

One 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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Second volume of a new journal

The first volume of *One St John* was launched by the Grand Prior, HRH Prince Richard Duke of Gloucester, in Edinburgh in May 2015.

As our 'editorial' at that time pointed out, *One St John* is an entirely new venture in the 185-year life of the organisation which has evolved into the Most Venerable Order of St John.

In a contracting world, linkages between the various national arms of St John are becoming closer. Communication between members of the various Priors, Commanderies and Associations has never been more efficient, or more extensive.

This second edition of *One St John* is perhaps symbolic of the world-wide outreach which unites those committed to the ethic of volunteer pre-hospital care – in its many forms.

We invite submissions from throughout the St John world. So many have a significant story to tell. The collectivity of such stories and accounts will be of interest to all 'Johnnies', irrespective of nation.

The challenges, and the achievements, of St John members are so often unique to the circumstances of place and time. Such accounts, however, all contain a core of experiences shared by many in communities which are otherwise very different, but which remain confronted by common challenges.

Both historical and contemporary accounts are welcome, if an author feels there is substance which carries an international message. Submitted manuscripts are submitted to peer review to preserve the standards of international scholarship which St John espouses.

Ian Howie-Willis kstj & John Pearn gcstj, Editors

Major General Michael Walsh CB CBE DSO DL KSTJ (1927–2015). A life of leadership and service

John Pearn

Priory Librarian, St John Ambulance Australia

Major General Michael Walsh served as the Director of Overseas Relations for the Order of St John for six years from 1989 to 1995. A gallant and highly-decorated soldier, and a leader esteemed by all, he brought much to international relations and pragmatic St John communication, across national boundaries. His *persona* was one of indefatigable zeal to promote the feeling of ‘family identity’ of all who work in the black and white uniform of St John. In this context, he reached out to many groups in St John, including volunteers who were serving in more than 40 nations. He was held in highest esteem, indeed affection, by the many thousands whose functions, parades, seminars and camps he attended. With his wife, Angela, he travelled extensively throughout Africa, Asia and Australasia in his St John role.

Michael John Hatley Walsh was born in Harrogate and educated at Sedbergh School in Yorkshire. He enlisted in the British Army as a Rifleman in the King’s Royal Rifle Corps early in 1945. He was commissioned and served with the First Battalion KRRC in Northern Italy; and served with his battalion in the bitter cold of the high hills between Italy and Yugoslavia, preventing Tito’s partisans from seizing Trieste. He served in various appointments and was posted to the Third Battalion, the Parachute Regiment at Aldershot. He served on numerous operational deployments including the airborne assault anti-terrorist operations in Cyprus. He proudly wore the airborne ‘cherry beret’ on many occasions, after retirement. He held particular affection for Australia after his year with the British Defence Staff and the Australian Army Staff College in Queenscliff in Victoria.

Major General Michael JH Walsh.

After a distinguished military career, in 1982 he became the Chief Scout of the United Kingdom and Dependent Overseas Countries. In 1989 he was appointed Director Overseas of St John Ambulance, a position he held for two triennia (1989–1995).



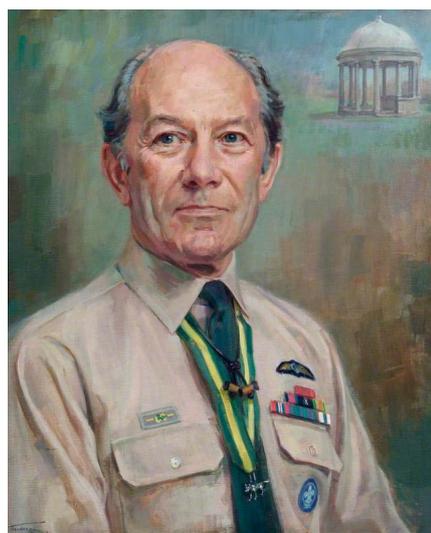
Michael was decorated with the Distinguished Service Order for gallantry on operational service in Cyprus. His stellar military career subsequently included that as Colonel in the First Armoured Division in the British Army of the Rhine. His exceptional ability and natural leadership skills were recognised early and he was promoted to Major General and appointed the General Officer commanding the Third Division, then the United Kingdom's Mobile Force. He served also with great distinction with the Royal Green Jackets before retiring from the Army in 1981.

General Walsh's great contributions to St John Ambulance centred on his interlinking with so many other volunteer services. In 1982 he was appointed world Chief Scout, only the fifth Chief Scout since the Founder, Lieutenant General Robert Baden-Powell, had been in office. Decorations were showered upon General Walsh including that of Commander of the British Empire (1996) and the Commander of the Bath (1980). He was appointed the Queens Deputy Lieutenant (eg County or State Governor) for Wiltshire. He was a skilled photographer, a keen sailor, and in his youth had been a keen boxer. In this latter context, in 1981 he was appointed Life President of the Army Boxing Association. He served with a great distinction also in the Royal National Lifeboat Institution, serving for many years as its Vice President.

Major General Michael John Hatley Walsh (1927–2015) in his uniform as World Chief Scout.

General Walsh's tenure as Chief Scout was characterised by his outreach to other volunteer bodies, including St John Ambulance, the Royal National Lifeboat Association and the Territorial Forces.

Portrait (oils on canvas) by June Mendoza for the Scout Association.



In 1989, he brought this outreach and ambassadorial enthusiasm to his work for the St John Ambulance Association. He was created Life President of the St John Rescue Corps of Malta. He had served in military roles in Singapore, and as Director of Overseas Relations for St John Ambulance, he was a popular ambassador for the work of St John, both in St John Ambulance Malaysia and St John Ambulance Singapore. At the St John Far East and Australasian Seminar held in 1990, he was particularly influential in supporting the Commander-in-Chief of the Malaysian St John Ambulance, Mr E Paramasivam. In these outreach and leadership roles, working in Singapore, India, Kenya, Malaysia and Australia, he fostered international communications and friendships. In the major Far East and Australasian Seminar held in Malaysia in 1990, 12 nations were represented to support the 48,000 Malaysian members serving in St John Ambulance uniforms in that year. General Walsh was instrumental in bringing the wider world of St John to Australia, New Zealand and Canada, in various seminars he led with great distinction.



The National Seminar was held with 12 nations represented in Kuala Lumpur, Malaysia on 20 May 1990.

A press conference was hosted by Major General Michael Walsh as Director of Overseas Relations, the Order of St John: in the front row (l-r) are: Professor Willis Marshall (Australia); Dr Herbert Ellis (UK); Major General Michael Walsh; Mr E Paramasivan (Malaysia); Group Captain Keith Batt (UK).

Back row (l-r): John Pearn (Australia); Mr Wickram (Solomon Islands); Mr Laurie Hawes (UK); Mr Dominic Sagere (Papua New Guinea); Mr Bais Gwale (Deputy Commissioner, Papua New Guinea); Mr Russell Martin (Deputy Community Service Commissioner, New Zealand).



At the entrance to the St John International Cadet Camp held at campsites in the Ayer Keroh Forest, Malacca in May 1990 are (l-r): Professor John Pearn (Director of Training, St John Ambulance Australia and District Surgeon, Queensland); Major General Michael Walsh (Director of International Relations, The Order of St John); Mrs Angela Walsh; and Dr Low Bin Tick (Deputy Commander in Chief, St John Ambulance Malaysia).

General Walsh had a charismatic personality and was ideally suited to the ambassadorial role he both created and pursued in the name of St John in Europe, Africa, India, Pakistan, Malaysia, Singapore, Australia and New Zealand.

General Walsh died on the 13 October 2015, mourned by all who knew him. Many, like the author, were privileged to serve with him in many uniforms, in this context particularly in the proud black and white uniform of the international world of St John Ambulance.

Pie Postulatio Voluntatis. The Papal Bull of 1113

John Pearn & Ian Howie-Willis

Fifteenth of February 2013 was a great milestone for all the Orders of St John. That date was nothing less than the 900th anniversary of the institution from which the Orders all claim descent: the original 'Hospital of St John of Jerusalem' founded by a monk of the mediaeval church, Brother Gerard Thom. This day in 1113 was the day on which Pope Paschal II (reign 1099–1118) issued the Papal Bull *Pie Postulatio Voluntatis* authorising the establishment of Brother Gerard's hospital as an institution independent of all others.

The origins of what was to become the great St John Hospital in Jerusalem are obscure and debated among mediaevalists. There is, however, general agreement that in the decades before the First Crusade of 1095–99 AD, Brother Gerard emerged as the head of a place of sanctuary and care for those making personal pilgrimages to Jerusalem.

A Bull is a papal edict, a proclamation issued by a pope, its pronouncements having his full authority as the Vicar of Christ, the supreme head of the Catholic Church. The word 'Bull' is from the Latin '*bullā*', meaning a document bearing a lead seal, in this case one imprinted with the Pope's distinctive armorial device. All Bulls are issued in Latin (the ecclesiastical language), the title of each Bull usually reflecting its subject matter. So it is with *Pie Postulatio Voluntatis*, which means 'A pious request [and] desire' and is the Bull's short title. Gerard's Bull also has a longer title: *Geraudo institutori ac praeposito Hirosolimitani Xenodochii*, which translates as 'Gerard, founder and also provost of the Jerusalem Xenodochium'.

As the longer title indicates, the institution that Brother Gerard established was a xenodochium not a hospital. The difference between these two terms is obvious in the derivation of the former.

