon (i.e. senior administrator) of the Diocese of Gibraltar 2002–2005. As such, as well as the congregations in Gibraltar, he also served 27 congregations in Spain, Athens, Montreux (in Switzerland), Andorra, Morocco and Porto (in Portugal). Before

Gibraltar he had ministered in the Diocese of Cyprus and the Gulf, and in Somalia within the Diocese of Egypt. During his time on Gibraltar he represented the Diocese in Europe in the General Synod of the Church of England.

Fr. Sasser holds BA and MA degrees in History; he also has a Master of Theology degree from Oxford University. He and his wife, Elaine, have two grown children and live in Mechanicsburg, Pennsylvania. He was invested as a member of the Order of St John in 2004. He served as a member of the US Priory Chapter from 2008 to 2012. In 2008 he was appointed as the US Priory Historiographer, a position he held until 2015. Since then he has continued his service as the US Priory's official Protocol Advisor.

Soon after his appointment as Order Librarian, Fr. Sasser made contact with the *One St John* Co-Editors, Matthew Glozier, Ian Howie-Willis and John Pearn, to introduce himself and to discuss his responsibilities for the journal. They explained that while they are currently its Co-Editors, the hard work of design and production is taken care of by Gabrielle Lhuede, the National Manager Publications for St John Ambulance Australia.

After congratulating Fr. Sasser on his appointment to the Order's key history-heritage position, the Co-Editors assured him of their full cooperation and assistance.

They also invited Fr. Sasser to become an 'honorary international member' of the St John Ambulance Historical Society of Australia, which is the largest of its kind anywhere within the worldwide St John family. Fr. Sasser graciously accepted the invitation. He will consequently be kept well informed about developments on the St John history-heritage front via the Historical Society's annual journal, *St John History*, and its quarterly newsletter, *Pro Utilitate*.

On behalf of all *One St John* readers, we the journal's Co-Editors, are now delighted formally to congratulate Fr. Sasser on his appointment as Order Librarian and to welcome him into his new position. We trust that this journal will prove helpful to him as he fulfils his responsibilities in such a key international appointment within the Order!

Expired air resuscitation.

An historical account.

David Fahey CSTJ

‘Mouth-to-mouth’ resuscitation is a term which is embedded in the vernacular. Indeed, it is regarded as a *sine qua non* of first aid. However, mouth-to-mouth as we now know it, has really only had a short history, being formally introduced in the late 1950’s. In this paper, the following terms are considered synonymous:

- mouth-to-mouth resuscitation
- expired air resuscitation (EAR)
- rescue breathing.

It may seem intuitive that if someone has stopped breathing, we might breathe for them using our exhaled air. Life can be sustained in this way because we are supplying oxygen to the victim. We all know this, and it seems so obvious! Why wasn’t rescue breathing practised since the dawn of time? This paper will explain the answers to this question, from an historical point of view.

Historical background

First, let us consider the purpose of breathing. Even to prehistoric humans, the connection between breathing, and being alive, must have been apparent. But what was not apparent, was the true purpose of breathing. Gas exchange of oxygen and carbon dioxide in the lungs, and the circulation of blood, were not understood until around 1800. Prior to these discoveries, doctors had absolutely no idea why we breathe. Rather than understanding that we breathe in order to stay alive, it was thought that we breathed as a result of being alive. This is a subtle but important distinction.

Consider the following from the *Book of Genesis* ...

And the Lord God formed man of the dust of the ground, and breathed into his nostrils the breath of life; and man became a living soul. (*Genesis 2:7*)

This was written in about the 6th Century BC. Here, the reference to the breath of life has nothing to do with oxygen or resuscitation. Instead, it relates the breath to some kind of vital spirit. This spirit is being described in terms of an immortal soul, acting as a kind of life force. We can’t read or interpret this from the point of our current understanding of physiology.

Plato knew that the lungs resemble the structure of a sponge, and concluded that the lungs function to cool the heart, which he thought to be the seat of excitement and passion. Galen continued Plato’s notion that the lungs cooled the heart. But he went further by trying to reason the link between breathing and life. Galen proposed that ‘crude air’ drawn into the lungs was transformed into *pneuma*, an undefined life-giving vital spirit. Galen’s influence remained unquestioned well into the 16th century.

The first to really question Galen's teachings, and conduct his own anatomical dissections was Andreas Vesalius. Vesalius completed his masterpiece *De Humani Corporis Fabrica* in 1543. Although he did not understand gas exchange, Vesalius demonstrated that fireside bellows could be used to artificially reproduce the action of breathing and that this would keep alive an animal which would otherwise have died. Vesalius does not mention any correlation between this experiment and attempting to resuscitate a human.

This knowledge then paved the way for William Harvey to describe the circulatory system in *De Motu Cordis* in 1628. Harvey realised that the heart functioned as a pump, which drove blood around in a circuit. But exactly why we needed a circulatory system at all, was yet to be explained.

The next major leap forward came with the work of John Mayow, published in his *Tractus Quinque* in 1674. He conducted experiments showing that an animal would die when placed inside an inverted glass jar over water, and similarly, a lighted candle would go out. Importantly though, he noted that the water level rose within the glass jar. He concluded:

There is now no reason for denying the entrance of air into the blood ... The chief use of respiration ... which makes it so necessary, is that particles of a certain kind, absolutely necessary for the support of animal life, may be separated from the air by means of the lungs, and mixed most minutely with the mass of the blood ...

Over 100 years elapsed before advances in chemistry permitted the discovery of oxygen as an individual gas. Carl Scheele, Joseph Priestly and Antoine Lavoisier each independently conducted experiments which showed the existence of oxygen. But Lavoisier seems to have claimed this prize for himself, and it was he who named the gas oxygen. It wasn't until the early 1900's, when the work of Bohr, Haldane and Krogh enabled arterial blood gases to be measured, that gas exchange was really understood.

You can see from this brief overview, that one barrier to the adoption of rescue breathing was, quite simply, until the late 17th century, no one understood the purpose of breathing.

Quite apart from the lack of physiological understanding, there were other barriers to performing rescue breathing. Strong religious views accepted sudden death as God's will, so attempting revival would be interfering with the supernatural. Social norms precluded direct oral contact with a stranger. And of course there were fears of disease.

Early accounts of rescue breathing

Despite the many barriers described above, there are early records of success with sporadic uses of rescue breathing. The first documented account is attributed to Dr William Tossach in 1774, in Scotland. In an article titled 'A man dead in appearance, recovered by distending the lungs with air', Tossach described a case of a man rescued from a coal mine explosion:

I applied my mouth close to his, and blowed my breath as strong as I could, but having neglected to stop his nostrils, all the air came out at them; wherefore, taking hold of them with one hand, I blew again my breath as strong as I could, raising his chest with it, and immediately I felt six or seven very quick beats of the heart.

It is known from tradition that rescue breathing was performed by midwives from at least 1000 BC, and there are some references to its use in the *Talmud*. The practise seems to have been handed down by word of mouth across the centuries. Evidence of this appears in a medical text written in 1769 by William Buchan. He reports of

the case of a woman in childbed who, after being happily delivered, suddenly fainted and lay upwards of a quarter of an hour, apparently dead. A physician was sent for; her own maid, in the mean while, being out of patience at his delay, attempted to assist her herself, and extending herself upon her mistress, applied her mouth to hers, blew in as much breath as she possibly could, and in a very short time the woman awaked as out of a profound sleep. The maid being asked how she came to think of this expedient, said she had seen it practised by midwives upon children, with the happiest effect.

Many authors attempt to use the following biblical reference as evidence for rescue breathing. In the *Second Book of Kings*, Elisha went to a dead child,

and lay upon the child, and put his mouth upon his mouth, and his eyes upon his eyes, and his hands upon his hands: and he stretched himself upon the child; and the flesh of the child waxed warm.

Claiming that this was rescue breathing is tenuous at best. But this bible passage did help, at least in part, to later overcome religious objections to the technique.

Real interest in resuscitation followed the establishment of the Humane Societies, dedicated to rescuing victims of drowning. The first was formed in 1767 in Amsterdam—a city whose canals made drowning an unfortunately common event. Many other cities soon followed, and the Royal Humane Society was founded in London in 1774. The Dutch society had recommended mouth-to-mouth ventilation as the preferred method, but this was condemned by the English society as ‘a method practised by the vulgar’. Also, expired air was known to contain carbon dioxide and was therefore thought to be ‘noxious and unfit to enter any lungs again’. The recommended methods included the application of hot water bottles, insufflation of the rectum with tobacco smoke and rolling the victim over a barrel.

In 1776, Dr John Hunter presented to the Royal Humane Society the results of ventilation experiments he had conducted using bellows, based on the method earlier described by Vesalius. Hunter also stated, ‘I shall consider an animal apparently drowned as not dead; but that only a suspension of the actions of life has taken place’. This comment reflected a real shift in attitude towards sudden death, and showed the increasing acceptance of resuscitation as a potentially justifiable medical intervention.

In 1782, the Royal Humane Society officially recommended bellows ventilation in preference to the mouth-to-mouth method, and specially-designed kits containing bellows were kept near waterways in London. Despite a number of reports of success, the bellows were abandoned in favour of various manual methods of artificial respiration. One can understand why the manual methods had appeal, because they were simple, needed no equipment, and were aesthetically acceptable. Hall’s method was the first to appear, in 1856. Over 100 techniques soon followed, none of which were effective.

‘Rediscovery’ and acceptance of rescue breathing

The most important figure in the formal adoption of rescue breathing, was probably Dr James Elam, an American anesthesiologist. As a young resident during the polio epidemic in Minnesota in 1946, he instinctively did direct mouth-to-mouth resuscitation many times on asphyxiated patients. Everyone was sure that Elam would get polio, but fortunately he must have been immune. Elam wondered if rescue breathing could be taught widely, but the prevailing opinion at the time was that lay people would not be prepared to perform

it on a stranger. Knowing the lives he had saved, Elam became inspired to conduct research into rescue breathing. Initially, he personally conducted experiments on intubated patients, to see what oxygen and carbon dioxide levels could be achieved (given that expired air contains only about 17% oxygen compared with 21% in the atmosphere). Then, in 1954, a study was performed on anaesthetised patients at the end of their surgery, using mouth-to-mask ventilation. Arterial blood gas measurements showed impressive results. Importantly, this was published in the *New England Journal of Medicine* (NEJM).

Elam encountered resistance within the medical community, and at the 1956 meeting of the American Society of Anesthesia, he met and teamed up with Dr Peter Safar, a Vienna born anaesthetist. Together, Elam and Safar were formidable, even if Safar seems to have stolen more of the limelight.

Elam and Safar conducted experiments on human volunteers, who were anaesthetised and paralysed. Oximetry, blood gases, and breathing volumes were measured. Experiments continued for up to 1 hour each, and the rescuers were lay persons. The superiority of mouth-to-mouth ventilation was obvious—it was simple, and achieved normal blood oxygen levels. The manual methods generally failed to ventilate anyone at all. This important study was published in the *NEJM* in 1958.

Elam and Safar presented their findings at the American Medical Association meeting in 1958, and gradually they achieved more acceptance, especially when it became clear that lay rescuers were willing to attempt the technique. One important initiative was the design of a simulation mask, which prevented direct contact during training. This training mask was a forerunner to Laerdal's Resuscitation Anne manikin.



Dr James Elam
(1918–1995)



Dr Peter Safar
(1924–2003)

Early training aid



First aid doctrine

Getting support from medical societies was one thing. Changing first aid doctrine was entirely another. In Australia, the experiments already done by Elam and Safar, were essentially repeated in order to convince local organisations such as the Royal Life Saving Society, and St John Ambulance.

In 1960, Dr Bruce Clifton, an anaesthetist at Royal Prince Alfred in Sydney, conducted the experiments on anaesthetised volunteers from life saving clubs. And in 1961, the same experiments were done again by anaesthetists Roger Bennett and Tess Brophy at St Andrew's Hospital in Brisbane. Scores of ambulance officers, rescuers and life savers took turns performing mouth-to-mouth, thereby gaining confidence with the new technique.

But the first aid organisations were slow to change. The new technique (often nick-named the 'kiss of life') was viewed with suspicion. The manual methods of artificial respiration continued to be included in first aid textbooks, well into the 1970s. Rescue breathing is first mentioned in the St John's *First Aid Manual* from the UK in the 17th impression of the first edition, in 1961. However, it was included as an appendix, and was not part of the approved first aid course. With the second edition in 1965, rescue breathing was described in the main text as the preferred method, but Silvester's manual method was still included as an alternative. The first edition of *Australian First Aid* in 1969 included exactly the same material. Finally, in 1980, the second Australian edition included no mention of manual methods. The Royal Life Saving manuals in the 1960s presented both alternatives, and by the 6th edition of 1976, manual methods were removed.



Dr Bruce Clifton
(Sydney)



Dr Roger Bennett
(Brisbane)



Dr Tess Cramond (née
Brophy) (Brisbane)

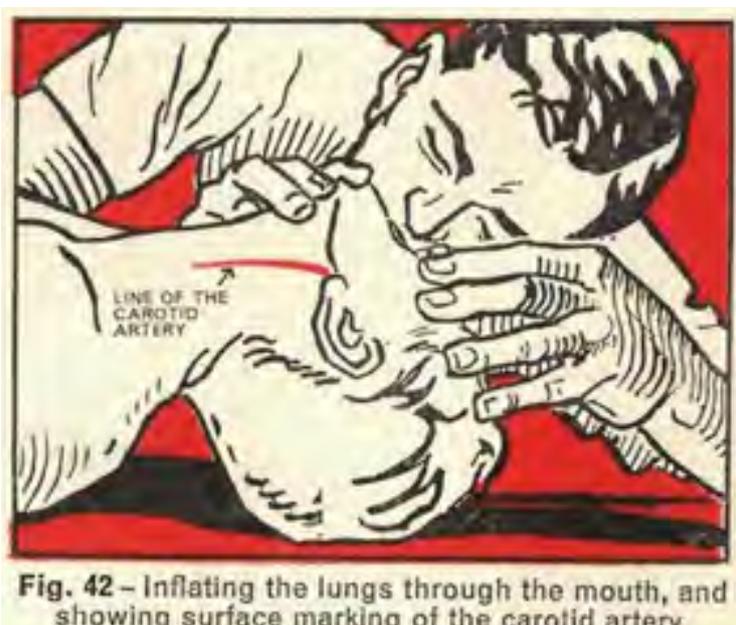


Fig. 42 – Inflating the lungs through the mouth, and showing surface marking of the carotid artery.

Illustration from
Australian First Aid, 1962

Chest compressions/CPR

No mention has been made throughout this paper of chest compressions, or cardiopulmonary resuscitation. External cardiac compression wasn't described until 1960, and it took a decade to be incorporated into what we now call CPR. Rescue breathing alone is only helpful if the victim's heart is still beating.

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The Grand Prior's Award.

An international, short history.

Trevor Mayhew OAM KStJ

With the rapid expansion of the Order of the Hospital of St John of Jerusalem in Western Europe, throughout the 12th century, small communities started forming which provided resources to the headquarters of the Order. These communities, called Commanderies, gradually gathered into provinces called Priories or Grand Priories.

One of the communities (called a Commandery) was established at Clerkenwell in about 1140, and the original Priory Church was established at the same time. Other Commanderies were established through the country and Clerkenwell became a Priory in 1185.

In 1831, with the support of the French Commission of the Order, the Council of the English Langue was created in the St John's Gate at Clerkenwell. This was the old Jerusalem Tavern, a public house occupying what had once been a gatehouse to the ancient Clerkenwell Priory, the medieval Grand Priory of the Knights Hospitallers. These English Knights devoted themselves to charitable activities.

It was this British group, carrying out very substantial charitable activities, which Queen Victoria recognised and incorporated in 1888, and which became the modern Order of St John. Victoria ruled the largest empire in the world has ever known and the Order saw it as part of its role to spread Western medical practice to the colonies.



The First Grand Priors

Sir Robert Peat 1831–1837

The Reverend Sir Robert Peat one of the former chaplains to Prince George (Prince Regent and later King George IV) was recruited by the Council in 1830. On 29 January 1830, in the presence of Philip De Chastelain, and the Agent General of the French Langue, Peat was elected prior ad interim. Some three years later, Peat becoming the first Grand Prior of the revived Priory.

Sir Henry Dymoke 1838–1847

Sir Henry Dymoke, was appointed Grand Prior on the death of Peat. Dymoke re-established contacts with the Orders in France and Germany which had expanded. However, until the late 1830s, the British arm of the organisation had only considered itself to be a Grand Priory and Langue of the Order of St John, never having been officially recognised as such by an established Order. Dymoke sought to remedy this by contacting the Roman Catholic Sovereign Military Order headquarters in Rome. The then Lieutenant Grand Master, Philippe de Colloredo-Mansfield, refused the request. In response, the British body declared itself to be the Sovereign Order of St John in the United Kingdom, under the title 'The Sovereign and Illustrious Order of Saint John of Jerusalem'.

Sir Charles Lamb 1847–1860

Lieutenant Colonel Sir Charles Montolieu Lamb was born on 8 July 1785 in Wales. He was the son of Sir James Bland Lamb, 1st Baronet, and Anne Montolieu.

Lamb was given the name of Charles Montolieu Burgess at birth. He gained rank of Lieutenant-Colonel in the service of the Ayrshire Yeomanry. He used the pen-name of Charles Montolieu Lamb by Royal Licence.

He held the office of Knight Marshal of the Royal Household between 1824 and 1864. He succeeded to the title of 2nd Baronet Burges on 1 December 1824. He held the office of Sheriff of Sussex between 1829 and 1830. He died on 21 March 1860 at age 74 at Beauport Park, Hastings, Sussex, England.

Sir Alexander Arbuthnott 1860–1861

Rear Admiral Sir Alexander Arbuthnott was born in Forton, Hampshire. He was the son of Robert Arbuthnott (the son of Robert Arbuthnot, 1st Viscount of Arbuthnott), and his wife, Cordelia, daughter of Hon. James Murray.

Arbuthnott entered the Royal Navy in 1803 and served as a midshipman aboard the warship HMS Mars at the Battle of Trafalgar in 1805. He was present at the capture of Le Rhin in 1806, and four French frigates by Sir Samuel Hood, 1st Baronet's Squadron in the same year. Arbuthnott was with the expedition to Copenhagen in 1807; and escorted the Emperor of Russia and the King of Prussia to England in 1814.

The Duke of Manchester, William Montague 1861–1888

William Drogo Montague, 7th Duke of Manchester KP (1823–1890). Montague was also known as Lord Kimbolton (1823–1843), and as Viscount Mandeville (1843–1855).

The English Order continued in its growth, and had been able to recruit the 7th Duke of Manchester, who became their Grand Prior in 1861. The beginnings of well-established national Hospitaller organisation began when the Order created corps of ambulances in the 1860s. In 1871 a new Constitution brought about a further change of name offering a more modest identity: The Order of Saint John of Jerusalem in England.

Grand Priors of the Royal Family

In 1876, the Princess of Wales was recruited into the Order, followed by the Prince of Wales (later Edward VII). With their patronage, the Order founded an eye hospital in Jerusalem in 1882, and St John Ambulance Associations were established in large railway centres and mining districts to teach volunteer workers first aid so that they could help victims of workplace accidents. In 1887, these volunteers were organised into uniformed Brigades to serve at public events. In 1888 the Order was recognised by Queen Victoria and was made an Order of the British Crown.

Since then the Grand Prior has always been appointed by the Sovereign Head, and has always been a member of the royal family. Those 'royal' Grand Priors include:



Prince Albert Edward, Prince of Wales, Grand Prior, 1888–1901



Prince George, Prince of Wales, Grand Prior, 1901–1910



Prince Arthur, Duke of Connaught and Strathearn, Grand Prior, 1910–1942



Prince Henry, Duke of Gloucester, Grand Prior 1939–1974



Prince Richard, Duke of Gloucester, Grand Prior 1975–present

The Award

The Grand Prior's Award (or Badge) was established in 1931 as the principal and senior Cadet award in St John. The Grand Prior of the Order, His Royal Highness Prince Arthur Duke of Connaught (third son of Queen Victoria) petitioned his nephew, King George V, to approve the Grand Prior's Award.

The Award recognises a self-motivated and capable young person's ongoing commitment, compassion, and support within the functions of the Order. The Award is achieved by the successful completion of a specific number of Proficiency badges (which vary from Priory to Priory). When the Award was first established, to qualify Cadets had to pass exams in at least 12 of 16 badge subjects: Knowledge of the Order of St John, Home Nursing, Hygiene, Child Welfare, Cookery, Handicraft, Fire Fighting, Nature Study, and Clerical Ability (which included the subjects: English, business principles and bookkeeping, arithmetic, shorthand, typewriting).

The Award is granted by most of the Priories, including England and the Islands, Wales, Australia, Canada, Hong Kong, Malaysia, New Zealand, Singapore and South Africa.

The Badge

The design of the badge is the badge of the Order, in silver wire, embroidered on black felt. Surrounding the badge is a wreath of St John's wort (*Hypericum perforatum*), a medical plant used by the Hospitallers of the medieval Order of St John. Surmounting the wreath is the Grand Prior's (a prince's) coronet. A more durable and cost effective version, is available for summer uniforms (shirts). The Grand Prior Badge is worn on the left sleeve. It remains the only Cadet badge that can be worn on the St John Ambulance uniform throughout the member's St John career. When the Badge is presented it is often accompanied by a Certificate.

The first Grand Prior awardees

The first Grand Prior's badge in the World was awarded to Marion Higgins from Marrickville Cadet Nursing Division, on 15 February 1931 followed, two days later, by Cadet Sergeant G Anderson and Cadet Corporal W Lloyd from Slough Division in the United Kingdom. The Sydney Morning Herald on 2 May 1933, stated that Marion Higgins was the first girl in the British Empire to be awarded the Grand Prior Badge.

The Award around the world

The United Kingdom

St John Ambulance Cadets program in England, the Islands and Wales was founded in 1922, in order to train young people in first aid, and other essential skills. It has grown to be one of the biggest youth organisations in the United Kingdom, with over 20,000 members. Members take part in a very wide variety of activities, including attending first aid events, camps, completing Proficiency badges, participating in competitions, learning leadership and training skills, and fundraising activities.

Canada

St John Ambulance commenced in Canada in 1884. The first Division in Canada was Forest City, Ontario. The first Nursing Cadet Division was established in 1935, Vancouver Central, British Columbia.

The Cadets' Proficiency program allows youth members to gain the Grand Prior's award, as well as work toward the Duke of Edinburgh's Award. Proficiencies are awarded for demonstration of knowledge of a selection of over 80 subjects, and youth members are also given the opportunity to perform community service at public events (supervised by trained adult members).

Hong Kong

The St John Ambulance Brigade Cadet Command was established in Hong Kong in 1948. The St John Ambulance Team of the Hong Kong Ambulance Brigade provides first-aid and other types of training for young people between the ages of 12 and 18, and provides them with opportunities to practice and contribute to the community through local open social services. In addition to providing basic first aid, home care and marching training, the Parade Division also organises a wide range of skills training courses so that players can learn a wide range of knowledge in their spare time so that they can get more comprehensive physical and mental development.

Malaysia

Cadets in Priory of St John in Malaysia are encouraged to complete a number of the 26 badges, which are split into five different groups according to the nature of the activities. Cadets who successfully complete the Grand Prior's Award receive the award from the Order Secretariat in London, England. Cadets who obtain the Grand Prior's Award are known as Grand Prior Cadets and can wear the badge as adult members throughout their service in St John Ambulance.

New Zealand

The first Grand Prior Awards in New Zealand were awarded in 1934, to Duncan Clark and Basil Buckley in Christchurch. By December 1934, there were a total of five Grand Prior Badges awarded, including Jack Eade, Clyde MacFarlane and George Maystone. The first young women, Winifred Rogers and Hazel Smith from Christchurch, received their Award in December 1935.

Singapore

The Cadet Proficiency Badge Scheme was launched in Singapore on 7 January 1990. The objective is to encourage Cadets to take a keen interest in things outside the classroom, and to develop their interests further and learn new skills in their own leisure time. Members can choose from a wide range of activities, catering to each individual's aptitude, interest and inclination. Members are encouraged to participate and earn badges during training camps in order to achieve the Commissioner's Badge, the Chief Commissioner's Badge and subsequently, the Grand Prior Award, the highest honour bestowed to members.

South Africa

South Africa became a Priory in 1943, and its National Youth Academy started in mid-2014. Grand Prior Award training was promoted under the leadership of the Assistant Chief Commissioner (Youth). The latest members of St John South Africa youth to be awarded the GPB in 2015 are from the COGH Central Division. In 2015, Cadet Officer Sandy Williams, Cadet Officer Suhail Khan and Cadet Sgt Kim Harland were the first South African St John Cadets to be awarded the Grand Prior Badge.

The Award in Australia

Following the formation of St John Ambulance Cadets in the United Kingdom in 1922, St John in Australia soon had one of the first overseas Cadet divisions—the Glebe Ambulance Cadet Division, which was registered on 19 December 1925. The next Cadet divisions registered in 1930, were the North Sydney Nursing Cadet Division, and the Richmond Ambulance Cadet Division in Victoria.

Australian criteria for the Grand Prior's Award

In Australia, Cadets are required to meet a number of criteria to receive the Grand Prior's Award. They are:

- 12 proficiency badges, including Knowledge of The Order and Health Care and Caring, have been achieved
- no more than four proficiency badges can be achieved each year
- no more than two proficiency badges are obtained through school/college/university each year (with a maximum of six in total)
- no more than two proficiency badges may be earned prior to becoming a Cadet/youth member working towards proficiency badges commenced after the Cadet's 11th and before their 21st birthdays
- a minimum of four proficiency badges were achieved before reaching the age of 18
- 100 hours of service achieved, and successful completion of a program of first aid studies over a minimum period of 3 years—since turning 11 years-of-age, or from the day of joining.

Once the 12th proficiency subject has been successfully completed, the Divisional Superintendent/Manager will apply for the Grand Prior's Award on behalf of the Cadet.

Grand Prior's Awards are normally presented to members by the Prior (Governor-General) or Deputy Prior (State Governors or the Northern Territory Administrator) at a special award ceremony each year.

Two esteemed Australian Grand Prior Award recipients

Marion Higgins

Marion Higgins of the Marrickville Nursing Cadet Division was the first Australian and the first young woman to be awarded the Grand Prior Award from the British Empire, on 2 May 1933.

Little is known about Marion's later life. She continued in the Marrickville Nursing Division, and after her marriage in the late 1930s, she seems to have withdrawn from St John. She is not to be confused with Marjorie Higgins MBE DStJ who was Secretary of St John in New South Wales for many years (1940s–early 1970s).

Mark Compton AM GCStJ

Professor Mark Compton is the Chancellor of St John Ambulance Australia. He joined the Glebe Cadet Division the day after his 13 birthday in 1974 and has remained an active and efficient Brigade and Event Health Services Branch member since. Professor Compton is unique among the Chancellors in being a member of a four-generation St John family and the only Chancellor to hold the Grand Prior's Award. A Bailiff Grand Cross of the Order, he is a Life Member of this Historical Society, an honour granted him for his generosity in funding the Society's annual 'Knowledge of the Order' prizes for Cadets.

First Father/Daughter Grand Prior Award recipients

Trevor J Mayhew OAM KStJ

The author of this paper was with the Bankstown Cadet Ambulance Division when his work was recognised with the Grand Prior Award. He has also been State Operations Officer (NSW); State Ceremonial Officer (NSW); Divisional and Regional Superintendent, and Deputy Chairman, Community Care Branch. Trevor is currently on the St John NSW State Council.

Michele Davidson OStJ

Michele Davidson is the daughter of Trevor Mayhew. As a Cadet with St John, Michele was attached to the St George Combined Division. She was also a Divisional Nursing Officer; a National Competition Adjudicator; former NSW State Nursing Officer (NSW), and former Regional Nursing Officer (NSW).

The Cadet Recognition Badge

Given the continuing changing of the rules over the years since the Grand Prior Award was established in Australia, a large number of Cadets, who went on to become St John Adult Officers and members, missed receiving a Grand Prior Badge. In recognition of their achievements as Cadets (with no less than one year's eligible Cadet service), and their ongoing support of the youth programs as Adult members, this group were awarded the Cadet Recognition Badge.

Some of the more recognised (Australian) recipients include:

- John David Spencer AM GCStJ, Orange Cadet Division, NSW
- Lynette Dansie DStJ, Thebarton Cadet Division, South Australia, and former Chief Officer Cadets
- Joan Paterson OAM DStJ, Camberwell Division in Victoria, and former Chief Officer Cadets
- Alan Mawdsley OAM KStJ, Malvern Cadet Division, and former Commissioner of St John Victoria
- Betty Stirton OAM DStJ, Bankstown Nursing Cadet Division, NSW, and former Deputy Commissioner, St John NSW.

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Safety promotion, first aid and St John service.

The international service of Dr Walter Edmund Roth (1861–1933).

John Pearn AM GCSStJ

Exceptional doctors have always played a key role in the volunteer ambulance services established to provide trained emergency care for the injured and sick.¹

In the many nations where St John doctors served in pioneering roles, the life and service of Dr Walter Roth stands out. In the United States, Australia and the Caribbean this medical pioneer established 'firsts' in the domains of injury prevention, first aid and the welfare of indigenous members both in Australia and British Guyana.² In pre-Federation Australia, the idea of trained by-stander first aid was still a novel practice. First aid, as a new concept, had been invented several years earlier (1878) by Surgeon Major Peter Shepherd (1841–1879), a Scottish doctor-soldier based at the Woolwich Arsenal in London.³

When the first public first aid classes were taught in Australia in Melbourne in 1883, Adelaide in 1884, Brisbane in 1889, Sydney in 1890, Launceston in 1891 and Perth in 1892⁴

the lecturers were a stereotypic group of young British-born doctors. They were characterised by a remarkable set of similar qualities, including altruism, unbounded energy, multiple but intersecting interests, a commitment to community service, an adventurous personality and professional ambition.

In this group, two brothers, Reuter Emerich Roth (1858–1924) and Walter Edmund Roth (1861–1933) contributed enormously to the medical and intellectual life of their adopted country. Together with an elder brother, the ethnographer, Henry Ling Roth (1855–1925), the lives of these three London-born scholars and researchers are recorded as a special fraternal sequence in the *Australian Dictionary of Biography*.⁵⁻⁷ Walter Roth, in particular, was to leave an enduring legacy in Australian life.