It is a compound of two ancient Greek words that have come into English via Latin:

1. ξένος (*kēnos* or *xenos* in Latin), meaning, 'stranger', 'foreigner' and 'guest', the same source as the first element in the English word 'xenophobia', i.e. fear of and hostility towards foreigners
2. δέχομαι (*dekhomai*), to 'receive' or 'accept'.



The Blessed Gerard, from a fresco in the Chapel of the Grand Magistry of the Sovereign Military Order of Malta in the Palazzo Malta on the Via Condotti, Rome.

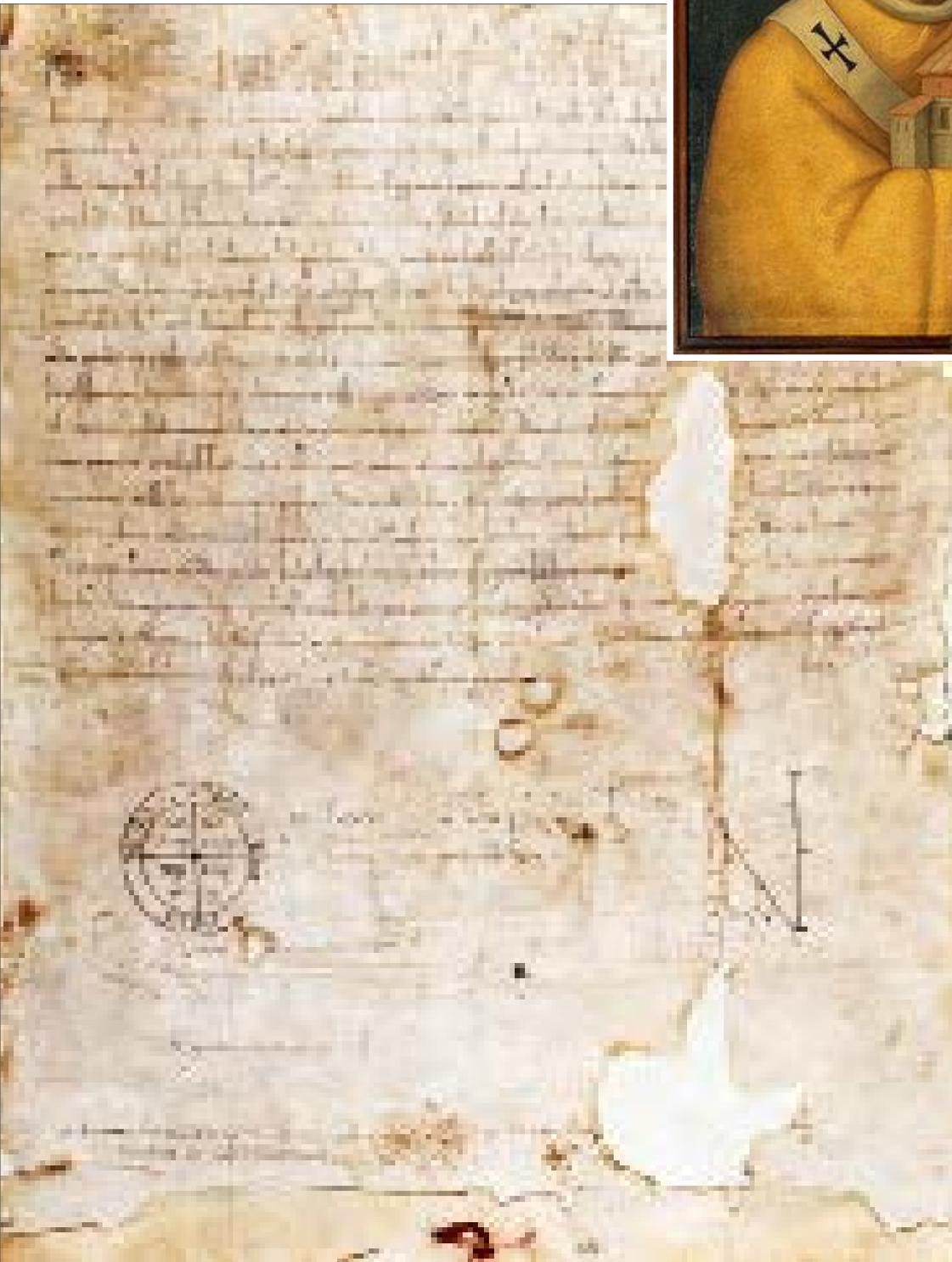
The image illustrates the legend that during the siege of Jerusalem by the First Crusade in 1099 Gerard had thrown bread to the hungry Crusaders besieging the city and had then been imprisoned and tortured by the city's Muslim governors.

The word used for Gerard's institution precisely indicated its function. Xenodochium is a rare word used infrequently in English, but the use of this term indicates that Gerard's institution was what we would now call a hospice, a hostel mainly for housing needy pilgrims and especially those who were ill and/or poor.

Inset, Ranerio Raineri (c. 1076–1118) who as Pope Paschall II issued the Papal Bull of 15 February 1113 (below) establishing Brother Gerard's xenodochium as an Order in its own right.



[A detail from a 1099 oil painting by Giuseppe Franchi.]



[Image left: https://en.wikipedia.org/wiki/Pie_Postulatio_Voluntatis#/media/File:Pie_Postulatio_Voluntatis.jpg]

While *Pie Postulatio Voluntatis* makes clear that Gerard's xenodochium was such a hospice, it also refers to the 'hospital work' done there. Being a 'xenodochium' meant it was an institution that took in wayfarers. The Latin word which the Bull used for hospital work was '*hospitalitas*', but this term did not then carry its present-day connotations of an institution for treating the sick and injured. Instead '*hospitalitas*' meant granting refuge and dispensing hospitality and care to visitors.

In the Bull, Pope Paschal II makes clear that by xenodochium he meant something more than the actual building housing Gerard's hospice. Being a xenodochium meant it was an institution that took in wayfarers, but the term also included the monks and other lay volunteers who staffed the institution plus the services they provided. Further, xenodochium included not just the hostel in Jerusalem but similar institutions the brethren were already running elsewhere in France, Sicily and mainland Italy.

The point of great significance in *Pie Postulatio Voluntatis* is that the Pope bestowed complete independence (with the exception of his own Papal authority) on this collegiate monastic institution. The Bull's promulgation in 1113 preceded the formal naming of the Order of St John and preceded the evolution of the term 'Hospitaller'. In his Bull, Paschal II was responding to a prior request for autonomy in a supplication from Gerard. The motivation for this request will possibly remain unknown, but by 1113 Gerard was administering a chain of hospices in at least seven places, most of them in Europe on the pilgrim route to Jerusalem, and these were subject to the rules—and perhaps frustration—of direction and even subjugation by local bishops.

The Order's formal adoption of health care and healing functions (hospital work in the modern sense) probably came later, under Gerard's successor, Brother Raymond du Puy (1083–1160), Rector (or Provost) of the Order, 1120–1160. It was Brother Raymond who formulated the Order's Rule or constitution, which was granted Papal approval at some time during the period 1120–1153, possibly during the papacy of Pope Eugene III (reigned 1145–1153). Raymond also gave the Order an additional military function similar to that of the Templars, the other great contemporary order of military monks. Exactly when the Order adopted its military role is uncertain, but it had certainly begun recruiting knights by 1153, when Raymond, a crusading knight himself before joining the Order, led its troops at the Siege of Ascalon.