Walter Roth came to Australia initially (1887) as a medical student, probably because of an affair of the heart.⁸ With his ladylove, he stayed for four years. He returned to London, and emigrated again as a newly graduated doctor in 1892. His extraordinary life has been the subject of several biographies,⁷⁻¹⁰ and biographic fragments.¹¹⁻¹³

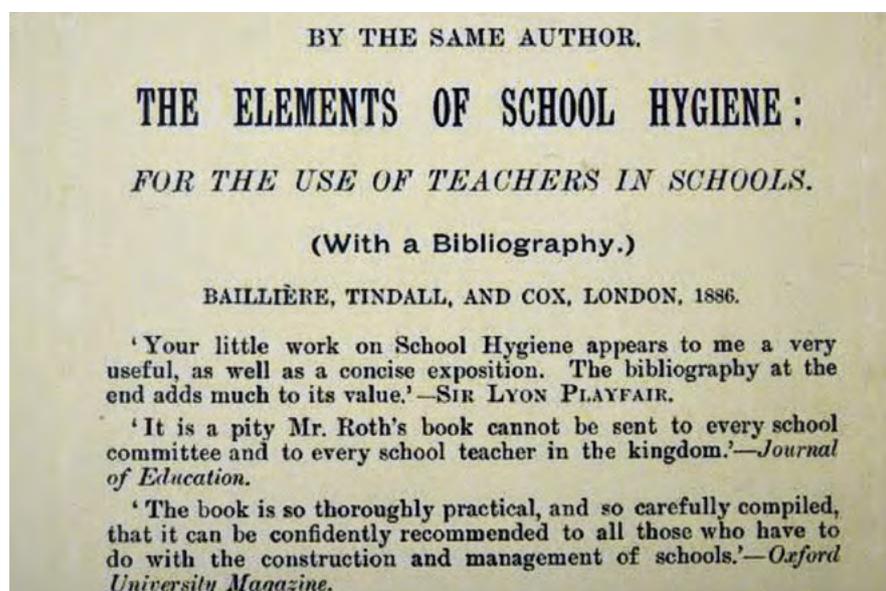
Pioneers are those who go before; and who are ahead of their time. By this definition, Walter Roth was a true pioneer ahead of his time, extraordinarily in six independent domains first aid, pre-hospital care, the prevention of thermal injuries and safety promotion, anthropology and ethnography, botany, numismatics, and Aboriginal welfare.

Several accounts mention, in passing, his role in St John Ambulance work in Australia. This paper adds further details to the biographic record of Dr Walter Roth, in the context particularly of his pioneering role in first aid training and injury prevention.

Walter Roth was an extraordinary member of an extraordinary family. His father, Hungarian-born Mathias Roth (1818–1891), was a Viennese- and Padua-trained doctor. Following the Hungarian Revolt of 1849, Mathias emigrated to London and married an Englishwoman, Anna Maria Collins.⁹ The couple had nine children, of whom Walter was the sixth, born in London on 2 April 1861.⁷

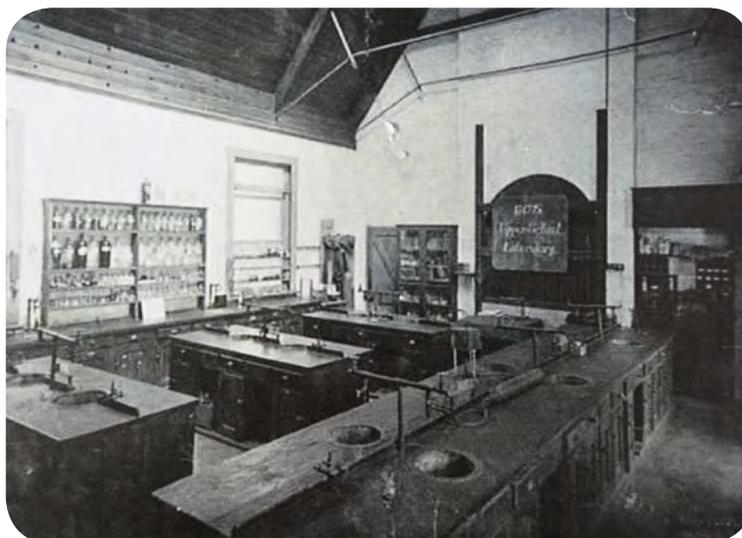
Walter grew up in London under strict but privileged circumstances. His father, Mathias, promoted healthy living and preventive medicine. Perhaps because of his Hungarian upbringing, Mathias Roth was passionately interested in exercise and gymnastics as these activities contributed to health. He promoted the teaching of the Dr Pehr Henrik Ling (1776–1839),¹⁴ and published *Gymnastic Exercises*, which was to run to seven editions by 1887.¹⁵ Mathias was to name his third child and second son, Henry Ling Roth (1855–1925), after this pioneer.⁵

Walter Roth enrolled initially in medicine at Oxford University (1881), then in law. He inherited these pedagogic memes. Whilst he was still a young university student he published an article on ‘School Hygiene’ (1884) in the *British Medical Journal*; and *The Elements of School Hygiene* (1886) as a book.¹⁶ After graduating with his first degree (Arts) he emigrated to Australia in late 1887.



Walter taught initially at the Brisbane Grammar School (1888).¹⁷⁻¹⁹ After a brief period as Director of the School of Mines and Industries in Adelaide 1889, he was appointed Assistant Science Master at Sydney Grammar School (1890–1892).²⁰ As a teacher, he developed a special camaraderie with his pupils, a relaxed style now well accepted but one less common in those former conservative Victorian times. In a newspaper interview in 1901, he recalled –

... it is a point of pride that some of my best friends of today have come from the ranks of my old Grammar pupils, all of whom have gone well in life ...⁷



A St John Ambulance Pioneer

Research by Mrs Betty Stirton (St John Queensland) has documented Walter Roth's contribution to the teaching and examining of St John Ambulance first aid skills.²¹ Roth was appointed as a Lecturer to the Glebe St John Ambulance Sub-Centre on 6 October 1892. Subsequently (20 March 1903), the Glebe Division of the St John Ambulance Brigade was the first (uniformed Division) to be established in Australia.²² Walter's elder brother, Reuter Emerich Roth (1858–1924), was appointed to the newly-formed Brigade as the foundation 'Medical Officer in Chief.'²³ Whilst he practised as a general medical practitioner at Young (1893), Walter also taught St John classes; and in addition acted as a First Aid Examiner. In that era, St John placed great emphasis on separating the roles of lecturer and examiner. The Association (and later also the St John Ambulance Brigade) maintained a rigid policy of integrity in the issue of its First Aid Certificates. Lecturers could never be the end-point examiners when the final tests were undertaken for the issue of Certificates of competency and knowledge of First Aid.²⁴

In his later life as a doctor in many parts of Queensland, (April 1894–1904) he instituted a 'detached' St John Centre at Normanton (initially reporting to Sydney) where he both lectured and examined in First Aid. In 1894 he was appointed Surgeon and Superintendent at the Cloncurry, Boulia and Normanton Hospitals. It was particularly in Normanton that he taught his first Queensland first aid classes (authorised on 5 June 1896), using the St John handbook as the curriculum.²⁵

In common with all St John doctors, Roth used the 'Little Black Book' of the St John Ambulance Association as the curriculum for his first aid classes.²⁶ It was the era of rigid and prescriptive first aid training, with a particular emphasis on 'First, do no harm'.²⁷ Roth used the 1887 edition of *First Aid to the Injured* for his classes.²⁸ Much has changed in first aid teaching since that time. For example, the first aid management of burns and scalds today teaches the immersion of the burnt limb in running water for 20 minutes. In Roth's day, the doctrine was:

Drenching the [burnt] part well with flour, it should be spread thickly over the wound, and not disturbed for some time ... Any oil, such as salad, sweet, or linseed, may be applied ...²⁹

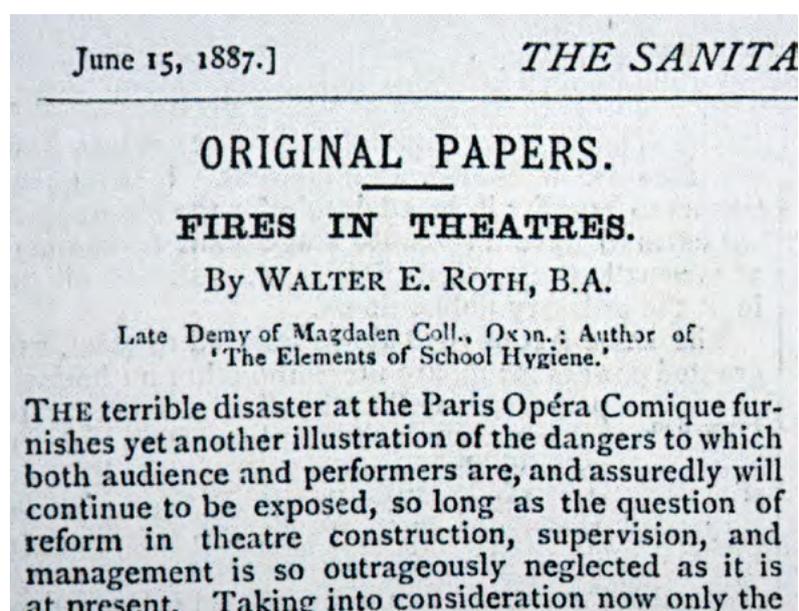
Walter was awarded Honorary Life Membership (5 January 1893) for his contribution and service to the St John Ambulance Association. His St John service in both New South Wales and Queensland was almost certainly the exemplar for the subsequent uniformed (Brigade) distinguished contributions of his elder brother, Reuter Roth.

Fire safety and injury prevention

From his base in London, Walter Roth was a pioneer in the domain of fire safety. In Australia, the domain of pre-hospital care, and the teaching of first aid includes the concept of 'Preventive First Aid', was a doctrine introduced by the present author in 1989.³⁰ Preceding this, in the specific field of fire safety and the prevention of thermal injury, Walter Roth was the Australian pioneer.

Whilst he was still a medical student at Oxford (1887) Roth published two pioneering papers in *The Sanitary Record*.^{31,32} He had been impressed and distressed at the huge loss of life in three recent fires in entertainment theatres: those in Exeter, Paris and Vienna. He wrote about:

The terrible disaster at the Paris Opéra Comique [which is] yet another illustration of the dangers to which both audience and performers are, and assuredly will continue to be exposed, so long as the question of reform in theatre conditions, supervision, and management is so outrageously neglected as it is at present.³³



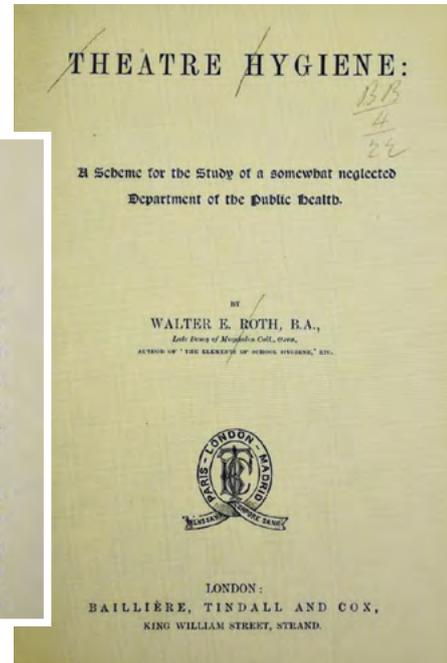
Whilst in Sydney (1888) he published a book on fire safety and public health entitled *Theatre Hygiene*, with the sub-title, 'A Scheme for the Study of a somewhat neglected Department of the Public Health'.³⁴

THEATRE HYGIENE.

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'THEATRE HYGIENE' may be described shortly as the study of the best structural and decorative arrangements to be adopted in the construction and fittings of theatres, music-halls, and kindred establishments, together with a consideration of the sanitary and physical conditions of stage-life generally. The object in view is the health, comfort, and safety, not only of the public, but of the players and other people employed.

The terrible disasters at the Ring Theatre in Vienna, at the Paris Opéra Comique, and still more recently at the Exeter Theatre in England, afford ample illustration of the dangers to which both audience and performers are, and assuredly will continue to be, exposed, so long as this question of reform



He was a determined advocate for fire-resistant construction and architectural improvements in public entertainment theatres. He wrote about the principles of fire safety including architectural details of firewalls, fireproof curtains, fire-escapes, proscenium curtains in theatres and first aid for burns victims. He was the first to recommend the use of water in the first aid treatment of burnt victims, in an era when contemporary doctrine was to cover the burnt skin with flour and oil. His legacy is the high standard of thermal safety enjoyed by citizens in the twenty-first century; and the scientific treatment of their burns.

In 1889, he presented a major paper on this topic at the Australasian Association for the Advancement of Science, held in Sydney. Entitled 'Theatre Hygiene', he used the word 'hygiene' in the sense of public health and preventative medicine. A century later, the International Association of Fire Safety Science held its first conference in 1986 and thereafter published its *Fire Safety Journal*.



Botany

From his days as an undergraduate student in Oxford, (1881–1884) Walter Roth excelled in botany and zoology. He was awarded the Silver Medal in Zoology and Comparative Anatomy in his pre-clinical studies leading to the award of Bachelor of Arts. During the period (1894–1907) that he lived and worked in north Queensland, he sent some 600 plants, each with careful annotations, to the Herbarium for identification and deposition. His living memorials, botanical species which bear his name, grow in the northern Queensland forests. One of his living memorials is the native pepper, *Piper rothianum* (Roth's Pepper). Another is the fungus, *Anthurus rothae*.³⁶ The Australian wattle, *Acacia rothii*, is perhaps his most appropriate living memorial, its yellow blooms symbolising his sunny disposition.^{37,38}



The native pepper, *Piper rothianum* (Roth's Pepper).

The Science Club was started at the suggestion of a *Sydneian* correspondent, who hankered after information about "the birds of the air, the beasts in the fields, the flowers on the roadsides, and the stones we tread on in our rambles." Now, let us see what steps have been taken to give the Scientific Cuss satisfaction:—(1.) Mr. Roth showed his knowledge of obsolete pennies; (2.) MacPherson discoursed volubly for an hour and a-half on Telephones; (3.) Mr. Fitz held a select audience enthralled by his lucid lecture on Photography; (4.) G. H. B. Deck dissected the customs of bees with his usual brilliant wit (Nat. Hist. at last); (5.) MacPherson again appeared upon the scene to exhibit a collection of bugs and a lizard with two tails; (6.) MacPherson trotting out for the third time, told us how to alarm a burglar; (7.) V. Orr displayed the soul of wit in an able oration on Philately; (8.) Brereton dived into the past and brought up ancient remnants of dramatic lore. Does Hope still sit at the feet of the gentleman who wants to know about the love-lorn cow and the festive cabbage, the birdie and the brickbat?

The Sydneian, No. XCI (October 1890), p. 3.

Numismatics

Walter Roth came from a family who valued history and heritage. His eldest brother, Bernard Mathias Roth (1853–1915), a prominent orthopaedic surgeon in London, was a leading British numismatist. Bernard Roth, Fellow of the Society of Antiquities, amassed a huge collection of coins and was elected Vice-President of the British Numismatic Society. Perhaps influenced by this, his younger brother, Walter, became one of the most significant pioneers of numismatics in Australia.

Soon after his arrival in Sydney in 1887, Walter began collecting coins and medals. By 1890 he was researching, writing and lecturing on numismatics. *The Sydneian*, the magazine of the Sydney Grammar School, reported that Mr Walter Roth had given the first lecture to the School's newly founded Science Club—a talk following which his address was described as 'Mr Roth showed his knowledge of obsolete pennies'.³⁹ By 1893 he had amassed an extensive collation of coins, tokens, medals and medalets.⁹ In 1893 he sold this collection to David Scott Marshall, whose collections eventually formed the basis of the numismatic collection of the Mitchell Library in Macquarie Street, Sydney. Roth's unpublished catalogue of Australian tokens, written during or about 1893, was the first in Australia. In 1895, Walter published in *The Queenslander* a series of eleven sequential articles, under the general title of 'A Numismatic History of Australia'.⁴⁰

Another unpublished manuscript on Australian numismatics, completed in 1899 with A F Hull, was and remains a unique reference source, also deposited in the Mitchell Library. Walter Roth's research and writings, unpublished and published, formed the basis of later definitive histories of Australian numismatics. Walter Roth's principal biographer, Barrie Reynolds, said of Roth that:

... the history of Australian numismatics would have been far poorer without these mainly unpublished sources.⁹

Aboriginal ethnology and aboriginal welfare

Much has been written about Roth's stewardship, humanity, scholarship, research and publication of Aboriginal life, welfare and ethnography. As the northern Protector of Aborigines (1897–1904) and the Queensland Chief Protector of Aborigines (1904–1907) he published major works on Aboriginal life and lore; and the first significant works on Australian Aboriginal children. His encyclopaedic documentation of Aboriginal life has become a priceless, and in many ways endures as a unique record of Australian Aboriginal heritage, praised by Aboriginal and later Colonial successors alike. After his work, there was little further research and documentation of Aboriginal life in Queensland for the ensuing 60 years.

For eleven years, from 1897, Roth championed a more enlightened care of Queensland (and Western Australia) Aboriginal and mixed-race children. He worked in the context of entrenched prejudice and opposition from squatters and colonists. His role as a champion of Aboriginal dignity began in 1897, initially as an advocate for the proposed Queensland *Aboriginals Protection and Restriction of Sale of Opium Act*. This Act was passed because Chinese employers often paid Aboriginal workers in opium rather than money; and European publicans employed Aboriginal people and paid them in alcohol.¹³ Dr Roth opposed:

The actions of many goldminers, pearl-fishing crews and station owners [who] were often harsh in their dealings with Aborigines ... Venereal disease and the trade in opium and grog were widespread and were closely associated with prostitution of Aboriginal women to Chinese and European men. The protection of neglected children, especially those of only part-Aboriginal parentage, was again the responsibility of [Dr Roth], the Protector.⁴¹

Dr Walter Roth was one of those 'Renaissance' doctors whose service in the earlier years of St John Ambulance in Australia was characterised by wide interests, and by one whose personality was imbued with a sense of duty to society.

This singular pioneer of St John Ambulance in Australia was described in a contemporary newspaper of his day as:

A big genial fellow in the very mid-summer of his manhood, earnest above all things he has undertaken, but with the modesty and openness of a schoolboy.^{42,43}

In 1892, Roth had returned to London, resumed his medical training and graduated with his Licentiates of the Colleges of both Physicians and of Surgeons in London in 1892. He returned to Australia, where he worked as a doctor briefly in Sydney and then in Young before being appointed Surgeon Superintendent (1894) at three hospitals in north-west Queensland: at Boulia, Cloncurry and Normanton. After a protracted period as Northern Protector and then as State Protector of Aborigines to the Queensland Government, he emigrated to British Guyana in 1908 where he worked with great distinction as an anthropologist and medical magistrate until his retirement in 1928. He died in Georgetown, on 5 April 1933 and has no known grave.

Acknowledgements

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A ‘founding mother’.

Annie Duncan and the establishment of Tasmania’s first St John Ambulance training centre.

Ian Howie-Willis OAM KStJ

At least seven St John Ambulance Association training centres formed in Australia during the 1880s and 1890s. Not all of them survived. Tasmania’s first St John centre in Launceston was one of these. My paper focuses on this short-lived centre and the remarkable young woman who established it – Annie Duncan, the St John ‘founding mother’ in Tasmania.

Tasmania actually had three early St John centres because the St Johnnies in this State had to make three attempts before a permanent local St John Ambulance organisation could be founded. Those most responsible for the three centres were Miss Annie Duncan, Dr Gregory Sprott and Dr Thomas Goddard. Together, but at different times, they were the founders of St John Ambulance in Tasmania.



Anne ('Annie') Jane Duncan
(1858–1943)



Dr Gregory Sprott
(1863–1942)



Dr Thomas Herbert Goddard
(1885–1967)

Anne Jane Duncan (1858–1943) earned a niche in Australian history as a health inspector, one of Australia’s first experts in the specialised field we now call ‘occupational health and safety’. In St John Ambulance, however, we remember her for having brought the St John first aid course to Tasmania and for having given Tasmania its first St John training centre.

Who was Annie Duncan?

Annie was born in North Adelaide on 25 September 1858. Her parents were Dr Handasyde Duncan (1811–1878), an immigrant Scottish physician, and his second wife. As you will read, Annie was certainly a hard-working self-starter, but we know little about her personality. Her three surviving photographic portraits, taken at various stages between her late teens and early thirties, suggest that she was a serious-minded woman. None of them shows her smiling.



Annie Duncan at age 18,
Adelaide, c. 1876.

Annie's father

Dr Duncan had a varied, distinguished career. He studied medicine at both the University of Edinburgh and the University of Glasgow, where he earned a doctorate in 1831. After travels in France and Germany, where he learned how to use a new-fangled diagnostic instrument called the stethoscope, he settled at Bath, where he married Catherine (Kate) Bowie, the daughter of a medical colleague.

In 1839 Dr Duncan and Kate migrated to South Australia. He first tried his hand at farming at Marion, now a southern Adelaide suburb, where he had been granted 80 acres of land, which he named 'Eldon'. He then opened a private practice at Port Adelaide, where he also became the Medical Officer of the local Casualty Hospital. He became the Health Officer for the Port of Adelaide as well, which required him to manage infectious diseases aboard incoming vessels.

In 1844 Dr Duncan became an inaugural member of the Medical Board of South Australia, the government authority for regulating the medical profession. He remained a member for the next 34 years, until his death.

Outside medicine, Dr Duncan had many interests. Among others, he was a classical scholar, who produced an English translation of *The History of Herodotus* by the ancient Greek father of history. Annie later wrote an affectionate biography of her father. Among others it describes how he had been a strict Presbyterian in Scotland but in Adelaide became a committed Anglican, regularly attending the Holy Trinity Church on North Terrace. Annie depicted him as 'a man of scrupulous rectitude, extremely punctilious, yet warm-hearted and full of vivacity, fun and laughter'.

Dr Duncan's three marriages

After some 20 years of apparently childless marriage, Kate, Dr Duncan's first wife, died after falling from a horse in a riding accident. He remarried shortly afterwards at the age of 43. His bride was a 19-year-old South Australian woman, Anne Williams. She bore him two sons and

two daughters. The first, Andrew Henry Farrell Duncan joined the Royal Navy. The second, Charles Handasyde Duncan, who died at age 3 in 1861, was possibly Annie's twin because they were born in the same year, 1858. Then came Annie and finally her younger sister, Mary Celia, later Mrs Champion.

The children's mother, Mrs Duncan II, died of puerperal fever in 1861, soon after giving birth to Mary Celia. Dr Duncan married again in 1867; however, only two years later he lost both his third wife, Emily (née Servante), and her baby during childbirth. After that, Annie and her sister were brought up and educated by relatives and the family's female servants.

Annie's older brother, Andrew Duncan

Annie's surviving older brother, Andrew, is worth mentioning here. He served as an officer in the Royal Navy for 15 years, probably having enlisted as a 13-year-old midshipman. After his naval service he settled in South Africa, where he worked as a licensed surveyor and cartographer, skills he would have acquired in the Navy. He was subsequently appointed the Surveyor-General for Rhodesia (Zimbabwe), where he served as Acting Administrator in 1896 during the Matabele Wars. During the Anglo-Boer War, he served with the British Royal Engineers. He was later granted farmland at Hartebeestfontein near Pretoria, nowadays best known for its uranium deposits and mine. He died at age 76 in 1931.

Annie Duncan as a young woman

When Annie was old enough, at age 16 in 1874, she became her father's housekeeper. She kept house for him until his death four years later, when she was 20. By this stage the family was living in a grand two-storeyed house on St Vincent Street, Port Adelaide, several doors east of the Town Hall and near to Dr Duncan's work. For a while after their father's death, Annie and Mary lived with an aunt in Dashwood Gully near Kangarilla in the Onkaparinga Hills south of Adelaide. Dr Duncan left annuities to his daughters, giving them a measure of independence.

Meanwhile, Annie and Mary had lived the lives of fashionable upper middle class young women of their times. They took singing and dancing lessons, dressed stylishly, took part in amateur theatricals, learned archery and attracted the interest of eligible young men in Adelaide 'Society'. Annie is said not to have taken her admirers 'very seriously' and remained single; however, in December 1884 Mary married an immigrant English school teacher, the Reverend Arthur Hammerton Champion.

The marriage of Mary and the Rev. Champion was a turning point in Annie's life. In 1885 he was appointed as the fifth headmaster of the Launceston Church Grammar School in northern Tasmania. He remained there for the next ten years, until 1895. Mary produced six children, but she was never in robust health, and so Annie moved to Launceston to be their housekeeper and her sister's carer. She would also have helped care for her expanding little brood of nephews and nieces.

The Rev. Arthur Hammerton Champion

We'll briefly digress at this point to consider Annie's brother-in-law, the Rev. Champion, and his career. After graduating from Trinity College, Cambridge, he migrated to Adelaide, where he met and married Mary Duncan. They then spent their married life moving from one school



Mary Celia Champion (née Duncan, 1861–1925), Annie's younger sister, and the house occupied by Annie and the Champion family during their sojourn in Tasmania.

Mary's semi-invalidity was the reason why her older sister Annie moved to Launceston. Annie's duties as Mary's carer and housekeeper allowed her sufficient time to serve as Secretary of the Tasmania Centre of St John Ambulance.

and Anglican parish to another. His next appointment after Launceston was as headmaster of Australia's oldest school, the King's School at Parramatta, Sydney, where he spent 11 years (1895–1906).

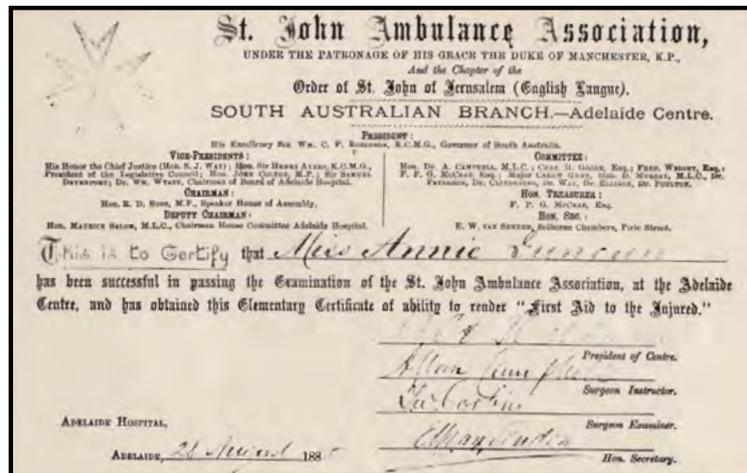
After the King's School, Champion became a full-time Anglican priest ministering to a series of parishes in southern New South Wales and Gloucestershire, England. His appointments included four years in Canberra and eleven years in Bungendore, east of Canberra. He was also a Canon of the Goulburn diocese. His last Australian appointment was at Lake Bathurst, south-east of Goulburn. His wife died at Lake Bathurst in 1925. The next year he returned to England, where he served near Bath and then finally at Cherington in the heart of the Cotswold Hills in Gloucester. He finally retired at 80 in 1939, settling in nearby Cirencester, where he died at 95 in 1954.

As mentioned, Mary bore her husband six children: four sons and two daughters. The oldest, Arthur Handasyde, was born in South Australia in November 1885, shortly before the family moved to Launceston. The other five were all born in Launceston: Reginald David, Augusta Joanna May (known as 'Joanna'), Ursula Aystah (who died aged 10 months), Christopher Henry Duncan and Geoffrey Servante. Three of the four boys joined the Army during World War I. Arthur became a captain and was seriously wounded in both Gallipoli and France; Christopher and Geoffrey were both killed in action in France. The sole surviving daughter, Joanna, married twice, produced a son, published a murder mystery novel, *Incidental Murder*, and settled in Cirencester. She died there aged 81 in 1969.

Annie Duncan and St John Ambulance

In the year she moved to Tasmania (1885) Annie Duncan joined the inaugural women's St John Ambulance first aid class in Adelaide. A local and permanent Centre of the St John Ambulance had formed there in December 1884 and opened for business in February 1885. The first class for women began in July 1885. A total of 67 women joined the class; 51 took the examination; and 45 passed, one of whom was the 26-year-old Annie Duncan.

Soon after this Annie Duncan relocated to Launceston, presumably with her new first aid certificate among her prized possessions. In Launceston Annie found there was no local St John Ambulance Association Centre, so she set about establishing one. The easiest way of doing that was apparently to set it up as a sub-centre of the Victorian Centre, which had been founded two years earlier in 1883.



Annie Duncan at age 29, 1887, about the time she established the Launceston branch of St John Ambulance.

Annie was awarded her First Aid certificate on 28 August 1885 having passed the requisite examination as a member of South Australia's inaugural St John Ambulance women's class. It was issued by the Adelaide Centre of the St John Ambulance Association.

Annie arranged a well-attended public meeting in the Collegiate Institute in Launceston on Wednesday 30 March 1887 to consider her proposal for a local St John Ambulance organisation. In the chair was the influential Archdeacon Francis Hales, the principal Anglican clergyman in Launceston, who had been the vicar at Trinity Church for 34 years. During the meeting Annie explained the purposes of public first aid training, and was appointed secretary to the sub-centre committee which the meeting agreed to form.

In its first year, the Launceston sub-centre taught at least two first aid classes, one for men and another for women. Over the next couple of years the sub-centre taught various classes in northern Tasmania: in Devonport, Deloraine and Scottsdale as well as Launceston. Annie's regular duties as secretary would have involved all of the following: advertising of classes; drawing up enrolment lists; obtaining and issuing the necessary supplies (bandages, text books etc); securing a venue for each class; engaging medical practitioners to teach and examine the classes; collecting and banking enrolment fees and other monies; arranging for the issuing and presentation of certificates; organising presentation ceremonies; and managing the correspondence arising from all of the foregoing.

During the first year various managerial difficulties emerged in the link with the Victorian Centre. For instance, the Victorians demanded a share in the money from fees paid for the classes run in Tasmania. As the sub-centre secretary, Annie Duncan had to negotiate the sub-centre's way around such obstacles.

The independent Tasmanian Centre of the St John Ambulance Association

The upshot of such disagreements was that the Launceston sub-centre petitioned Sir Herbert Perrott, the Chief Secretary of the Association at St John's Gate, London, for permission to become an Association Centre in its own right. After a couple of years of three-way correspondence between St John's Gate, Launceston and Melbourne, in March 1891 Perrott approved the upgrading of the sub-centre to become a Tasmanian Centre separate from and independent of the Victorian Centre. The work of the Centre flourished for a while, with probably several hundred students undertaking first aid and home nursing courses.

A new difficulty had meanwhile emerged, however—the age-old rivalry between Tasmania's two main cities, Launceston and Hobart. The newly independent Launceston Centre was managed by a Launceston-based committee, of which Annie Duncan was the secretary. Perhaps fearful lest Hobart interests should set up a rival centre, the committee petitioned Perrott again, requesting that 'the Launceston Centre be understood to include the whole of Tasmania'. Again Perrott proved obliging, writing back in September 1891 to assure the committee that the 'Head Centre' in London recognised them as the 'Tasmanian Centre'.

Meanwhile, the Launcestonians' newfound authority as the 'Tasmanian Centre' was being challenged by no less than the wife of Sir Robert Hamilton, the Governor of Tasmania, Lady Teresa Felicia Hamilton, who had been appointed as the Launceston Centre's 'Lady Patroness'. A social activist, Lady Hamilton wished to conduct first aid classes in Hobart and to use first aid as the basis for 'mission' work among Hobart's poor. She asked the Centre committee in Launceston for help in implementing her vision. They had to curb her exuberance and enthusiasm by insisting that the class be run strictly in accordance with Association rules. The class, Hobart's first, with about 36 students, eventually ran between June and September 1891.

At the end of that year, Lady Hamilton attended the Centre's annual general meeting in Launceston. As well as delivering an address elaborating her grand vision for St John mission work in Tasmania, she was there to be presented with the Association's 'medallion', the award for successfully completing three first aid courses. Her medallion was the second presented in Tasmania. Annie Duncan's had been the first.



Annie Duncan at age 33, 1891, the year her Launceston St John Ambulance sub-centre was upgraded to be the 'Tasmania Centre'.

The St John Ambulance Association Medallion. Annie Duncan gained Tasmania's first, having earned three consecutive first aid certificates (including a certificate for home nursing) in three successive years.