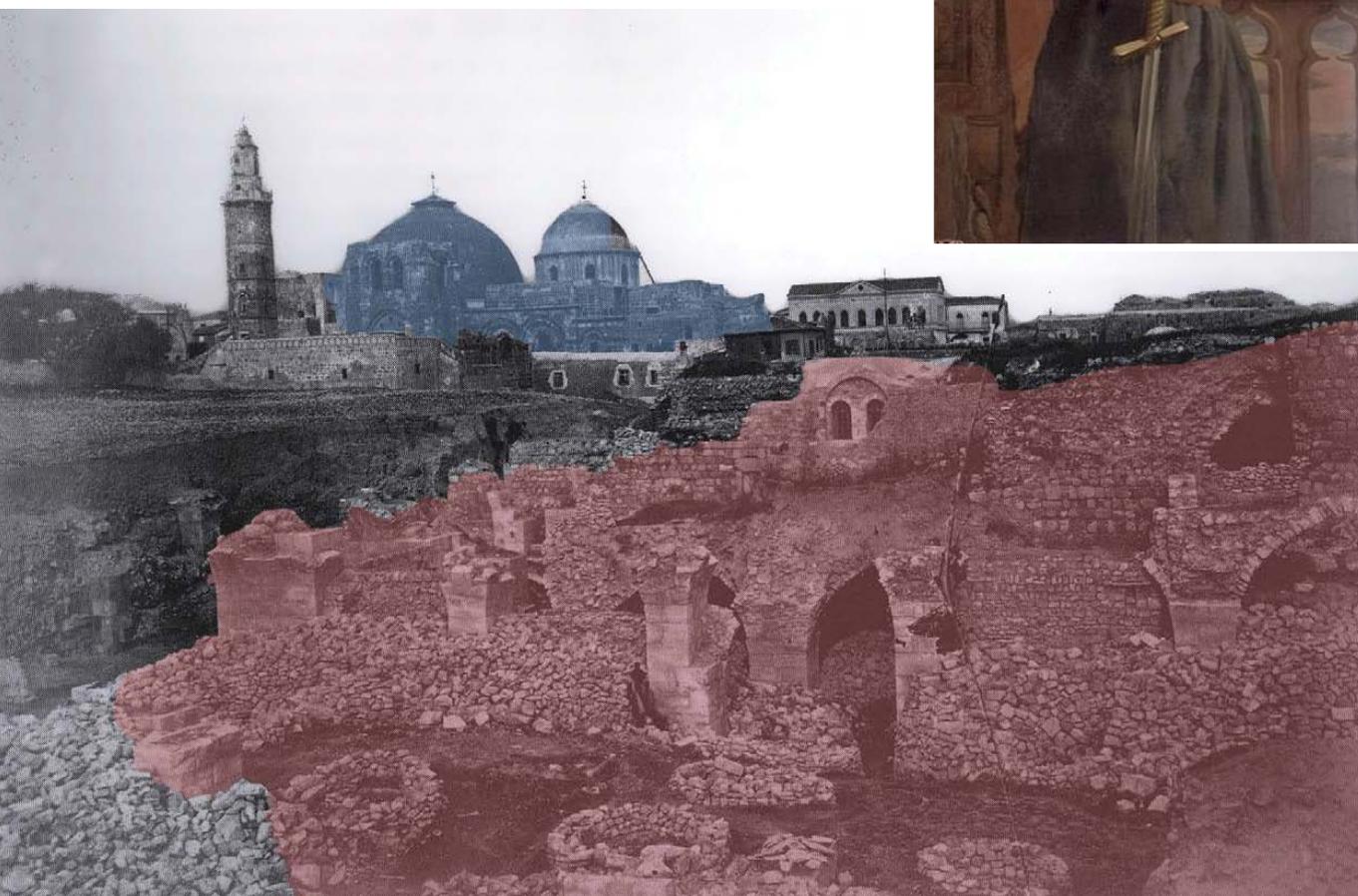
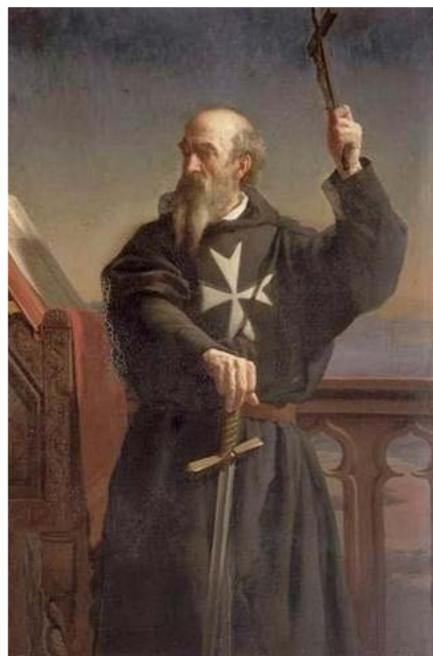
Certainly by 1120, however, the Order had acquired more spacious buildings near the Church of the Holy Sepulchre in Jerusalem. There it developed its famous 'Sacred Infirmary', a facility for treating the sick and injured. Significantly, Raymond's Rule referred to the hospice only as 'the Hospital of Jerusalem' not as 'the xenodochium'. The xenodochium had clearly become a hospital as well as (or rather than) a hospice. To emphasise the point, Raymond's regulations for the Order stipulated that the infirmary must maintain a permanent medical staff of five physicians and three surgeons. In 1150 one pilgrim who visited the infirmary wrote that it was caring for no fewer than 2000 patients. Not surprisingly, then, it was during this period 1120s–50s, that the Order's brethren became known as the 'Hospitallers', the name they retained for the next 400 years, until the Order re-established itself in Malta in 1530. After that they were more commonly called the 'Knights of Malta'. (Incidentally, 'Hospitaller' was not a title over which Raymond's brethren had a monopoly: other religious orders which cared for the sick were also called hospitallers.)

The privileges that Pope Paschal granted Gerard and his ‘professed brethren’ were extensive. Apart from unprecedented independence, five main benefits were bestowed upon the xenodochium. In summary these were:

1. The xenodochium came under direct papal patronage. That is, it was answerable only to the Pope and not to local bishops and abbots, who might deny it the resources it needed to fulfil its charitable functions.
2. The resources which the Order had already acquired or would later accumulate (land, buildings, money, rents, equipment and livestock, often obtained as gifts) were to be preserved solely for the Order’s own use in meeting the needs of its pilgrim clients. That is, the local bishops and abbots could not divert the Order’s resources to their own use.

Right: Raymond du Puy, Gerard’s successor as rector of the Order and the author of its Rule. The Order began establishing hospitals during his long tenure (1120–60) and also adopted a military function. This idealised portrait, an 1842 painting by Alexandre Laemlein, is held in the ‘Crusades’ collection of the Palace of Versailles in France.

Below: Ruins of the Hospital of the Order of St John, Muristan area of the old city of Jerusalem, as they were in 1874. They are coloured pink in this image to distinguish them from the surrounding structures. (Photograph: Wikimedia Common.)



3. The brethren were granted the right to elect their own Provosts after Gerard's eventual death, without outside pressure or interference. (The title of Provost changed to 'Grand Master' during Brother Raymond's tenure.)
4. The Order's possessions in Europe, like those in Jerusalem, were for the sole use of the brethren in fulfilling their charitable role.
5. Any transgression of the foregoing privileges would incur the most severe sanction available to a Pope—excommunication. And so anyone seeking to deprive the Order of the benefits conferred by the Bull would accordingly be denied the sacraments of the church and would consequently be condemned to eternal hellfire—a terrifying prospect, given the mediaeval mind, even for kings and emperors.

What more does *Pie Postulatio Voluntatis* tell us? In reading between the lines of the Bull we can infer a little more about Gerard and his brethren. Briefly, the Bull yields this information:

- Gerard was the founder and rector of the xenodochium. Unfortunately, the Bull does not hint at the successful ecclesiastical politicking that Gerard must have done to ensure that his humble hospice was elevated to the prestigious status of an independent ecclesiastical organisation and later an order.
- At one point the Bull refers to Gerard's hospice as a 'ptochea', an alternative to xenodochium. This little-used term, from the Greek '*ptochium*', meaning 'a hostel for the poor', emphasised the point that the clientele of Gerard's institution were indigent pilgrims, those who had spent their all in making the long and hazardous pilgrimage to the Holy Land.
- The brethren were already associated with their patron, St John the Baptist, as their xenodochium was situated near the church dedicated to him. (Exactly when the brethren adopted the titles 'Hospital of St John of Jerusalem' and 'Order of St John' is unclear. Brother Raymond's famous Rule, for instance, does not use the former phrase but speaks only of the 'House of the Hospital of Jerusalem'.)
- The Librarian of our Order, Professor Jonathan Riley-Smith, points out that in issuing *Pie Postulatio Voluntatis* the Pope had 'created the basic form of an international religious Order answerable only to him'. If that is so, Gerard's brethren became the model on which other great international orders, the Templars and the Jesuits, developed later.
- The brethren already had independent sources of income from cash donations and rents from the properties they had acquired.
- The brethren were already expanding their activities from Palestine into Europe. For instance, the Order was active in England by 1140, and it acquired its famous property at Clerkenwell, London, in 1144.
- The brethren were greatly respected—they had begun acquiring 'honours'.
- The wealth the brethren were accumulating was already the envy of the bishops and abbots in the places they had established branches. The Bull's heavy sanctions to safeguard the brethren's privileges hint at the potential resentment of the local clergy. Envy of the brethren's accumulating resources was, presumably, the reason why the Bull granted them independence from diocesan control.
- The Bull was signed personally by Paschal II, probably at Benevento (south-east of Rome and inland from Naples), and was witnessed by a bevy of other princes of the church:

three cardinals, one archbishop and three bishops. The Pope's seal was then affixed, probably immediately after the signing ceremony, by a cardinal called John who was also a 'Librarian', which perhaps means he was Paschal's official keeper of records.

Brother Gerard's action in founding his hospice about 1080 and the Bull of 1113 were the first great milestones in the Order's eventful progress across the subsequent nine centuries. By guaranteeing Gerard's brethren their independence, *Pie Postulatio Voluntatis* established what became a new order under Raymond du Puy. The Bull enabled the brethren to expand and diversify to face emerging challenges. This in turn helped the original hospice to develop into the great worldwide series of humanitarian, charitable enterprises which the Orders of St John have become in the modern era. That is indeed something worth commemorating.

‘Return to Sender’. The Letters Patent of Queen Mary I reinstating the Order of St John in England in 1554

James Cheshire JP, OStJ

My readers might be interested in knowing how I come to be the author of such a recondite article so apparently remote from the workaday concerns of the average St Johnny on public duty somewhere in Australia. I will accordingly explain briefly.

It happened because, yet again, I was corralled by the Historical Society’s Editor (Ian Howie-Willis) and talked into producing it. As is my wont, I met him for dinner in Canberra during one of my working visits there, soon after his return from his 2013 trip to England. He was fresh from his experience of delivering a presentation to the quadrennial seminar of the London Centre for the Study of the Crusades at St John’s Gate in September 2013. While there he had seen on display in a black velvet-covered glass case one of our Order’s most treasured possessions—the original elaborately illuminated Letters Patent of Queen Mary I and her consort, King Philip of Spain issued in 1557 to re-establish the English *Languie* of the ancient Order of St John. As any aspiring St John historian will know, the *Languie* had been suppressed by Mary’s father, King Henry VIII, eighteen years earlier, shortly after the beginning of the religious reformation in England.