Annie departs Launceston and the Tasmanian Centre collapses

Within about 18 months of this meeting, in 1893 the Centre lapsed. The reasons for this lay in Australia's severe economic depression of the early 1890s. Short of money, Tasmanians probably saw first aid training as a luxury they could do without, and so class sizes dwindled to the point of non-viability.

The depression had also forced Annie Duncan to reassess her options. She realised that for the first time in her life she must find paid employment; and for that she needed training that wasn't available in Launceston. After eight years' residence there, in 1893 she quit the city and her St John Ambulance work to travel to London. She had been the Tasmanian Centre's motive force; and so without her it collapsed. The Centre committee in Launceston revived again during World War I but lapsed again and wasn't revived for a second time until 1928, after which it achieved permanence.

Annie Duncan's later career

After departing Launceston, Annie trained and qualified as a health inspector in London. She then worked as a factory inspector, ensuring that factory owners provided a safe, clean working environment for the many thousands of women employed in London's knitting mills, garment-making workshops and laundries. She returned to Australia in 1897, and became a government-employed factory inspector in Sydney. In this position, which she retained for 21 years until she retired in 1918, she was an Australian pioneer in the field of occupational health and safety.

In retirement Annie lived in both Adelaide and Sydney. She spent her last three years in North Adelaide and died 12 days short of her 85th birthday in 1943. She never married. She became active in various social welfare causes but does not seem to have renewed her St John Ambulance links after leaving Launceston. A trail-blazing feminist decades before that term was invented, her many involvements included the National Council of Women, and the Business and Professional Women's Club of Sydney. After retiring to Adelaide, she became an accomplished water-colourist and wrote her father's biography.

Not being a Tasmanian, much less a Launcestonian, I have no idea if Annie Duncan is remembered in the city where she spent her eight years between the ages of 27 and 35. Even though her St John Ambulance Centre disappeared soon after she left Launceston, I hope she hasn't been entirely forgotten. She had recognised a local need and took effective action to satisfy it. Tasmania consequently became the third Australian colony after Victoria and South Australia to benefit from a sustained St John Ambulance presence.

If Tasmanian St Johnnies wish to commemorate their organisation's achievements, 2017 was the year to do so because 30 March was the 130th anniversary of the day when their 'Founding Mother', Annie Duncan, introduced the St John Ambulance first aid course into the Island State. That is certainly something worth celebrating!



'Old Government House, Belair', 1934, painted when Annie was 76 years of age. Reproduced with permission from the State Library of South Australia.



Water colour painting of the South Australian Mounted Police Barracks entrance to the quadrangle, painted by Annie in 1936. Reproduced with permission from the State Library of South Australia.

The saints of the Order of St John

Michael Sellar CStJ

On 17 October 2010 Pope Benedict XVI declared that Mary McKillop was the first Australian saint. This got me thinking about saints associated with the Sovereign Military and Hospitaller Order of St John of Jerusalem, Rhodes and Malta (for convenience, abbreviated as SMOM), which was, and still is, a religious order of the Roman Catholic Church.

The original order of St John, founded in Jerusalem in the 12th century, had three roles. They were first and foremost an order of monks and nuns who tried to serve God by taking the vows of poverty, chastity and obedience. The two ways they put these vows into practice were primarily as Hospitallers serving the sick and later by protecting pilgrims on their way to the holy places in Jerusalem.

The following article presents a sample only of the saints of the Order. A full list of the Order's saints appears at the end of the article. Those wishing to read more about particular saints are invited to consult the article 'The Saints of the Order of Malta', published on the website of the [Sovereign Military and Hospitaller Order of Malta](#).

What are saints?

Saints are exemplarily good people who are recognised as such by a church after their death. As SMOM was, and still is, a religious order of the Roman Catholic Church, all the saints in this presentation are recognised by the Catholic Church. Other churches also canonise saints. For example the Russian Orthodox recently canonised Tsar Nicholas II and his family.

Saints are proposed to us as examples of how to follow the Christian way of life. Adherents of churches that bestow sainthoods also believe that the saints will intercede with God on behalf of the devout.

The titles 'Venerable', 'Blessed' and 'Saint' now have specific meanings but in earlier times these titles were effectively interchangeable.

Our Patron Saint

The Patron Saint of the Order is St John the Baptist because the original hospital of the Order in Jerusalem was near the Church of St John. Earlier the Patron had been St John the Almoner, a saint of the Eastern Church.

Incidentally the expression 'our lords and masters the sick and the poor' was coined by St John the Almoner about 700 AD.

Ian Howie-Willis gave a talk on St John the Baptist at the seminar of the Historical Society of St John Ambulance Australia, held in Melbourne in 2010. As his paper was later published in *St John History Vol. 10* in 2011, I won't repeat here what he said about our Patron Saint there.



St John the Almoner

Founders

The two men credited with founding the Order are the Blessed Gerard and the Blessed Raymond de Puy.

The Blessed Gerard

Nothing is known of the origins of the Blessed Gerard, although on our visit to Amalfi in 2014 the Amalfitans claimed that he came from a village just outside Amalfi. He is, however, known to have been a monk at the hospice or 'hospital' being conducted near the church of St Mary of the Latins when Jerusalem was captured by the Crusaders in 1099. The hospital at that time was run by a group of Benedictine monks as a hostel for pilgrims visiting the Holy Places.

Gerard reorganised the monastery changing it from a Benedictine house to an Augustinian house. Papal approval of the new foundation was obtained in 1113, making 2013 the 900th anniversary of the founding of the Order of St John.

In the eleventh and twelfth centuries if you were a monk you were almost certain to be a Benedictine of one sort or another. However Gerard saw that if his monks were to be active in the hospital field and were to be an international organisation it would be necessary for them to adopt the Augustinian monastic rule that was more often used by associations of priests living together in towns and cathedrals.

Usually St Francis of Assisi and St Dominic are credited with reforming monasticism in the 13th century, but many of their reforms had been implemented by Gerard a century earlier.

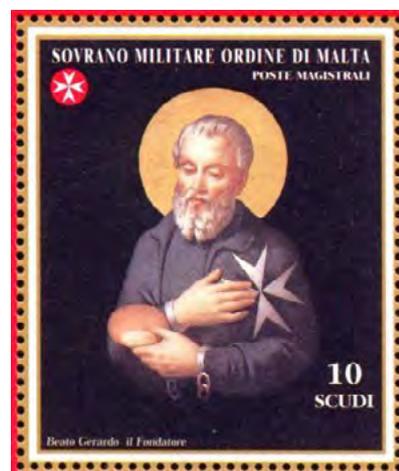
Some of the differences between the Benedictine and Augustinian rules were:

- Benedictines followed a strict timetable including attending chapel to sing prayers every three hours except midnight.
- Monks looking after sick people needed proper sleep so the more flexible Augustinian timetable was adopted.
- Benedictines vowed to stay within the monastery they joined until death. There were, however, a few exceptions to this rule, which was intended to bring stability to monasteries. Gerard's monks, for example, needed to be able to travel to set up a network of hospitals and support locations throughout Europe.

Most Benedictine monasteries were controlled by an Abbott or Prior, who was a priest, but Gerard wanted priests to act only as chaplains. He also managed to get Papal patronage for his Order thus removing it from the control of the local bishops. (Mary Mckillop had the same problem with Bishops who wished to control her order in the 19th century).

The Benedictine rule consists of about 70 detailed chapters while the Augustinian rule comprises only about eight short chapters.

Gerard also wanted to have monks and nuns working together in the hospitals, but this was not allowed by the Pope. It wasn't until St Vincent de Paul, in the 16th Century, that a way was finally found to get nuns working outside their enclosed convents.



The Blessed Gerard as depicted on the 10-Scudi postage stamp of the Sovereign Military and Hospitaller Order of Malta

Blessed Raymond de Puy

We know more about Raymond du Puy, Gerard's successor, than about Gerard. Raymond became the Rector or Master (the title Grand Master came later in Rhodes) on the death of Gerard in 1120. He created the Brotherhood of St John, which was a group of knights who volunteered their services to the Hospital for two or three years to act as guides and protectors of pilgrims. Pope Innocent II wrote the letter 'Quam amabilis Deo' [Latin: 'How worthy, God'] to all rulers in Europe, seeking recruits and funds for this work of the Order. The SMOM still has a large number of volunteers helping the 50 or so monks with the works of that Order.

These original volunteers developed into the Military Monks following the example of the Knights Templar. Raymond's other major contribution was to write the constitution of the Order based on the rule of St Augustine.

Blessed Peter Pattarini d'Imola (c.1250–1320)

Blessed Peter could well be the patron saint for Occupational Health and Safety. Not much is known of his activities, but after a stint as the Grand Prior in Rome he retired to Florence where he died in 1320.

As a mark of respect he was interred in a stone casket built on the walls of the cathedral. Some workmen were doing maintenance above his tomb when one fell. As he passed the saint's tomb, an arm is said to have stretched out and caught the man and lowered him safely to the ground. This miracle led to the growth of devotion to Blessed Peter.

Saint Ubaldesca (1136–1206)

Ubaldesca was born of poor parents at Calcinaia, near Pisa in Italy, but at the age of 15 an angel appeared to her telling her to enter the nearby convent of St John Nuns. When her parents took her to the convent the nuns there were ready for her as the angel had also appeared to them telling them to admit her. She was what is known as an extern which is a nun who is the go between the convent and the outside community. Ubaldesca lived and worked in the convent and infirmary for about 55 years but died as the result of a brick falling on her head as she passed a building site.

In the Middle Ages most people could not read so pictures of Saints usually included an 'attribute', which was some object associated with the saint in some way as a means of identifying the different saints.



The Blessed Raymond du Puy, in a painting by Alexandre Laemlein in the Hall of the Crusades in the Palace of Versailles.



Blessed Peter d'Imola

For example, St John the Evangelist is usually shown as a clean shaven young man with a Chalice because his Gospel describes the Last Supper in great detail. Similarly, St Barbara is shown with a Tower where she was imprisoned for refusing to marry a pagan prince. St Christina was crushed to death with a millstone and St Catherine on a wheel (hence the Catherine wheel fire work). St Mary Magdalene is shown with the perfume flask with which she intended to anoint the dead Jesus. St John the Baptist is shown with a lamb because he called Jesus ‘the lamb of God’.

St Ubaldesca, however, is always shown with a bucket. This refers to a miracle she is said to have performed when a woman collapsed during the Good Friday ceremonies. Ubaldesca went to her aid with a bucket of water (as would any first aider) but in this instance the water changed to wine and the woman soon recovered.

Hagiographers (the writers of Saints’ lives) in the Middle Ages were the ‘spin doctors’ of their day. Good Friday was (and still is) a day of fasting and abstinence. This meant that very little food was to be eaten and everyone had to abstain from meat, alcohol and sex. An exception was made for the sick, and so the knights of St John gave their patients proper food and wine to drink on Good Friday for which they were often criticised. Ubaldesca’s miracle was therefore a vindication that God approved of the knights’ action since she was a nun of the Order.

Saint Flora (c. 1309–1347)

St Flora was born in France about 1309. She became an intern nun of the Order of St John in a convent near Nice. Unlike Ubaldesca, she would have little contact with people outside the convent but her reputation for holiness spread. It is claimed that the festival of flowers in Nice is in her honour, however it actually started a few years before she was born.

Saint Hugh (c. 1186–1233)

St Hugh is one of the few saints who was known to have fought in the Holy Land and as a reward for his services he was made the Commander of the Order’s hospital in Genoa. He had a reputation for performing miracles including cures of various types.

Like Ubaldesca, Hugh is said to have changed water into wine but his most famous miracle is related to the sea. From his window in the hospital he could see the entrance to Genoa harbour and one day saw a ship in trouble trying to enter the harbour during a storm. He prayed and the sea suddenly became calm and the ship entered the harbour safely.



Saint Ubaldesca holding her ‘attribute’ — a bucket.



Saint Flora (St Fleur)



St Hugh (also called St Ugo)

Two modern saints

Just like the Most Venerable Order, the SMOM appoints chaplains who are not professed members (i.e. not monks) of the Order. These two modern day saints were such appointees. They were:

Blessed Vilmos Apor (1892–1945)

The Blessed Vilmos was the Bishop of Győr in Hungary during World War II and was shot by Russian soldiers as he tried to defend some women who were being molested on the steps of Vilmos's cathedral.



The Blessed Vilmos Apor.

Saint John XXIII (1881–1963)

In Italy all young priests had to serve in the Italian army during World War I. If they weren't appointed as chaplains, they had to serve in the medical corps; and so Fr. Angelo Giuseppe Roncalli became a sergeant stretcher bearer. After the war he spent most of his life in the Vatican diplomatic service, serving mainly in Turkey and France. He became a Cardinal and was appointed as Patriarch (Archbishop) of Venice in 1953 and a Bailiff of the SMOM in 1956.

Two years later Cardinal Roncalli was elected Pope as John XXIII and is remembered as 'Good Pope John'. In this capacity he approved the revised rule of SMOM in 1961 and in 1962 called the Second Vatican Council. This council, among its many reforms, encouraged Catholics to co-operate with likeminded people and organisations outside the Catholic Church, so Pope John XXIII was responsible in no small measure for the cordial relationship that developed between the SMOM, The Most Venerable Order, and the Johanniters.

Pope John XXIII was canonised by Pope Francis on 27 April 2014. The Pope dispensed with the usual requirement that a miracle has to be proved to be due the intervention of the candidate.

Three English Saints

These three English Saints were all killed by Henry VIII following his break with Rome and his suppression of the Order of St John in England 1542. Saints can be recognised as martyrs if they died in defence of the Church or its doctrines.

Venerable Thomas Dingley (1506–1539)

Thomas Dingley was a Knight of Justice (that is a professed monk of the Order) and was the nephew of William Weston, the last Grand Prior before the dissolution of the Order in England in 1540. Henry was still involved in Order affairs and approved Thomas for the prestigious position of Commander of Shingay in 1537. Thomas was betrayed possibly by another knight, Ambrose Cave, who had his eye on Shingay.

The *Act of Attainder* was passed by Parliament under pressure from the King and named some forty people including Thomas as traitors. These people were subject to being executed without trial and that is what happened to Thomas on 10 July 1539. They were considered to be traitors because they supported the Pope as the head of the Church when Henry was claiming this role for himself in England.

The fact that there is no known picture of Thomas is significant because when, in the 1890s, the Catholic Church was investigating the candidates to be included among the English Martyrs one of the criteria for selection was if a cult honouring the candidate existed. It was the practice in the Catholic institutions in Europe to recognise a martyr by having a picture of him or her displayed in the institution. Because no picture of Thomas existed at the Order's headquarters in Malta, it was assumed that he was executed for political rather than religious reasons so he was excluded from the initial list.

Later the criteria were modified and the *Act of Attainder* recognised as evidence of martyrdom, Thomas was then added to the list of candidates.

Blessed Adrian Fortesque (1476–1539)

Adrian Fortescue was a Knight of Devotion, which means he was a lay member of the Order rather than a professed monk. (The modern equivalent in SMOM is Fra' Richard Divall, is a professed monk while Sir James Gobbo, a former Governor of Victoria, is a lay member).

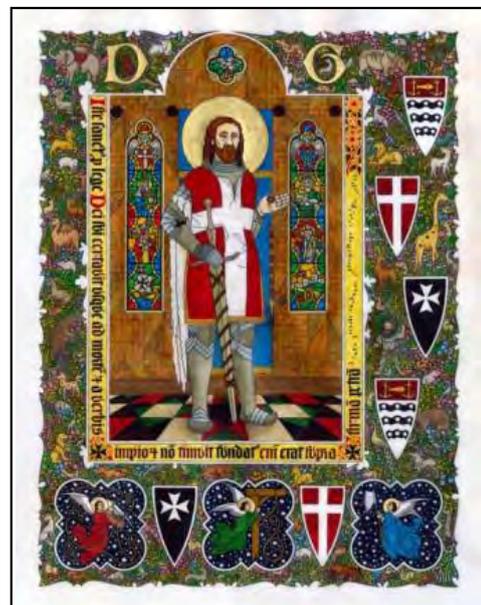
Adrian had grown up with and was a friend of Henry VIII. Like the others named in the *Act of Attainder* he refused to recognise Henry as the Head of the Church in England, and was executed along with Thomas Dingley on 10 July 1539.