Agog with excitement at his personal viewing of this rare historic document, our Editor told me he’d viewed the Letters Patent in company with several English Knights of the Sovereign Military Hospitaller Order of Malta. They were of the strong opinion that the Letters Patent rightly belonged to *their* Order of St John, not ours.

Perhaps by way of reaffirming our right of possession, our Editor suggested that I should apply my recently acquired legal qualifications to the task of revisiting the vexed issue of whether or not our legitimacy as an Order of St John rests on Mary I’s Letters Patent of 1557 as well as on Queen Victoria’s Royal Charter of 1888.

Letters Patent

Letters Patent (always plural) are legal instruments, that is a Letters Patent is a formal document that records and sets out in writing a legally enforceable act, process, contractual duty, obligation or right.

Letters Patent are customarily issued by a Head of State. In a monarchy, for instance Australia or the UK, the monarch of the day may issue Letters Patent to grant an office, a title, an honour, a privilege or a monopoly to a person or group. In such cases, the Letters Patent serve as a public statement in which the monarch announces the granting of such favours.

A good example here is the Letters Patent issued by Queen Victoria to Surgeon-General William GN Manley VC in December 1875, conferring on him the right to produce and market an ‘improved ambulance litter’ or detachable stretcher mounted on a frame attached to two cartwheels—the famous ‘St John Ambulance’ from which our organisation takes its

name. At the time, Manley VC was the head of the Ambulance Department of the Order of St John; and so the Letters Patent for the 'St John ambulance' were effectively granted to him, and through him his Ambulance Department, as the Order's key co-stakeholders in the new litter.

Backtracking historically—a reminder of events and issues to Mary I's 1557 Letters Patent

What now follows is *not* a quiz for Cadets working towards the KOTO ('Knowledge of the Order') proficiency badge. Instead, it's a recapitulation of historical developments forming the background to Mary I's 1557 Letters Patent re-establishing the abolished *Langue* of England of the Order of Knights Hospitaller.

To appreciate the effect of Mary's Letters Patent, let us briefly consider ten key events in Hospitaller history over the preceding five-and-a-half centuries. These may be summarised as follows:

1. 1099: capture of Jerusalem by the First Christian Crusade to the Holy Land. English knights took part in this Crusade.
2. Even before the Crusaders took Jerusalem, a hospice for pilgrims was being run there by a Benedictine monk, Gerard Thom, and a small group of his brethren. The hospice received support from affluent pilgrims and, after the First Crusade, from Crusaders returning home to Europe. Support for the brethren came in the form of bequests of funds and real estate.
3. 1113: the Papal Bull *Pie Postulatio Voluntatis* — in effect Letters Patent — of Pope Pascal II confirmed the hospice as an Order in its own right and appointed Fra. (Latin — *Frater*: 'Brother') Gerard as Rector (head) of the new Order.
4. c. 1144: an English branch (later termed *Langue* or 'Tongue', i.e. linguistic grouping) was established as a Priory of the Order at Clerkenwell, London.
5. 1187: victory of the Muslim forces under Saladin over the Crusaders in the Battle of Hattin, followed by the loss of many Crusader-held castles and towns, including Jerusalem. The Crusaders retreated to their last bastion in the Holy Land, Acre (Akko), a port city in northern Palestine.
6. 1291: Muslim forces conquered Acre. In retreat, the Order moved to the Crusader kingdom of Cyprus, where it based itself at Kolossi Castle.
7. 1309: under the Grand Master Fulk (or Foulques) de Villaret, the Order acquired Rhodes, which became its base in the eastern Mediterranean for the next 213 years, until expelled by the forces of Suleiman the Magnificent, the Ottoman (Turkish) Emperor, in 1522.
8. 1312: establishment of the formal administration of the Order through eight *Langues*, a system of governance based on linguistic groupings. In the case of the *Langue* of England, the *Langue* comprised the three English-speaking Priors of England, Ireland and Scotland.
9. 1330: under the English Grand Prior of the Order, Fra. Philip Thame, the Grand Priory of England continued acquiring estates. Eventually the Order owned some 50 manorial estates in the British Isles, where it was among the major landowners.
10. 1539–41: religious reformation in England and the dissolution of the monasteries. The property of the Order was sequestrated and membership of the Order forbidden within the realm.

Suppression of the Order in England

To elaborate on the last of these events, the abolition of the Order in England in 1539–40, the course of the suppression of the English Langue may be conveniently summarised by reference to relevant legislation enacted during the reign of King Henry VIII, the father of Mary I.

During the last decade of Henry's long (38-year) reign, 1509–1547, five key Acts of Parliament were the legal instruments through which the Order lost both its property and the right to exist in England. They were as follows:

1. *Act of (Henry VIII) Supremacy 1534*, which made Henry VIII (rather than the Pope) the head of the Church in England.
2. *Dissolution of the Lesser Monasteries Act 1536*, which suppressed 536 minor religious houses, e.g. the smaller provincial abbeys and priories, and sequestered their property.
3. *Dissolution of the Greater Monasteries Act 1539*, which suppressed 200 major religious houses and sequestered their property. The Hospitallers' Grand Priory at Clerkenwell fell under this category.
4. *Suppression of Monasteries Act 1540*, which transferred to the Crown ownership, i.e. into the possession of Henry VIII, the property surrendered by the closed religious houses.
5. *Hospital of Saint John of Jerusalem (Possessions, etc.) Act 1541*, which confirmed the transfer to the Crown of all the property of the Order of St John in the realms of King Henry VIII.



King Henry VIII suppressed the Knights' Hospitallers' Grand Priory of England in 1539–1541. His second daughter, Queen Elizabeth I, confirmed the suppression on acceding to the throne in 1558.

Hospital of Saint John of Jerusalem (Possessions, etc.) Act 1541

I will now briefly consider the last of these five acts, which singled out the Order of St John for exemplary abolition. The preamble described it as 'An Act concerning the Lands and Goods of the Hospitals of St. John of Jerusalem in England and Ireland, to be hereafter [placed] in the King's Hands and Disposition'.

The 1540 Act provided that wherever Henry held dominion and his law was in force the Order of St John and its establishments 'by whatsoever name or names they be founded, incorporated or known, shall be utterly dissolved and void to all intents and purposes'. That's another way of saying that henceforth the Order was wholly suppressed within Henry's kingdoms.

No one anywhere, in England, Ireland, Scotland, Rome or Malta, could be in any doubt that Henry had entirely extirpated the English Langue within his realms.

This statement requires some qualification, however. First, Henry VIII was not the King of Scotland; and so he had no power to abolish the Order there. 'King of Scotland' was a title belonging to his nephew, King James V of Scotland (1512–1542), the father of the ill-fated Mary Queen of Scots. James V was the son of King James IV and Margaret Tudor, Henry's

sister. His maternal Tudor ancestry notwithstanding, James V was no friend of either Henry VIII or England. Indeed he died in 1542 soon after an English army defeated his army at the Battle of Solway Moss on the Scottish–English border.

The Henrician religious reformation in England nevertheless impacted on Scotland and the Scottish Hospitallers, whose headquarters or Preceptory had been at Torphichen (near Bathgate, midway between Edinburgh and Glasgow) for the 400 years since 1140. When the religious reformation spread into Scotland, the last of the Scottish Preceptors of the Order, Fra. James Sandilands, surrendered the Preceptory lands to the Crown in 1564.

And then, second, Henry VIII might not have succeeded in destroying the Order completely within his realms. There were continuing reports that the English *Langue* continued operating 'underground' throughout the seven years of Henry's remaining reign, during the six-year reign of his Protestant son King Edward VI and then into Mary I's reign. If, as likely, these reports were true, the *Langue* continued in secret for at least 12 years despite the *Hospital of Saint John of Jerusalem (Possessions, etc.) Act 1541*.

The Letters Patent of Queen Mary I and King Philip

Queen Mary I, unlike her father, half-brother (King Edward VI) and half-sister (Queen Elizabeth I), was never a Protestant. She was first and foremost a devout Roman Catholic who was intent on restoring England to the Roman Catholic fold. She was also married to a devout Catholic, King Philip II of Spain, a champion of the Catholic cause in Reformation-era Europe. Re-establishing the English *Langue* of the Order of St John was therefore in keeping with Mary's wish to 're-Catholicise' her kingdom.

Mary and Philip issued their Letters Patent restoring the *Langue* on 2 April 1557, almost four years after Mary's accession and 19 months before her death. They were issued jointly in both Mary's and Philip's names. Like other Letters Patent of the era, it was a hand-crafted illuminated manuscript, written in Latin on parchment in a neat Tudor era script, with the margins elaborately and colourfully illustrated. The loop of the initial letter, 'P', of the opening phrase, '*Philippus et Maria...*', forms the frame of a portrait of Mary and Philip seated side-by-side on their throne.



Queen Mary I was the Queen of England and Ireland from July 1553 until her death in 1558. Portrait by Antonis Mor, 1554.

https://en.wikipedia.org/wiki/Mary_I_of_England

Force and effect of the Letters Patent

But what did Mary's–Philip's Letters Patent actually say? Essentially, they authorised the Archbishop of Canterbury (the principal cleric in England), Reginald Cardinal Pole, to restore the Order. They did so in characteristically verbose manner. In translation, the two key sentences read as follows (with the critical phrases emphasised here in *italic*):

For that purpose, recollecting and calling to mind the Hospital of St. John of Jerusalem, which was lately suppressed in England, its revenues diverted into the hands and possession of King Henry VIII, the beloved father of our aforesaid Queen, and which, after the death of



The illuminated Letters Patent issued on 2 April 1557 to re-instate the Order of St John in England. The elaborately decorated initial letter 'P' in the Letters Patent includes a detailed portrait of King Philip and Queen Mary sitting side by side on the throne of England. The Letters Patent were promulgated under their joint names.

<http://museumstjohn.org.uk/collections/letters-patent-of-queen-mary-tudor-and-king-philip-ii/>

the said Henry VIII, father of our Queen, have in a similar manner come, by the hereditary rights said Queen, into our hands; furthermore, having most easily and clearly recognized and perceived the fact that before the above mentioned Hospital was dissolved, the great part of its possessions and revenues were wont to be employed, devoted to, and expended on *the defence of Christianity, and for warring against the Turks and Infidels, and others who openly annoyed the Catholic faith of Christ and our Mother the Holy Church*, by the Prior and military brethren of the said Hospital; which Prior and military brethren not only have renounced this world with all its vanities, but have also been wont, when time and occasion called for it, with their utmost strength and aid to expend wealth, blood and life itself, in fighting against the Turks and Infidels all over the world;

Therefore we are most earnestly desirous, having carefully considered the measure, with the fervent piety which we owe towards the defence and extension of the Catholic faith, *to renew, restore, create, institute and establish the sacred Order and religion of the English brothers of St John of Jerusalem in this our Kingdom of England*, with their accustomed titles, style and dignities; and also to adorn and decorate the said religion, or Order, with all the old manors, lands, tenements, possessions, hereditaments, privileges and prerogatives which formerly belonged to the said Hospital, and which have come to, and now remain in, our hands, for the support of the dignity of the said Order.

In short, the Letters Patent sought to return the Order of St John to its previous pre-1539 standing in England.

But how much weight did the Letters Patent carry? Well, it had the full force of the law because it was lawfully granted; and Mary as Queen had the power to issue Letters Patent like this. Further, in the Tudor era, before the rise of the present notion of the constitutional monarchy, the royal prerogative included the power to institute religious orders without an act of parliament. We may therefore conclude that Mary was acting within her rights and that her Letters Patent was accordingly a valid legal instrument.

Unfortunately for the Order, however, its English *Langue* could not be fully restored. As seen, Mary I died the year after issuing the Letters Patent; and by coincidence Cardinal Pole died the same day, 17 November 1558. Meanwhile, the Order in England had long since been dismembered. Moreover, its former estates had been sold off; and whether they could be restored to the Order was problematic. In any case, Mary was succeeded by her Protestant half-sister, Elizabeth I, who quickly ordered the enforcement of the previous Henrician legislation in relation to the Catholic Church and its adherents.

At the same time, the English *Langue* had not yet disappeared entirely. Its Scottish Preceptory continued for another six years, until 1564, when the Prior in Scotland surrendered the Order's property to the Crown. In the meantime, both English and Scottish Knights continued serving within the Order in Malta.



The Hospitallers in England lost everything during the dissolution of the monasteries. Confiscated by the Crown, their estates were sold off and their buildings diverted to other uses. For example, under private ownership their Commandery at Swingfield, Kent, became a farm building.

Shown here in an 1807 copper engraving, it had become a dilapidated barn. Swingfield was a former Templar property granted to the Hospitallers after the Templars' suppression in 1306. The central front section of the building section was eventually restored and survives to the present.

Published in *The Beauties of England and Wales*, 1807. Recent hand colouring. Size 14.5 x 11 cms including title, plus margins. <http://www.ancestryimages.com/proddetail.php?prod=f1170>

Did the *Languae* remain extant post 1558?

The short answer to such a question is that of course it did. From the Order's point of view, while there were still professed English Knights, the *Languae* continued in fact and by custom, regardless of the anti-Order legislation enacted by the English parliament. By virtue of Queen Mary's and King Philip's Letters Patent of 2 April 1557, the *Languae* also remained a legal entity in England and Ireland. And as that Letters Patent was never rescinded, either by Elizabeth I or her successors, it is possible to argue that the *Languae* continued on in England as a legal entity, in theory if not in practice.

That was an argument favoured by the late Professor Anthony R Mellows (1936–2016), Lord Prior of the Most Venerable Order of St John (2008–2014) and an eminent legal scholar who, among other appointments, was Dean of the Faculty of Laws in the University of London. He argued along these lines in an article in *St John History*, Volume 12 (2012). He wrote that the parent Order, based in Malta from 1530 (i.e. before the Henrician Reformation in England), 'could treat the *Languae* of England as continuing to exist notwithstanding that the [Order's] corporation in England [i.e. the former English Grand Priory] came to an end'.



The late Professor Anthony Mellows (1936–2016), argued that the Order has directly and legitimately descended from the Hospitallers' *Languae* of England 'in fact and in law'.

The Mellows argument depends on seeing the *Languae* and Grand Priory of England as different entities. The former, Professor Mellows argued, was a *religious* entity made up of monks who were also professed Knights. The latter, he argued, was a *property-owning* corporation. The *Languae*, according to Professor Mellows, continued in existence, both 'in fact and in law', even though the Grand Priory had been abolished, first in 1539–41 by Henry VIII and again in 1558 by Elizabeth I.

The 1831 'revival' of the *Languae* of England

The Mellows argument also depends on the assumption that the men who 'revived' the *Languae* of England in 1831 were within their rights in doing so. Whether or not they had the power and authority to resuscitate a legal entity that had been dormant for over 270 years is a moot point.

I won't dwell on this matter, because it has been much written about previously. All I need say is that the French Knights and their English accomplices who 'revived' the *Languae* of England in the period 1827–1831 relied on an argument much the same as that of Professor Mellows. The *Languae*, they believed, was in abeyance not abolished; and so as Knights of the Order they were able to reactivate it.

The rest, as the saying goes, is history. In the period 1831–1858 the 'revived' *Languae* sought recognition from the parent Order. When that was denied in 1858, its members chose to establish their organisation as a separate Order in its own right. Within three decades, the new Order's good works through its St John Ambulance and Jerusalem Eye Hospital foundations brought it into favour with Queen Victoria. She conferred official status upon it through her Royal Charter of 1888. The Charter made it *both* a royal order of chivalry *and* a 'recognised' Order of St John.

Is there an 'ancient relationship' between the Most Venerable Order and its 'parent', the Sovereign Military Hospitaller Order of Malta?

Professor Mellows would have answered this question in the affirmative. The 1831 'Revival', he believed, was a legitimate act by a group of Knights of the Order acting in good faith in the sincere belief that they had the authority to take the action they did. At the time, the Order was in disarray, still seeking to re-establish itself after its ejection from Malta, still searching for a permanent home and still rediscovering itself after its bizarrely anomalous sojourn in Russia under a Grand Master who was not only a Romanov Tsar but was neither Catholic (he was Russian Orthodox) nor a celibate monk-knight. Under the circumstances, the 'revived' *Langue* could legitimately claim direct descent from the ancient Knights Hospitaller.

Not all students of the history of the Most Venerable Order would agree with this summation of the situation. Most of those I know are perturbed about the 273-year period between 1558–1831, when the *Langue* was non-operational if not actually defunct. 'Can any entity, legal or otherwise, be resuscitated after such a long period of dormancy?' they ask.

I won't canvass all the viewpoints 'pro' and 'con'. Instead, I'll conclude by citing the views of just two members of the Most Venerable Order who together have previously pondered this issue: Professor Jonathan Riley-Smith, the Librarian of our Order, and myself (we discussed the matter at length in 2006–2007). We have each used the analogy of the family to explain our viewpoints:

1. Jonathan regards the Most Venerable Order as the illegitimate offspring of the old Hospitaller family – 'A wayward son sired an illegitimate offspring in the village'.
2. I myself prefer to see the Most Venerable Order as an adopted adolescent member of the family – 'No biological link to the parents or their ancestors, but accepted as part of the family'.

There's also a third viewpoint – that of the Editor of *St John History*, Ian Howie-Willis, who states the situation like this:

3. 'Someone with the same surname as that of an ancient noble family discovers he has a remote and indirect genealogical connection with it; and, assuming he's a member of the family, convinces its other members of the validity of his claim to be one of them'.

What do you think? Whatever it is, we can be fairly sure that *St John* historians will continue debating the origins of the Most Venerable Order for as long as there are people who become *St John* historians!