Blessed David Gunston (birth date uncertain–1541)

David Gunston seems to be a very human person. He was a Knight of Justice (professed monk) and saw active service on the Order's galleys in the Mediterranean. He seems to have been a bit of a hothead and spent some time in the Order's jail for fighting other knights. He was given permission to return to England to seek a posting in a Commandery, but arrived just in time for the suppression of the Order in 1540 and was thrown into prison from which he was led out to his execution. He was hung, drawn and quartered on 12 July 1541.



The Blessed Adrian Fortescue



The Blessed David Gunston

Servants of God

These are people who aren't yet saints but whose lives were so worthy they are being investigated by the Church to see if they should be canonised. There are currently three under consideration.

Patrocinio Chillida Manes (1877–1936) and Visitacion Solé Ivern (1888–1936)

Both these women were nuns of the Order, based at the monastery of St Ursula in Valletta, Malta. They were shot during the Spanish Civil War and currently the causes of their beatification as martyrs is ongoing.



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Fra' Andrew Bertie (1929–2008)

Andrew Bertie (pronounced 'Barty') was born in London into a minor aristocratic family on 15 May 1929. He is apparently a fourth cousin to the Queen. He was educated at Worth and Cambridge; did National Service as a Guards Officer, and then taught at his old school.

Bertie joined the SMOM as a lay member in 1956 and was professed as a monk in 1981 and became involved in the running of the Order from Rome. In 1988 he was elected the 78th Grand Master of the SMOM, a post he held until his death in Rome on 7 February 2008. His cause for beatification and ultimately sainthood began on 20 February 2015.



Fra' Andrew Bertie.

A list of all the Saints of the Order

This is a full list of the saints recognised by the Order. Some were monks, some were nuns and others were lay people. They range from humble peasants to knights and ladies and include an Emperor and a Pope. They are listed here in approximate order of the period when they were alive.

Blessed Gerard	d.1120
Blessed Raymond du Puy	d.1160
Blessed Gerard Mecatti of Villemagna	c.1174–c.1225
St Hugh	1186–1233
St Gerlach of Houthem	1100–1172
St Nicaise Kameti	d.1187
St Ubaldescha	1136–1206
St Sancha of Castile	c.1154–1208
Blessed Gerland	d.1271
Blessed Garcia Martinez	d.1286
Blessed Peter d’Imola	1250–1320
Saint Toscana	1280–1343
Saint Flora (also called St Fleur)	1300/1347
St Nonius Alvares Pereira	1360–1431
Blessed Adrian Fortesque	1480–1539
Venerable Thomas Dingley	1506–1539
Blessed David Gunston	d.1541
St Magdalena Sophia Barat	1790–1865
Blessed Charles of Austria	1887–1922
Blessed Bishop Vilmos Apor	1892–1945
St John XXIII	1881–1963.

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The Battle of the Horns of Hattin.

The beginning of the end for the Crusader states in the Middle East.

Bruce Caslake OStJ

The Battle of the Horns of Hattin took place in July 1187, some 88 years after the First Crusade had recaptured Jerusalem for Christendom. It was one of the major turning points in the 200-year history of the Crusader states in the Middle East. Following the Crusaders' defeat at Hattin by the Muslim forces of Saladin, they lost first Jerusalem, and then successively all the Crusader state possessions in the Middle East. The Crusaders were finally expelled from the Holy Land following the Fall of Acre in 1291.

The Horns of Hattin

Hattin ('Hittin' in Hebrew) is the Arabic name for a low but steep-sided, twin-peaked and heavily eroded extinct volcano about 7.5 kilometres west of Tiberias, the main town on the western shore of the Sea of Galilee (also called Lake Tiberias). The hill—not high enough to be called a 'mountain'—is 1.4 kilometres north of the Haifa–Tiberias Road in the Lower Galilee district of present-day Israel.

The 'Horns' ('Qurûn' in Arabic, and 'Karnei' in Hebrew), refer to the two peaks at either end of the long extinct volcanic cone—a millennia past, the Horns were probably part of the original volcano.



The Horns of Hattin viewed from the Acre–Tiberias road, 2014.

The Battle's political background

We must first understand the politics of the day and what had changed from the times of the First Crusade. The First Crusaders on the whole were a united force, whereas the Muslims at the time were deeply divided between different Islamic and ethnic factions. The Muslims

were mainly concerned with their own local parochial interests, and were pulling in different directions. On the other side, the Crusader forces were in most cases a united front, having been brought together by one united cause, one enemy and by having suffered together en route to Jerusalem over the two-and-a-half years they took to reach the Holy Land.

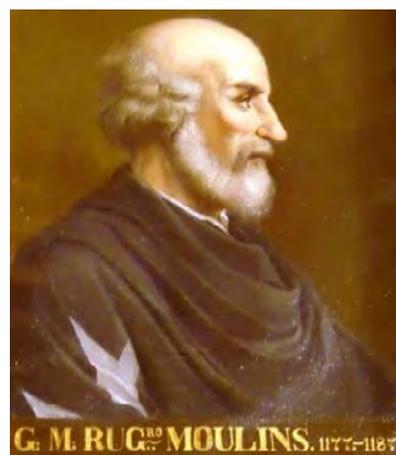
The Crusaders were determined to see the conquest out to its fullest extent. This is how it was possible for them to achieve the ultimate goal of the Crusade—the conquest and occupation of Jerusalem.

Over the next 90 years, changing dynamics in leadership provoked divisions within the main Crusader state, the Kingdom of Jerusalem. Half of the ‘Latin’ (largely French) settlers wished to live in peace and harmony with the Muslim community; the other half just wanted to acquire whatever land and riches they could to increase their power and wealth. They would stop at nothing to achieve this, even war, including among themselves as well as against the common foe—the Muslims.

The Knights of St John were on the side of peace and harmony, being committed to looking after the poor, sick and injured people of all races and religions. With their brothers-in-arms, the Knights Templar, the Knights Hospitaller had responsibility for maintaining a series of frontier castles in the Crusaders states; and, being a military order, were one of the main players in the political life of the various Crusader principalities. Their loyalty to the King of Jerusalem was unquestioning. Thus, the Grand Master of the Knights of St John at the time, Roger des Moulins, became one of the closest advisers of King Baldwin IV (widely known as ‘the leper king’ because he suffered leprosy in a disfiguring form).

The youthful King Baldwin IV was a natural-born leader, well above his age in maturity; however, his indifferent health precluded his maturing into a unifying political leader and an inspirational military commander. If he had lived longer his strong rule and fairness to everyone could have stabilised and unified the Crusader states, which would have made the task of the Muslim Sultan, Saladin, extremely difficult. Unfortunately for the Crusader states, that was not to be. On the 16 March 1185 at the young age of 24, King Baldwin IV finally succumbed to leprosy, leaving behind something of a power vacuum among the dynasties vying for dominance of the Kingdom of Jerusalem.

Into this ‘bear-pit’ stepped various contenders for the Throne. Prominent among them was Guy of Lusignan, a French aristocrat closely related to both King Henry II of England and King Phillip II of France, and the nearest to a true royal among the various claimants. At this time in history, it was the custom that only a male heir could rule. The next in line to the Throne was Baldwin V, a nephew of Baldwin IV; but as he was only a boy aged nine, Raymond III of Tripoli, head of one of the Crusader principalities, was appointed regent.



Fra' Roger de Moulins, Grand Master of the Knights Hospitaller 1177–1187, killed in battle two months before the Battle of the Horns of Hattin.

Raymond III and Baldwin V reigned for a year until Baldwin V died. That left the Throne open to claim again. This time the chief contender was Sibylla, the sister of Baldwin IV and the mother of Baldwin V, both now deceased. Guy of Lusignan married the widowed Sibylla in 1180. When she succeeded to the Throne in 1186 she immediately named her husband, Guy, as King.

The marriage of Sibylla and Guy and his ascension to the Throne were controversial. There was much disputation and protest amongst the nobles of the Kingdom. The Grand Master of the Hospitallers, Roger des Moulins, was firmly against both marriage and Guy being crowned King of Jerusalem. Roger des Moulins had been so highly regarded by Baldwin IV that he had been appointed as one of three nobles who held the key to the Kingdom's treasury and the crown jewels. Without the crown no coronation could proceed. Roger des Moulins refused to grant access until so much pressure was applied by the opposing faction that he could see there was no use in further protesting. In disgust he threw the key to the crown jewels into the street of Jerusalem in disgust and let the pro-Lusignan faction have its own way.

So, now on one side we have King Guy, the Knights Templar and the highly influential Crusader, Reynald of Chatillon. Reynald had come to the Holy Land with the failed Second Crusade and had stayed on to seek fame and fortune. He had a great military mind but only knew one way to those ends, which was through violence and acquisitiveness. He also had a huge hatred for all Muslims, having been their captive for some 15 years from 1161 to 1176 in Aleppo. He would go on to make his mark in the holy land; and he was one of the principal figures—the 'villain'—responsible for the irrevocable decline of Crusaders power in the Holy Land.

On the other side of course are the Muslim forces, who had begun fighting back against the Crusader states. The Muslim general Nur ad-Din attacked and retook Edessa on 24 December 1144, the event that triggered the disastrous second crusade of 1147–1149.

In Egypt Nur ad-Din's nephew, Saladin, was made Vizier of Egypt. After Nur ad-Din's death on 15 May 1174, Saladin also took charge of Syria. He realised that the only way to defeat the Crusaders was to unite all Muslims into one force. This was not as easy as it sounds because there were many and seemingly irreconcilable factions within the Islamic world. Somehow, Saladin managed to keep them together as a



Guy de Lusignan (c. 1150–1194), King of the Crusader State of Jerusalem 1186–1192, who led the Crusader army into a catastrophic defeat at the Battle of the Horns of Hattin on 3–4 July 1187. Surviving the battle, he was captured by Saladin's forces then held to ransom. This 1843 portrait by the French artist François-Edouard Picot can only be one artist's guess at what he might have looked like.



Reynald of Chatillon, a detail from a sculpture of a larger 1993 statue of the Sultan Saladin in Damascus, by the Syrian sculptor Abdallah al-Sayed. Whether or not Reynald actually looked like this is debatable. He was the villain in the events leading up to the Battle of Hattin and was personally beheaded by Saladin after the battle.

unified force. The other factor in this situation, and the one that helped tip the balance of power in Saladin's favour, was the weakening of the Byzantine Empire, which in the past had helped the Crusader states retain the upper hand.

Summarising the complex political and military situation resulting in the Battle of Hattin, on one side were the Crusaders, who were almost at the point of civil war over who would be the next King of Jerusalem. On the other side were the increasingly united Muslim forces under the command of a charismatic, politically able and strategically brilliant general. All that was now needed for a conflagration between the opposed Crusader and Muslim forces was a spark to set the Holy Land ablaze.

The spark that set Palestine ablaze

Although a shaky Crusader–Muslim truce was in place, the Crusaders gave Saladin the excuse he needed for an all-out war in early 1187. The event that sparked the war came when the impetuous Reynald of Chatillon led an attack on a Muslim caravan. All the goods were stolen and, worse, all in the caravan were slaughtered—including Saladin's sister, whom Reynald knew to be one of those travelling with the caravan.

Saladin bided his time for several months, but when he detected an opportune moment, in late June 1187, he attacked. He invaded the Galilee after laying siege to the city of Tiberias on the shore of the Sea of Galilee, which was formally within the territory of the County of Tripoli, one of the Crusader states. The wife of the County's ruler, Eschiva wife of Count Raymond, was trapped inside the city. King Guy of Jerusalem was trying to become reconciled with Raymond of Tripoli at the time, so he used the siege as an excuse to summon the Crusader forces from around the Kingdom.

Reynald of Chatillon convinced King Guy that to attack Tiberias and rescue Eschiva was the best course of action. King Guy would not listen to any other advice, not even that of the leader of the Hospitallers, Garnier de Nablus. The Grand Master of the Order, Roger des Moulins, had



A portrait of Saladin, c. 1185, and a present day representation.

been killed two months previously at the Battle of the Springs of Cresson on 1 May 1187. No replacement as Grand Master in lieu of Fra' Roger had yet been elected; and so Fra' Garnier was the interim leader of the Hospitallers. Despite Fra' Garnier's counsel to the contrary, King Guy ordered all his troops to march on to Tiberias.

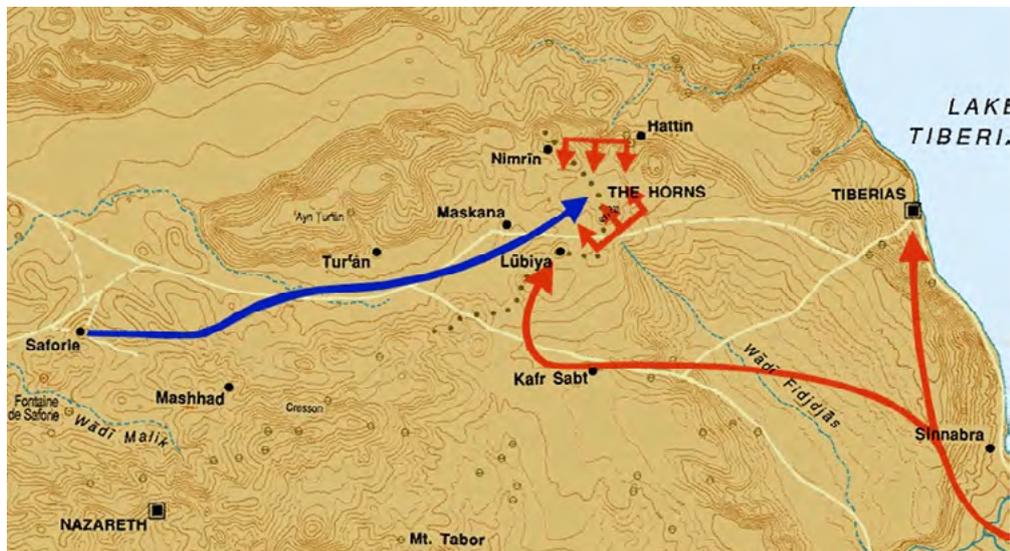
The Crusader force had no way of reading Saladin's mind, but it would soon become obvious that the Crusaders' advance to Tiberias was part of Saladin's plan. He wanted to tempt the crusader forces out of their strongholds in the mighty Crusader Castles and onto the open plains, where he knew his army would have a fighting chance of wiping out the largest crusader force ever assembled and of then bringing a swift end to their rule in Palestine.

Saladin, a master strategist, knew that if he was to win the battle ahead and return the Holy Land to Islamic rule, he must act quickly and decisively. Knowing what motivated his troops, he knew his army would not stay together as a unified, highly focussed force across an extended period of time without a swift victory and the enticement of booty for his troops and camp followers.

The battle

And so King Guy and the Sultan Saladin jointly set the stage for the most decisive battle in the 200-year history of the Crusader states.

The great drama of this cataclysm for the Crusaders began unfolding on 2 July 1187—a dry, hot mid-summer in Galilee. On that day 20,000 Crusader troops including 300 Knights Hospitaller and Knights Templar assembled at Sephoris (also called Sephoria and Sephorie, present-day Tsipori), a small town 18 kilometres south-west of Hattin and near the main Haifa–Tiberias road.



A map showing the lines of advance and the disposition of the opposed Crusader (blue arrow) and Muslim (red arrow) armies at the Battle of Hattin. As the arrows indicate, the Crusader army was caught in a pincer-like trap, with the Muslim army cutting off their advance while shutting off their line of retreat.