St John without the ambulance. How history has shaped the past, present and future of St John of Scotland

Richard Waller OStJ

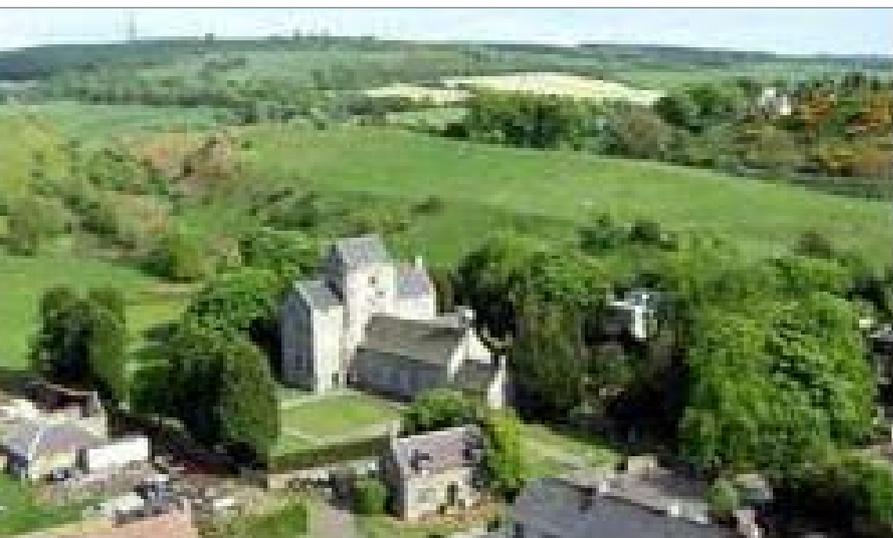
Like Dr Who, who navigates time-space in a police box bearing the St John Ambulance logo, I'm going to take you on a journey through time; to days long ago, then up to the present and then forward into the future. The Dr Who fans amongst you will readily recognise the wonderful piece of product placement on the Doctor's TARDIS time machine. Having our logo on the TARDIS nightly places the St John name and emblem before a world-wide audience of multi-millions, earning us free publicity that we could never afford to buy. (Of course, the badge changes to the new logo whenever the good Doctor travels beyond the 2014 logo implementation deadline but it's still good free publicity.)

I hope to show you how history has shaped the past, present and future of St John Scotland. So, hold onto your seats then as we travel through space and time back to 12th century Scotland.

As most of you know, some of those who went on the First Crusade in the late 11th century were inspired by a hospice in Jerusalem. When they went back to their own countries, they started similar activities. Those inspired people included Crusaders from England, Ireland, Scotland and Wales and in time they formed the Tongue of England. Bearing in mind what the then Lord Prior, Professor Mellows, said in a talk about members of a Tongue or 'Langue' all speaking a language they would more or less understand, perhaps we should research whether a Glaswegian Tongue was ever established.

The Scottish element of the English Tongue began activities in various parts of their country. The Order's first property in Scotland was at Torphichen. Torphichen is a village midway between Edinburgh and Glasgow. The property was established on the invitation of King David I of Scotland, who lived from 1083 to 1153. Other properties were acquired in Scotland but this one became the Order's administrative centre in Scotland. It was known as a 'Preceptory'. The buildings included a church, a hospital and accommodation for Order members who worked there. A glassless window in an internal church wall gives a view down onto the transepts from a first floor neighbouring room and allowed hospital patients to participate in church services as best they could but without the risk of infecting other members of the congregation. A house was provided for the Preceptor of Torphichen, who was the Order's senior representative in Scotland. The Preceptor was made a lord of Parliament with the title Lord St John.

The Order had the right of Great Sanctuary at Torphichen and granted protection to all who claimed sanctuary within one mile of the Preceptory. The boundary was marked by large sanctuary stones.



The remains of the Torphichen Preceptory of the Knights Hospitaller, between Edinburgh and Glasgow, now the spiritual home of the modern Order of St John in Scotland.



The tall building of the Torphichen Preceptory at the left. Once the residence of the Scottish Hospitallers, it now serves as a St John museum.

The seventeenth century church, added to it at the right, is a parish church of the Church of Scotland.

As a mark of special favour from Mary Queen of Scots, the Preceptor was given the right to include a crown and a thistle in his coat of arms. This was the first time a subject had been granted a thistle as a heraldic charge. In his paper 'From Languie to Order', Professor Mellows referred to dress codes and St John, so I should perhaps point out that the rather scanty attire of the two large gentlemen in of the coat of arms is a reflection of Scotland's tropical climate at that time.

Let's now set the time travel dial forward 400 years to the middle of the 16th century. This was a time when the Reformation movement in Europe was resulting in a breaking away from the Catholic Church centred on Rome. Under King Henry VIII, Order property in England was confiscated and the Order ceased to exist there. It lasted a little longer in Scotland but ultimately Mary Queen of Scots transferred Order property into the Barony of Torphichen in return for a single payment of 10,000 crowns and an annual payment of 500 merks (a Scottish silver coin). The title Lord St John was abolished but the Queen created the title Lord Torphichen for the last Lord St John. That was in 1564 and that title has been in continuous use since then through the Sandilands family right up to the 15th Lord Torphichen today. He still owns the Preceptory which is under the care of the conservation body called Historic Scotland. Volunteers from St John Scotland open the Preceptory to the public for weekends over much of the year. Also, we hold a service there every year on a Sunday in August.



The coat of arms granted by Mary Queen of Scots to the Preceptor of Torphichen. It depicts two burly chaps in tropical attire supporting a shield bearing the royal supports.

Now I want to bring you forward 300 years—from the 16th to the 19th centuries and to the beginning of the St John Ambulance Association in 1877. In Scotland, the earliest first aid lectures were given in Aberdeen in 1879 with the next following soon after in Glasgow and then as far afield as Dumfries in the south-west, the Shetland Islands, Hawick in the Borders and Dingwall in the north-east.

Five years after this, a Scottish organisation was formed called St Andrew's Ambulance Association. St Andrew is the patron saint of Scotland. Like St John, St Andrews developed a uniformed body and it was operating in the north of England as well as Scotland. For 26 years the two organisations co-existed and then, in 1908, they conferred together about entering into a close working relationship. In the event, they agreed to do the exact opposite so that St John undertook to stop any first aid activity north of the border, in Scotland, and St Andrews likewise south of the border.

As a result of that agreement, St John withdrew from Scotland in 1908. There were thoughts about doing things other than first aid but these were interrupted by World War I.

So, as you'll appreciate, the year 1908 is a very significant date in history for St John Scotland in terms of shaping our past, present and future. The other thing I find about 1908 is that the older I get the more recent it seems to become—quite fascinating.

Similar thoughts were revived after World War I but then World War II came along. However, in the closing months of that war, three Scottish Knights of the Order met in Glasgow and a Committee for Scottish Affairs was set up to begin activities in Scotland. Plans reflected that there was at that time no National Health Service—that is to say that there was very little healthcare funded by the government.

As an early priority, a hospital was opened in Glasgow in 1947 and twenty Medical Comfort Depots were set up across Scotland. These depots met temporary needs for wheelchairs, walking sticks and similar aids and other items for patient use. In that same year, 1947, the Priory of Scotland was created and its first Prior, the Earl of Lindsay, was installed as the Prior by the Grand Prior His Royal Highness The Duke of Gloucester at the Palace of Holyroodhouse in Edinburgh.

In 1948, a further eleven Medical Comfort Depots were opened and in 1949 a Nursing Home, with a nurses' residence, was opened in Aberdeen. So, from a standing start, the Scottish Priory very quickly got up to quite a high speed. The first of the Priory's homes for elderly people was opened in 1950. A replacement hospital was opened in Glasgow, in 1956, and in time the nursing home in Aberdeen developed into a hospital. Over the years, other homes were opened. Some of them were for permanent residents and some to provide holiday breaks for dependants and their carers. For various reasons, most of these homes were phased out over the years but we still have a holiday home on the edge of the Highlands, especially adapted for wheelchair users, and, in central Scotland, a retirement complex of thirteen flats.

The Priory had to continually adapt over the years as the National Health Service came on stream. Initially, for example, the hospital in Aberdeen had a fundraising committee which raised money to pay for operations for people who could not otherwise afford them, but gradually the need for this disappeared. That hospital continued to be run by St John for many years but was eventually sold in 1995. This released a large capital sum which was invested and has been used to finance other projects.

The main such project has been our support of Scottish mountain rescue teams and other voluntary rescue organisations. There had been limited support of some teams over the years but the injection of capital from the hospital allowed us to make a major commitment. In 1999, we undertook to provide all teams with a vehicle at the rate of four a year. All 27 teams received a St John vehicle and last year we began a rolling programme to provide them with a second vehicle. Most teams choose a Land Rover and we arranged a 13% discount from Land Rover for the teams.



The Arran Pipe Band entertain the audience at the opening of the new St John-supported rescue base on Arran Island.

HRH Prince Richard, the Grand Prior, presents a ceremonial 'key' in the shape of an ice-axe to the rescue team leader after opening the new base of the Ochils Rescue Team.



When we sold the hospital in Aberdeen we agreed to rehouse the Aberdeen Mountain Rescue Team, which had been using a garage in the hospital grounds for their vehicle and equipment. We funded a purpose-built base for them closer to their operational area. As you might imagine, the news soon got round the other teams and we became aware that several of them were having to operate out of small domestic garages or even just bare metal containers on a mountainside.

Provision of a base makes a big difference to a team's ability to train effectively, maintain its equipment and operate efficiently. We have provided bases for ten teams, most of them purpose-built and we have requests for a further six in the pipeline. Three of these bases have been opened by the Duke of Gloucester. The bases are owned by St John Scotland and are made freely available to the teams.