Preceding the Crusader army was the ‘True Cross’—Christendom’s most sacred relic, reputedly a sliver of the cross on which Jesus had been crucified contained within a cruciform reliquary of gold. Crusader armies customarily carried this relic with them into battle. It was said to inspire them to fight their hardest, and to remember that they were fighting because ‘God wills it!’ Following the True Cross, they believed that Christ’s soldiers would triumph as they were fighting a true and just cause.

The next day, 3 July 1187, the Crusader army began the 26-kilometre advance to Tiberias to meet Saladin’s 30,000-strong army. As the region was virtually waterless in the heat of summer, they hoped to replenish their water bottles at the village of Hattin, on the northern flank of the ‘Horns’, where another supply of water was available. Temperatures were higher than normal for this time of year. The main concern was keeping up the water supply for the troops, due to the hot, dry conditions.

This is when Saladin began closing the trap he had set. His forces began skirmishes against the rear and flanks of the Crusader army, slowing its progress and at times bringing it to a standstill and preventing it from ever reaching the village of Hattin.

By the late afternoon, the Crusader army was forced to camp near the Horns of Hattin, in sight of the freshwater Lake Tiberias but still without having been able to replenish their rapidly diminishing water containers. The Crusading force was tired and thirsty—as were their horses, half maddened by the smell of the freshwater only a few kilometres to the east.

Saladin continued harassing the Crusaders. During the night his troops did their utmost to destroy the Christian army's morale by beating their drums, chanting prayers for victory and shouting passages from the Quran. On the morning of the 4 July 1187 Saladin ordered the lighting of the dry grass on the flanks of the hill. The fires raced uphill towards the now exhausted and thirsty Crusader army. Twice the Crusaders' heavy cavalry attempted to break through the Muslim lines advancing uphill towards them behind the flames; however, almost blinded by smoke and suffering agonising thirst, the Crusaders' strength was drained and they were beaten back towards their own lines each time. Meanwhile, Saladin's fast and highly mobile mounted archers confined most of the Crusader force to the 'Horns', where most were eventually killed.



The Battle of Hattin: a present-day artist's impression of the Knights Templar and Knights Hospitaller defending their position on the 'Horns' on 4 July 1187. Parched, sun-scorched, half-blinded by smoke and continually harassed by Saladin's mounted archers, few of them survived. Those not killed in battle were later executed by Saladin's Sufis.

Some Knights did manage to break through the Muslim lines but were then unable to return to rejoin their army. Seeing that the situation was hopeless, they fled west and south to their homes. Meanwhile Saladin's army had completely surrounded the rest of the Crusader army. In a very short time the Crusaders were utterly defeated. Those not killed in battle or after their capture were marched off to the slave markets in Damascus and sold.

The surviving Hospitallers and Templar Knights were considered too dangerous and to have caused too much destruction in the Islamic world to be sold as slaves. Saladin's army both feared and respected them as the spearhead of the Crusader force. They were given a choice: they could either convert to Islam or be beheaded. None chose conversion. All 200 were

beheaded. The executions were carried out by a team of Sufis, Islamic scholars and mystics, who begged for the honour of being allowed to behead one each. Saladin himself beheaded Reynald of Chatillon.

How many died in and after the protracted two-day battle is uncertain. Scholars, however, surmise that the Crusader force suffered ‘heavy’ casualties, which suggests that perhaps the majority of the army of 20,000 were either killed or captured. As seen, only a handful managed to escape. By contrast, Saladin’s army of 30,000 men suffered only ‘light’ casualties. What proportion ‘light’ constitutes is anyone’s guess, but the reality was that Saladin’s army remained intact whereas the Crusader army had been destroyed; and henceforth the Crusader states could muster only small numbers of troops for their own defence. In short, the Battle of the Horns of Hattin was an utter catastrophe for the Crusader states.

Long-term ramifications of the Crusader defeat at the Battle of Hattin

The ramifications of this battle were extreme. King Guy had summoned all his available forces from every part of the Crusader states to fight against this Islamic threat. Now that most of the Crusader forces have been wiped off the face of the earth, all castles and fortified settlements were severely undermanned and vulnerable to attack. Saladin started to pick off their castles and fortified settlements one by one.

By mid-September 1187, Saladin had taken Acre, Nablus, Jaffa, Toron, Sidon, Beirut, and Ascalon. Tyre was saved by the fortuitous arrival of Conrad of Montferrat, resulting in Saladin’s assault being repulsed with heavy losses. Jerusalem was defended by Queen Sibylla, the patriarch Heraclius, and Balian of Ibelin, who subsequently negotiated its surrender to Saladin on 2 October 1187.

The news of this huge defeat soon reached Pope Urban III. It is said that the news caused him to die of shock— it also triggered the Third Crusade. Three Kings, from England, King Henry II and after his death Richard I (Richard the Lion Heart), King Phillip II of France and the Holy Roman Emperor Frederick I of Germany, answered the call of the cross from Pope Gregory VIII. However from this point on, the Crusaders never fully regained control of the



‘Jerusalem regained, 1187’: a present-day Korean artist’s painting of Saladin’s entry into Jerusalem after its surrender on 2 October 1187.

land they lost. The Battle of Hattin had proved the turning point in the seesawing contest for control of the Holy Land. There is a lot to be said for the saying, 'United we stand, divided we fall'. The Crusader states and their ruling dynasties had amply demonstrated the truth of the adage.

Impact on the Hospitallers

The Knights of St John were heavily involved in the day-to-day running and protection of the Crusader states. They were highly regarded by all, even the Muslims. This was not only because of their fighting capability but first and foremost, their respect and compassion for humanity. The Hospitallers were not as rich as the Templars because a large proportion of their funds went into running their hospitals, orphanages and churches as well as strengthening their fortifications. Their charitable facilities were open to all no matter what religion, race or nationality. This open-door policy has remained in place for over 900 years and is probably the reason why the Order has survived while others, and most notably the Templars and the Kingdom of Jerusalem, have fallen into the great trash-can of history.

The Hospitallers' first aid skills were doubtless put to good use on the battle field. Also, it is said that after a battle no Knight of St John could ride their horse if any injured person had to be transported to care. This was perhaps very early evidence of ambulance transport. The evolution of pre-hospital medical and health care had clearly begun.

One thing you will notice when following the Knights of St John history on the history tours I've helped organise is the way in which the Knights constructed their hospitals and buildings. A definite style emerges as one moves from Acre to Rhodes to Malta.

The Knights also learned how to govern the people in their care, and to fortify their cities. This really comes to the forefront in Rhodes and Malta. If the Knights did not have the co-operation of the local population under their governance, they could have won no battles. For example, during the great Siege of Malta in 1565, the Maltese people fought with such tenacity and courage that after the Ottoman Empire forces had quit Malta effectively fought to a stand-still and defeated, the Knights of St John allowed their cross to be named after the Maltese people — hence the Maltese Cross of popular usage.

The structure and charitable ethic of the Order of St John derives from the Knights' experience during the mediaeval and 'pre-modern' centuries. Without that time period and the Order's subsequent development, the Order's practices and governance structures might have evolved differently.

That in turn has influenced the history of our own Most Venerable Order. Our history as a recognised Order of St John is therefore important, because it helps explain to us who we are and how we have arrived where we are today.

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Dr Phoebe Chapple MM.

First Divisional Surgeon of Adelaide's Number 2 Nursing Division (YWCA).

Brian J Fotheringham AM KStJ

The functions of the St John Ambulance Brigade in South Australia began on 30 May 1914, 30 years after the establishment of the St John Ambulance Association. As you might well expect, the Adelaide No. 1 Nursing Division started before the Adelaide No. 2 Nursing Division—but only by nine days! Nursing Division Number 1 began on 14 August, and No. 2 on 23 August 1914, just one month before Australia formally entered World War I. In 1915, they had a membership of 35 and 40 people, respectively.¹ The two divisions combined in 1923.

The No. 2 Division was linked with the Young Women's Christian Association (YWCA) and this meant a large amount of additional work for the Division's St John Ambulance members who carried out both St John and YWCA duties.



Women of the St John Ambulance Adelaide Number 2 Nursing Division (YWCA), April 1917.

The Adelaide No. 2 Nursing Division (YWCA) was certainly an active one. It drew the attention of the public by attaching metal cabinets to Municipal Tramways Trust tramway standards in Victoria Square (the geographical centre of Adelaide) and on the corner of King William Street and Currie Street, a major city intersection. The cabinets were filled with first aid materials and only selected St John members and certain police had keys to access them. Sadly, this initiative had to be abandoned as vandals repeatedly broke into the boxes and spread the contents.¹

The Superintendent of No. 2 in the early days, Nurse Bevilaqua, had a printing block made for producing cards that showed the pressure points of the body for stopping haemorrhages. By giving first aid demonstrations where they sought donations, they raised sufficient money to print 40,000 cards. They sold the cards for one penny each, and gave a card to every soldier leaving for the War front.¹

Miss Phoebe Chapple

Phoebe Chapple (1879–1967) was the daughter of the headmaster of Prince Alfred College, Mr Frederic Chapple BA, BSc, and his wife Elizabeth Sarah, née Hunter. Prince Alfred College was an all-boys Wesleyan Methodist College established to match the Anglican's St Peter's College. That rivalry continues today. The foundation stone of Prince Alfred College was laid in 1867 by Prince Alfred himself, the then Duke of Edinburgh.

Mr Chapple was the headmaster from 1876 to 1914, a remarkable 37 years. He was a staunch Methodist and his family were regular worshippers at the Kent Town Methodist Church situated close to the college. Over the years, Mrs Elizabeth Chapple gave birth to ten children: Frederic John, then Edith, then Marian, Alfred, Gertrude, Phoebe, Harold, Ernest and finally, Reginald. The first three had been born in England and the last six were born at their father's work place, Prince Alfred College. Phoebe's date of birth was 31 March 1879.²

Phoebe was a pupil of the Advanced School for Girls, later called the Adelaide Girls' High School in Grote Street in central Adelaide. She entered the University of Adelaide at the age of 16 years and graduated initially with a Science degree (BSc) in 1898, one of the first women to do so.

She then went on studying at the same University to be a medical doctor, qualifying MBBS in 1904. She was the equal fifth woman ever to have graduated as a medical doctor from the University of Adelaide. As a medical student Phoebe won the University's prestigious Elder Prize. Its value was 10 pounds!



Phoebe Chapple's BSc degree graduation photograph, 1898. Two years after graduating in Science, Phoebe Chapple entered medical training at the University of Adelaide. (Photo courtesy of State Library of South Australia, item no. B 25677/34.)

Phoebe Chapple with her fellow students in the 1900 intake into the University of Adelaide's medical faculty—she is the woman at the left.

Like other young medical students often do, the intake medical class of 1900 clearly seem to have enjoyed making fun of their class photograph.



Phoebe Chapple’s work as a medical practitioner

Phoebe worked as a House Surgeon at the Adelaide Hospital, well before it became the Royal Adelaide Hospital. She gave free medical consultations to impoverished people who were made known to her by parishioners of the Kent Town Church, where the Chapple family worshipped. For a time in 1906 she moved to Sydney and, for virtually no pay, helped the poor at the Sydney Medical Mission.

She then returned to Adelaide to serve as the Prince Alfred College’s school doctor. She lived there and conducted a general practice from there. The school boys would see her driving off to visit the homes of her patients in a horse-drawn carriage driven by a liveried coachman.³ The horse and the carriage and the coach-man were based at the College. In 1912, embarrassing questions were asked of the headmaster about how much he paid for all that human and equine accommodation.

Phoebe Chapple volunteered with the Adelaide No. 2 Nursing Division of the St John Ambulance Brigade. She was the Division’s first surgeon. As we have seen, the Division was formed in August 1914, just before Australia became involved in World War I, but Dr Chapple’s initial volunteering for St John predated the Division’s formation.

It is recorded that she gave St John lectures to 21 first aid classes. These classes were all for women only. This first lecture was given to just four first aid students who were YWCA members, before YWCA and St John joined together in 1914. As World War I loomed, the number of participants in Phoebe’s first aid classes grew to over 30. Her last prewar lecture was on 24 October 1916, just a few months before she left Australia to contribute to the War effort.

It can be noted that the Methodist Church, together with the staunchly Methodist Prince Alfred College, actively supported the war effort, encouraging young men to enlist. Phoebe’s father, Frederic Chapple was a member of the executive of the State Recruiting Committee. Prince Alfred College boasted that 882 of its graduates enlisted. 120 of them did not return.⁴

No. 625

ST. JOHN AMBULANCE
F.A. CLASS

Lecturer Dr. Phoebe Chapple

Class began 24th March 1916

Certificate		Name of Candidate		Address
Year	Rank			
7455	1086	Chantrell	Mrs Allen A	Puleford Rd, Prospect
6		Chantrell	Clive J	
7		Crowder	Mrs J	5 th Av. St. Peters
8	962	Langston	Flora B	Young St, Kent Town
9		Frost	Mrs Alice J	4, Stanford St, Parkside
60		Henderson	Mrs John J	P.O. Unley
1		Spicall	Stella M	Smith St, Walkerville
2		Somerwill	Mrs J	59, From St. E. Fullarton
3		Whiting	Mrs Margaret E	20 High St, Unley Park
		Wilson	Margaret	Park Terrace, Parkside
		Other	Belle	203 Grenfell St, Unley
		Henderson	Mrs Winifred L	7 th Av. St. Peters
		Clifford	Elizabeth	c/o Parliament House

First aid class roll with Dr Phoebe Chapple listed as the lecturer. The roll is dated 24 March 1916. In accordance with contemporary practice, this was a segregated 'females only', class.

Dr Chapple's military service

Phoebe wished to enrol in the Australian Army, but females were not allowed to do this. Female doctors were told by Australian authorities 'that they could not enlist and were to go home and knit!'¹⁵ So Phoebe became one of 24 brave Australian female doctors who travelled at their own expense to Britain to serve in World War I. Phoebe left Australia in February 1917 and was allowed to join the Royal Army Medical Corps. Women were not at that time accorded formal military status. She initially worked as a surgeon at Cambridge Hospital, Aldershot, England, but was later posted to Abbeville, Rouen and Le Havre in France with Queen Mary's Auxiliary Army Corps. She remained in France until August 1918.

On 29 May 1918, Dr Chapple tended to the wounded during a night-time air raid raining down machine-gun fire in a battle near Abbeville, France. For her efforts she was awarded the Military Medal (MM), the first woman doctor ever to have received this award. Few women have won this award.

The citation reads:

For gallantry and devotion to duty during an enemy air raid. While the raid was in progress Doctor Chapple attended to the needs of the wounded regardless of her own safety.

Phoebe Chapple was the only Australian woman to be awarded the Military Medal in World War I. Other women were awarded the MM, but she was the only female doctor to receive an award for gallantry in the World War I. Dr Chapple's medals are now in the Australian War Memorial's collection.



Dr Phoebe Chapple in the uniform of a female medical officer of the British Royal Army Medical Corps. This was a studio portrait taken in Adelaide in 1917 before Dr Chapple's departure for overseas service with the RAMC. Permission AWM P10871.005

Dr Phoebe Chapple's war medals.

Left-right: the Military Medal, the British War Medal, and the Victory Medal.

During World War I the Military Medal (with the Military Cross) was considered by many to be second only to the Victoria Cross as an award for gallantry.





Members of Queen Mary's Army Auxiliary Corps marching from No. 2 Stationary Hospital, Abbeville on 31 May 1918 in the funeral procession of their nine comrades killed in the enemy air raid two days earlier. Dr Phoebe Chapple was awarded the Military Medal for her bravery under fire during the air raid.