All the teams are affiliated to the Mountain Rescue Committee of Scotland and we work very closely with them also. The first chairman I worked with was called Willie Marshall. Willie's day job was at the nuclear research establishment at Dounreay right on the very northern tip of Scotland. In my frequent phone calls to him during the working day there often seemed to be loudspeaker announcements going on in the background. Sometimes I wondered if there were a major nuclear drama going on but Willie always seemed totally relaxed. I will always remember that one day when I rang him I started off by saying 'Hallo Willie, I hope I'm not disturbing you', to which he responded, 'Richard; how could you possibly be disturbing me, I'm at work!'

Willie and his committee advised us on the order of priority for teams to receive our funding for their vehicles. Funnily enough, his vehicle was in the very first batch—but I'm sure that was purely coincidental. We always like to have a handover presentation partly to get publicity for the teams and ourselves. When it came to Willie's team, the press photographers asked if the vehicle could be driven off the road onto a very steep piece of ground so as to make a more dramatic picture. That was fine but when the team came to drive it back onto the road it got well and truly stuck and had to be towed off. Fortunately the photographers had left by that stage.



4-wheel drive Land Rovers provided to Scottish Mountain Rescue Support by St John in Scotland.

Left is the Arran Island vehicle; centre, the vehicle based at Moffat; and bottom, is the Lomond vehicle.



Some time after that we wondered if there was a jinx about vehicle presentations involving the Chairmen of the Mountain Rescue Committee of Scotland because one of Willie's successors was at a presentation when the team found that an interior light had been left on when the vehicle had last been put away in the garage and this had drained the battery. The vehicle couldn't be pushed out because it was fully laden with heavy equipment and the garage exit was facing uphill. Again, we were lucky with the press as they couldn't come on that occasion. I hasten to add that such hitches with the teams are very unusual.

Still with rescue, we have been the major donor for two rescue boats: one on Loch Lomond and one on the River Nith near the Solway Firth with its very fast moving tides. We also support the Search and Rescue Dog Association.

As well as conducting search and rescue operations in mountainous, hilly or remote countryside, the Mountain Rescue Teams also operate in urban and semi-urban environments. Quite often they work with the rescue boats and the search and rescue dogs. With the UK's care in the community policy and growing numbers of people suffering from dementia they are increasingly involved in looking for mainly elderly people who have gone missing. They use the specialist computer programs they have developed for conducting all their searches. Speed is of the essence, of course, and there was one case where a dog working with a team found an elderly confused lady who had crawled deep into a thick growth of bushes and curled up and would have succumbed to the cold before too much longer. In another remarkable, though tragic case, a dog with a team followed the trail of an elderly gentleman to the side of a loch and the dog swam out a little way and then just kept swimming in circles right above the spot where the man was found drowned.



St John-supported inshore rescue boats. Left is the boat of the Nith River Rescue service in south-west Scotland, and below, the Lomond rescue boat returns to its base on Loch Lomond, the entry to the Highlands.



The dogs are largely responsible for the title of this talk, 'St John without the ambulance'. We sponsored a conference in Edinburgh for rescue teams from throughout the United Kingdom and one of the lectures was called 'Why search and rescue dogs are completely useless'. As you might imagine, it was very well attended because some people went out of curiosity alone. The title achieved its aim because lots of folk then got the message that the dogs find their job so much more difficult if by the time they get to the search area lots of humans have been stomping around breaking up the scent trail. And well spotted by you folk that the rescue dogs in the slides I'm displaying are of the obligatory St John colours: black and white. (That's also because they're Border Collies, a hardy, highly intelligent breed with great stamina.)



A volunteer of the St John-supported Scottish Search and Rescue Dog Association plus his black-and-white companion heading off on a search and rescue mission.

I'd like now to tell you something of the other activities of St John Scotland. Another national project we have is helping provide vehicles (often wheelchair accessible) to groups in need. Many of our activities are at area level. We have twelve areas of varying size, all with a volunteer chairman and committee. Each area raises funds and some have their own activities. These activities include patient transport services in two areas. Some of this transport is provided with St John vehicles and some of it with volunteers using their own cars. The people who benefit are mainly those receiving chemo- or radiotherapy or kidney dialysis. Two areas support palliative care. There is a St John Day Room in a hospice in Perth in the centre of Scotland. In the hospital in Stranraer, in the south-west of Scotland, there is a twin-bedded St John palliative care unit with a visitors' room and also a treatment room which reduces the need for people to travel to bigger hospitals in Glasgow or Edinburgh. A similar previous St John unit was opened by Her Majesty The Queen in 1996 during a visit to Stranraer in the Royal Yacht. That area also sponsors related medical conferences, the provision of nurses in people's homes, and a link nurse who helps co-ordinate the provision of information and support to cancer sufferers and their families. Most of the areas also support local charitable causes, generally through other organisations rather than directly.

Moving now beyond Scotland's borders, much of our charitable output goes into helping St John elsewhere. We have always supported the St John Jerusalem Eye Hospital. For many years now, we have sponsored the Medical Director. We help resource the library and contribute to the Patient Relief Fund.

The 1999 reorganisation of the Order internationally increased our awareness of all the good work going on in the forty or more countries in which St John operates and also of ways in which we could help it. As a result we have formed a close liaison with St John Malawi, coincidentally reinforcing the strong links which exist between Scotland and Malawi through the 19th century Scottish explorer, Dr David Livingstone; another impact of history on St John Scotland's present and future. For several years now we have helped fund St John Malawi's Primary Health Care project which helps reduce infant mortality and otherwise improve health in the country's poor townships. We also bought a vehicle for them, and are helping meet the expenses of them expanding into other parts of Malawi and will shortly be helping fund a project to help seriously ill people be cared for in their own homes.



As well as aiding the rescue services at home, abroad the Priory of Scotland generously supports the St John Jerusalem Eye Hospital (above) and the work of St John Ambulance in Malawi, East Africa (right).



I promised you a glimpse of the future. Perhaps this is anathema to a historical society so maybe I'd better call it the history of the future. As you have heard, we have had to adapt our activities to match changing circumstances. Some might say we are a charity in search of a cause. In a sense this would be correct. With the 1908 agreement with St Andrew's still in place we do not engage in the one activity for which St John is so well known—first aid—and certainly a holy grail for us is an activity which could be engaged in by our supporters across Scotland and which would give us the sort of ready identity that first aid does for St John elsewhere.

Our current search for this holy grail has encompassed the activities of St John in other countries, including Australia. In an exciting development we are becoming involved in First Responder groups. This is thanks to an open-minded and flexible stance by St Andrew's Ambulance in relation to the 1908 agreement. They acknowledged that first response—which is geared to heart attacks—is not the same as first aid. Also, St Andrew's had no immediate plans to begin that activity themselves and they recognised that there is, anyway, ample room for many providers to meet the demand. We have just begun a pilot trial setting up First Responder groups in the Angus and Dundee area. This is in close liaison with the Scottish Ambulance Service.

Above, St John House, the 18th century building in St John Street, Edinburgh, which is the headquarters of the Priory of Scotland, and the (right) the archway leading from St John Street to the Cannongate section of the Royal Mile.





The road marker on the Royal Mile, Edinburgh, indicating where the mediaeval St John Cross once stood. A capitular procession of the Priory of Scotland making its way towards the Cannongate Kirk in the Royal Mile, Edinburgh, for a celebration of the work of St John. Members of the fraternal Orders of St John lead the procession.

Well, I musn't risk discombobulating the historical convention by leaving us all stranded somewhere in the future. An apt way of bringing you back to the history of the past is to take you to the national office of St John Scotland. We are most fortunate in having a very attractive early 18th century building. The front gates bear the coat of arms of the Priory, quite unusual in having two royal crowns on the same heraldic device: the crown of Scotland and the crown of England. And the thistle makes a nice link to the arms of Lord Torphichen. Again to our great good fortune, the house is in St John Street in a part of Edinburgh said to have been lived in by Knights of St John in pre-Reformation days when they owned the Canongate Estate. Nearby there is St John Hill and on the Royal Mile there is marked in the roadway the site of the St John Cross. It used to be a standing cross and it marked the boundary between the city of Edinburgh and the Burgh of Regality of the Canongate. On his first visit to Edinburgh in 1633, King Charles I was ceremoniously greeted at the cross by the Lord Provost of Edinburgh whom he promptly knighted. The cross was about three quarters of the way down the Royal Mile, the long straight street leading from Edinburgh Castle at the top down to the Palace of Holyrood House at the bottom. Today the site is marked by a white eight-pointed cross of St John painted on the roadway. So it is quite unusual, perhaps unique, in being a St John cross which is driven and walked over by thousands of people every day.

I am most fortunate to have in my office a bureau made for the 21st Grand Master of the Order, Raymond Perrellos y Roccaful. As everyone here will know, he was the Grand Master from 1697 to 1720. Amongst other things, he is noted for being the donor of the magnificent Gobelin Tapestries to be seen in the Cathedral of St John in Malta and for his re-organisation of the Order's fleet. The desk was in Perrellos y Roccaful's cabin on his flagship, *San Raymondo*,



The bureau built for Raymond Perellos y Roccaful, Grand Master of the Order 1697–1720, during its sojourn on Malta.

which he built around 1689, and named after his patron saint. The bureau displays the armorial bearings of Grand Master Perellos—three pears—quartered by the cross of the Order and surmounted by the Crown of a Prince of the Holy Roman Empire. Intriguingly, on each side of the bureau there is a depiction of Britannia wearing a helmet and holding a shield and with a lion by her side. This indicates that the bureau might have been made after the 1707 Act of Union between England and Scotland and was perhaps a gift from a representative of Britain.