Dr Chapple's post-war medical activities

After the War, Phoebe returned to Adelaide where she resumed the practice of medicine, with an emphasis on obstetrics. She lived in suburban Norwood, not far from Prince Alfred College, with her private practice rooms on North Terrace in Adelaide's central business district. Later she lived and practised from her home 'Tintagel', also in Norwood. She was welcomed back to her St John Division in October 1919, and resumed giving first aid lectures on 28 July 1921.

Dr Chapple was an honorary Medical Officer for the 'night clinic' at the now Royal Adelaide Hospital, a clinic for women with venereal disease. In addition, from 1910, she was the Honorary Medical Officer for the Salvation Army Maternity Hospital, sited initially in Carrington Street, Adelaide and later at McBride Hospital in suburban Medindie. She served in this capacity for some 30 years. Her work as a doctor was always strictly limited to clinical aspects; she never became involved in social aspects such as the adoption of babies.

I wonder what mental picture you have of Dr Chapple. In the *Australian Dictionary of Biography* she is described as tall, strong, blunt, confident and dominating.

Dr Phoebe Chapple MM BSc. MB BS made six overseas tours. The last was in 1937 when she was the Australian delegate to the Medical Women's International Association conference in Edinburgh.

She continued her medical practice until the age of 85 years. She outlived all her eight siblings to die, aged 87, in Adelaide on 24 March 1967. She was cremated with full military honours. The University of Adelaide's residential college for women, St Ann's College, has a Phoebe Chapple bursary established from her estate. Her name is listed on the Kent Town Methodist Church's Roll of Honour for Members of the Church who served in Europe in World War I.⁶

Acknowledgments

Tony Aldous, Archivist, Prince Alfred College; Ian Howie-Willis and Bridget Slaven for assistance with the illustrations.

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2. GM Gibbs, *A History of Prince Alfred College*, second edition, 2008, p. 88.
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4. Arnold D Hunt, *This Side of Heaven: A History of Methodism in South Australia*, 1985, p. 285.
5. Dr Heather Sheard, *The Order*, National Magazine of the Order of Australia Association, edition 14, 2015, p. 4.
6. Marlene E Edwards, *The House of God – The Gate of Heaven*, The Wesleyan Jubilee Church at Kent Town, 1865–2015, 2015.

Contributing authors

Dr David Fahey CStJ is a specialist anaesthetist who works at Royal North Shore Hospital in Sydney and as a clinical lecturer in anaesthetics at the University of Sydney. He is also the State Medical Officer for St John in NSW. David joined St John in 1983 as a 13-year-old cadet in Goulburn Division, and during his 34 years of membership he has held Divisional, Regional and State positions in both NSW and Queensland. David moved to Queensland in 1999 to study medicine, and then undertake postgraduate specialist training in anaesthesia. In 2009 he spent six months working with the CareFlight rescue helicopter in Brisbane, and acquired an additional qualification in aeromedical retrieval. David is also the Historical Society's President.

Mr Trevor Mayhew OAM KStJ joined St John as a Cadet in 1953. He was awarded his Grand Prior's Badge in 1958. He has held various appointments, including Divisional and Corps Superintendent and State Staff Officer. He is a former State Operations Officer, State Ceremonial Officer and is currently on NSW State Council. He served in the Reserve Forces 1959–1973, in both the Royal Australian Army Medical Corps and the Royal Australian Corps of Signals, holding appointments such as Acting Wardmaster, Foreman of Signals and Squadron Sergeant Major. In civilian life, he retired in 2007 from Workcover NSW as a Technical Specialist (Occupational Hygienist) Working Environment. Within the Order he was promoted Knight in 2000. His wife Jean served for 36 years in St John and their eldest daughter Michele is Senior Nurse Educator and a former NSW State Nursing Officer. Both are Officers of the Order. Natalie, their youngest is a clinical coder. In 2011 Trevor was awarded the Medal of the Order of Australia for his St John work.

Emeritus Professor John Pearn AM GCStJ is a Professor Emeritus of Paediatrics at the Royal Children's Hospital campus of the University of Queensland. A retired major-general, he is also a former Surgeon General to the Australian military forces. John is a former Director of Training for St John Ambulance Australia, one of his major projects during his term of office being the milestone publication *The Science of First Aid: The theoretical and scientific bases of modern first aid practice* (1996), of which he was editor-in-chief. With the late Murdoch Wales, he co-authored another milestone book, *First in First Aid: A history of St John Ambulance in Queensland* (1998). A very eminent medical scientist and medical historian, he is greatly in demand as a lecturer at national and overseas medical symposia. He is currently the President of St John Ambulance Australia (Queensland). In 2009 he was awarded the postgraduate degree of MPhil. of the University of Queensland after completing a program of research and a thesis in history. He has frequently made presentations to the Historical Society's annual seminars.

Dr Ian Howie-Willis OAM KStJ is a professional historian. He joined St John 39 years ago, recruited to produce the centenary history, *A Century for Australia: St John Ambulance in Australia 1883–1983*. Since then he has produced six other St John histories either alone or with co-authors. He was Priory Librarian 2003–12 and the foundation secretary of the St John Ambulance Historical Society of Australia. He has edited the Society's quarterly newsletter, *Pro Utilitate*, since its inception in 2001. He is also the Historical Adviser to the Office of the Priory. With John Pearn and Matthew Glozier he has produced four editions of the on-line international journal of history of the Order, *One St John*.

The paper presented in this Volume was a talk given after the annual dinner of Victorian members of the Most Venerable Order of St John, at Sir William Angliss College, Melbourne, Friday 23 October 2009.

Mr Michael Sellar CStJ life-long involvement in St John Ambulance began in England at the age of 18 in 1955. He migrated to Australia with his wife and three sons in 1972. On retirement, he undertook theological studies, graduating with a BTh degree from the Melbourne College of Divinity. He linked up with St John Ambulance again after moving to Victoria and has given the St John organisation there many years' service, most recently as the President of the Historical Society's Victorian Branch.

Mr Bruce Caslake OStJ lives in Portland, Victoria, where he works as an electrician in the engineering maintenance team of Portland District Health, the agency which runs the local hospital. He came into St John via the Cadets in 1976; and then after a break he joined his local adult St John Event Health Services division. He is best known to St Johnnies beyond Victoria for being the instigator and co-organiser (with his friend Tony Oxford) of two wonderfully successful St John Ambulance Australia Overseas History Tours, in 2014 and 2017. He is a member of the Historical Society's Executive, his portfolio title being 'Tours Adviser'.

Dr Brian J Fotheringham AM KStJ is the founder and foundation President of the Historical Society. He is also the founder of the Society's State branch in South Australia, which preceded the national society by two years. Previously he was the 14th St John Ambulance Commissioner in South Australia and then served a record period of 13 years as the eighth Priory Librarian. He joined St John 55 years ago as a 'Probationary Surgeon' within the South Australian St John Ambulance organisation. His late father, Dr Jim Fotheringham MC, was also a St John Commissioner in South Australia. In his professional life, Dr Fotheringham Jnr spent most of his career as a senior medical administrator at the Women's and Children's Hospital here in Adelaide. He is a regular contributor of papers to this seminar.

Dr Matthew Glozier FRHistS FSAScot is one of the co-editors of *St John History*. He is a professional practising historian who specialises in early modern European history. He has both MPhil and PhD degrees in History, is a Fellow of the Royal Historical Society, and the Society of Antiquaries of Scotland. He has a long list of published books and journal articles. He is the Historian of the Sydney Grammar School, where he is also a member of staff. Previously he researched and lectured in History at four different universities. He became interested in St John Ambulance when he discovered that many prominent SGS 'Old Boys' were St John Ambulance pioneers. Apart from SGS, Matthew's special historical interests are the history of the Huguenots (French Protestants), Scottish Military History, and the history of Scottish settlement in Australia. He is the Chairman of the NSW St John History Group, and the Hon. Archivist for St John Ambulance NSW. In 2017 he published an illustrated historical biographical dictionary of members of the Order in NSW, under the title *The Most Venerable Order of St John of Jerusalem in Australia: New South Wales Members, 1895–2017—An Official Annotated Listing*, launched during the 20th History Seminar in Canberra, 4 May 2018.

ONE ST JOHN GUIDELINES FOR CONTRIBUTORS 2018–2019

Introduction

One St John: The International Historical Journal of the Most Venerable Order of St John aims to present, and encourage, historical writing about the Most Venerable Order of St John.

The journal was launched by the Grand Prior, HRH Prince Richard Duke of Gloucester, in May 2015 during the Order's Grand Council meeting in Edinburgh.

One St John is published wholly on-line by St John International.

Four volumes of the journal have now been published, all produced within the Order's Priory in Australia. Volume 1 appeared in May 2015, Volume 2 in July 2016, Volume 3 in July 2017, and Volume 4 in November 2018

Now that Volume 4 has appeared, management of the journal will be progressively passed over to an international editorial committee comprising the Order Librarian, Fr Howell C Sasser KStJ, and the Priory Librarians/Priory Historians of the ten Pories.

Meanwhile, the interim Co-editors will continue to be Dr Matthew Glozier FRHistS, FSAScot (Archivist–Librarian and Official Historian of St John Ambulance Australia [New South Wales]), Dr Ian Howie-Willis KStJ (Historical Adviser, Office of the Priory, St John Ambulance Australia), and Professor John Pearn GCStJ (Priory Librarian, St John Ambulance Australia).

The nature of *One St John*

The proposal for *One St John* agreed to by the Standing Committee of the Grand Council of the Most Venerable Order of St John in February 2015 was for a publication with these characteristics:

- a journal that is popular in emphasis rather than 'academic', appealing to a broad spectrum of the St John community rather than the narrower range of scholars specialising in university-level historical studies
- a journal containing articles that result from enterprising, diligent research and that are pitched at the level of the intelligent general lay reader
- a journal using a style of language that is plain, direct, jargon-free and easily read
- a journal containing articles contributed by diverse authors who will possibly have differing levels of education and be from varying professional backgrounds
- a journal for which the main criteria for selecting material will be that the articles proffered for publication be original, well-researched and well-written.

Contributing to *One St John*

The Co-editors invite would-be contributors to submit material for consideration for publication in *One St John*.

One St John will accept unsolicited, previously unpublished articles that fit within its ambit of the history of the Most Venerable Order of St John, the Order's Foundations and Establishments and related subject areas.

The journal will also accept material that has previously been published elsewhere, for example in the Australian journal *St John History*, provided that the contributor has obtained permission for it to be republished in *One St John* and that its publication in the original source is duly acknowledged.

If you wish to contribute an article to *One St John*, you should submit it to 'The Co-editors, *One St John*'. Send all submissions to this email address, which is the personal address of the Managing Editor, Dr Ian Howie-Willis: iwillis@ozemail.com.au.

Please ensure your submission adheres to the general guidelines below.

By submitting material to *One St John* you licence the Editors to publish it in the journal.

Format

Please submit your material as an electronic file in Microsoft Word (.doc) or Word (.docx) format. Please do *not* send it in PDF format.

Use the Word default margins in A4, with the font set to 12pt Times New Roman, and use double-spacing throughout.

Please note that contributors can do much to lighten the editorial burden by ensuring that the material they provide is clear, clean and coherent text that can be readily edited.

In this connection, also note that a set of captioned PowerPoint slides used previously in a seminar presentation is *not* such text. What the Editors require is *textual* material in the form of a coherently developed discussion of the chosen topic in *prose*.

Peer reviewing and editing

At this stage of its evolution, *One St John* is not a peer-reviewed journal.

The Editors will exercise a degree of discretionary editorial autonomy in determining whether or not the material submitted to them needs amendment. They may refer edited material back to the author(s); but they may also edit material without further consultation with the author(s).

Articles, research reports, comments, book reviews, review articles and letters-to-the-editors may be copy-edited as the Editors deem appropriate to ensure that the material published is consistent with the *One St John* style, which is described in the next section.

Style

One St John will generally adhere to the APS [Australian Publishing Service] Online Style Manual, the style guide used by the Australian [Commonwealth] Public Service.

This manual is freely available on-line in PDF format on the Australian Public Service (APS) style manual website <http://www.apstylemanual.org/>.

General guidelines

Authors submitting contributions to *One St John* should adhere to the following general principles:

Length of articles

- Research articles should be no longer than 7000 words; preferred length is within the range of 3000 to 6000 words.
- Research reports: up to 2500 words.
- Comments, book review, review articles: up to 1500 words.
- Letters: up to 800 words.

Content

Although *One St John* is an historical journal, 'history' may be interpreted broadly to include biography, the history of ideas, technological history, institutional history, administrative history, archaeology, genealogy, historiography, heraldry, philately, numismatics, museology and other subsets of the discipline.

Whatever kind of material is submitted, the Editors urge contributors to write using the principles of plain English where possible to allow their work to be understood by a wide audience, for many of whom English might not be a first or even a second language.

Article submissions should include:

- a short abstract (no more than a quarter of a page)
- a short biographical note about the contributor
- a contact address, including an email address, for the contributor.

Illustrations

Up to six illustrations may be included with each article.

Illustrations should be included in the body of the text in the place you wish them to go.

Because the journal is not a print product, high-resolution images are not required. 300 dpi is satisfactory.

Provide captions for all illustrations, including the artist's/photographer's name (if known), medium, date and name/s of copyright holder/s.

Referencing system

One St John will not use footnotes and end notes.

Instead, the journal will use the 'name-date' (Harvard) system. Textual references should include the name of the author/s and the year of publication (e.g. Pearn and Dawson 2014). All directly quoted material should include relevant page number/s (e.g. Pearn and Dawson 2014:17–22).

All references are then listed alphabetically by author's surname and in full in the 'References' section at the end of the article.

The style for citing sources in the References section will be:

- for an article/chapter – Pearn, John and Dawson, Beth, “‘Rich in good works’: The life and times of Mary Griffith” in *St John History: The journal of the St John Ambulance Historical Society of Australia* Vol. 14, 2014.
- for a book – Dunstan, Frank, *Awkward Hours, Awkward Jobs: A History of St John Ambulance in the Northern Territory 1915–2012: The Volunteers*, Darwin, St John Ambulance Australia (NT) Inc., 2013.
- for a non-published source – Cheshire, James, information about the 1557 Letters Patent of Queen Mary I restoring the Langue of England, personal communication, 1 May 2015.
- for material from a website – ‘St John Historical Society Membership’ in the ‘History’ section of the ‘About Us’ menu, website of St John Ambulance Australia, www.stjohn.org.au; consulted 23 June 2018.

Contributors should observe these requirements and should not expect the Editors to transform foot notes and end notes to the journal's 'name-date' system. The Editors will accordingly return to a contributor material that is incorrectly referenced.

Copyright clearance

Make sure you seek permission to use copyright material. Authors are responsible for obtaining permission to include any third party copyright material (for example, text, photos, tables, graphs).

Due acknowledgement of such permissions should be made in a notation accompanying such material.

Before you submit your material, double-check you have met your copyright obligations.

Editors' contact details

The interim contact details for the journal are: *c/o One St John* Editors, National Office, St John Ambulance Australia, Post Office Box 292, Deakin West, Australian Capital Territory 2600, Australia; phone +62+2+62399201; email iwillis@ozemail.com.au.

No payment for material published

One St John does not pay authors for material they have submitted for publication.

The journal is not a commercial publication, has no price and is not sold. Instead, it is freely available on-line, where it may be freely read, downloaded and/or printed out.

Contributors submitting material for publication should understand that they do so voluntarily without expectation of payment.

The Co-Editors believe that the contributors' reward will be the satisfaction of seeing their material published before an international audience via *One St John*.

Conclusion

This document sets out interim guidelines for contributors to *One St John*. The Editors anticipate that when editorial control is taken over by the international editorial committee foreshadowed in section 1 above, that committee may seek to introduce its own guidelines.

Ian Howie-Willis MA PhD KStJ
 John Pearn DSc MD PhD MPhil. GCSStJ
 Matthew Glozier MA PhD FRHistS FSAScot
 Interim Editors
 November 2018