Another treasure is our Priory Sword. This was made by Wilkinson for the installation of Albert Edward Duke of Rothesay (also the Prince of Wales), as the first royal Grand Prior of the Order on 18 July 1888. It was generously given by Chapter-General to the Priory on its creation in 1947. Both these treasures would be good items for the TV program ‘Antiques Roadshow’, and, with other possessions, serve to help shape our present and future by keeping us constantly reminded of our rich heritage.

Well, after that final burst of time travel we bid farewell to the TARDIS now that it has brought us back into the present. And finally, in the same way as people attending the mountain rescue conference learned about what lay behind the title of that talk ‘Why search and rescue dogs are completely useless’, I hope you now have a better idea of what lies behind ‘St John without the ambulance’.

‘The Good Samaritan’.

International imagery as a metaphor for the work of St John Ambulance

John Pearn

The Order of St John, founded by Queen Victoria in 1888, had as its basic *raison d'être*, the ethos of the Good Samaritan. Recounted in the Gospel of St Luke, the Parable of the Good Samaritan is an extended metaphor not just for care and compassion, but for proactive humanitarian intervention to help those in need, irrespective of country, class or creed. Its message thus transcends issues of faith, or lack of it; and is the basis of the international secular world in which all enlightened citizens would wish to live. Every first aid class that is taught empowers its members to be a Good Samaritan in their future lives. Every uniformed member of St John Ambulance signals—by his or her uniform, discipline and training—that they are a Good Samaritan.

Similarly, those who serve in any of the many charitable endeavours of St John, and those who support the St John Eye Hospital in Jerusalem (and other national and international ophthalmic outreach programmes) do so in the spirit of the Good Samaritan. The Samaritan metaphor is encountered throughout the western world in the names of hospitals, hospices, refuges, ambulance services, aid societies and charitable associations. The iconographic image of the Good Samaritan is engraved on seals; is cast on medals; and is illustrated on postage stamps. The tableau of the Good Samaritan is portrayed in statuary and is a theme depicted extensively in stained glass windows in churches and hospitals.

The beauty of these iconographic images serves a three-fold purpose. They engender inspiration. They are a pictorial exhortation to encourage the viewer to render interpersonal help not only as a duty, but occasionally as a supererogatory act; and, if need be, as an altruistic gift. Collectively, the iconography of the Good Samaritan comprises an archive of history and heritage which is the fundamental basis of all St John service.

The Parable of the Good Samaritan exerts a profound and enduring influence in contemporary society. The Parable was orally recounted by Christ more than two thousand years ago. It was recorded in script five decades later, c. 70–90 AD, by the Jewish physician, Luke. The allegory of the Good Samaritan has become the basis for ethical behaviour throughout the enlightened international secular world.

Every rescue organisation and every life saving society, every civilian ambulance and paramedic service, every military medical corps, every volunteer charity or philanthropic society working in healthcare—all have their terms of reference based on the Parable of the Good Samaritan.

The message of the Good Samaritan transcends differences of faith, or lack of it. From its basis in the heritage of Christendom it extends today as an impost throughout all civilian and military societies. Its message of obligation, to help those in need, is the basis not only of those of religious faith; but has been central to much philosophical debate and psychological research. In 1851, the French philosopher, Auguste Comte (1798-1957), coined the word

'altruisme' from the Latin word for 'others'. He developed an argument, based on the history of humanism and ethics (rather than that of revealed or received wisdom), that altruism could be the basis of a secular or 'non-religious religion'.¹ Comte defined altruism as

an intentional action, ultimately for the welfare of others that entails at least a possibility of either no benefit or a loss to the actor.²

The Good Samaritan ethic has also been incorporated in a number of secular laws which make the rendering of emergency aid a civic impost in some jurisdictions.³ The Good Samaritan parable has become a metaphor widely enshrined in the names of hospitals and refuges, in the titles of philanthropic and charitable institutions, in statuary and stained glass windows,⁴ on postage stamps,⁵ and on seals and medals.⁶ A Samaritan Society was established by the Governors of The London Hospital in 1791.⁷ Scores of hospitals in the United States of America bear the Good Samaritan name. Statuary in the Tuileries Museum in Paris records the parable. Almost all the great painters whose works survive, from post-Renaissance times to the turn of the century, have documented the scenes which comprise the Good Samaritan story. Seals and medals of both The London Hospital⁸ and The Westminster Hospital⁹ in London portray the giving of emergency help to the injured. In Melbourne, more than 40 churches have stained glass windows which feature the Good Samaritan theme.⁴

This paper brings together some of this Samaritan iconography; and documents some examples of particular relevance to the history and heritage of the Order of St John, founded specifically on the principles of the Good Samaritan.

The Parable and the Order of St John

So pervasive and powerful has become the message contained in the Parable of the Good Samaritan, that the metonymic term, 'Samaritan', has come to embody the whole message of rescue, treatment, transport and sustained care until a crisis has passed. Historians are interested in the evolution of this concept; and St John historians particularly seek to analyse, critically review and record this development of a concept which has become so pervasive that there exists a danger that it may be taken for granted.

The Parable of the Good Samaritan was recorded for posterity by the Jewish physician, Luke. Luke was born and practised in what is today southern Turkey. He travelled to Antioch in Syria and died, probably aged 84 years, in Boeotia, near Athens. Few authors have left a report of a simple speech which has been more quoted. Today, if one were writing a book entitled 'Great Speeches of the World', this one brief delivery, the Parable of the Good Samaritan, would be 'up there with the best'.¹⁰

There are few explicit references of the Good Samaritan in the surviving literary archives of the Crusades; and even fewer of the Knights Hospitaller within the Order of St John in particular.¹¹ The first Order of St John was established by a Papal Bull in 1113 AD.¹² Subsequently, the ethos of the Good Samaritan formed part of the doctrine of many of the derivative Orders of St John in post-Crusade and later post-medieval Europe.

The Parable has three essential elements. First, the Parable is an exhortation for the voluntary pro-active rendering of aid and shelter to those who are injured or sick, irrespective of who the victim is. Secondly, the implied impost to help applies to all 'on the spot'. Thirdly, there is an exhortation that there be follow-through—that is, the obligation to render help is not just in a momentary or crisis sense, but one which continues until the victim is safe and secure. The first element of samaritanism, the non-discriminatory offering of help, saw its

practical embodiment in the Georgian charities which developed in the eighteenth century; and later in the Geneva Conventions in 1864. In battle, when an individual is *hors de combat*, samaritanism becomes the over-riding ethic with the provision of rescue, shelter and medical care to combatants on both sides of conflict, that is to one's enemy.

It was the Prussian military surgeon, Friedrich von Esmarch (1823–1908), who invented the concept of bystander first aid, in the military context. Von Esmarch was the first to coin the term 'Erste Hilfe', or 'First Aid'. His concepts originally were self-help, or self-applied first aid; with some rudimentary training for soldiers to bandage themselves if they were wounded in battle, and if they were physically able to do so.¹³ In 1851 he invented the triangular bandage and had it issued to soldiers (1869) as the central piece of equipment in a personal first aid kit.¹³ Twenty-seven years later, in 1878, Surgeon Major Peter Shepherd RAMC, based at the Woolwich Arsenal and the Royal Herbert Hospital on the south bank of the Thames in London, had the brilliant concept of bringing the drills and skills of the military stretcher-bearers to the general public.^{13,14} He used von Esmarch's term, 'First Aid' for the first time in English. Shepherd's book, *Aids to the Injured*,¹⁵ and its English successors, the many editions of the 'Little Black Book',¹⁶ have been (with the Bible) the collective two bestsellers of all time in English-speaking countries.

After Shepherd's success with the new Samaritan concept of first aid for all, even civilians, three years later in 1882 von Esmarch in Prussia published his first work on first aid following accidents. He published a second book in 1883.¹⁷ Von Esmarch founded the *Samariterwesen*, a society to promote military nursing in Germany.¹⁸ The Samaritan name came to be used in many derivative forms over the ensuing century. Some of these have intriguing names. The 'Marie Celeste Samaritan Society' operated a staffed and custom-fitted motorised ambulance based at The London Hospital, in the impoverished and densely populated district of Whitechapel in London, in the 1930s.¹⁹ Today, the US-based charitable non-government organisation, Samaritan's Purse, deploys to the world's trouble-spots and provides aid and resources for the sick and injured.²⁰ In Western Australia, the Samaritans, often called 'The Sammies' (originally founded as an outreach from the Uniting Church of Australia), perform unobtrusive but essential support with the same terms of reference.

The third impost of the Parable exhorts the taking of responsibility for the victim until convalescence is established. This enduring responsibility is summed up in the final verse of the Parable:

Take care of him; and whatsoever more thou spend,...I will repay thee.²¹

Origins of Samaritan iconography

The Samaritan parable was portrayed in stained glass windows from medieval times. One of the oldest surviving examples, a particularly beautiful one, is the Good Samaritan Window at Chartres Cathedral in France.²² The iconography of the Good Samaritan saw its modern development in post-Renaissance Art, particularly in stained glass windows. William Hogarth painted the Good Samaritan as a large oil painting for the staircase of St Bartholomew's Hospital in London in July 1737. In the United States of America, that Nation's first hospital, the Pennsylvania Hospital, chose the image of the Good Samaritan as the Hospital's Seal in 1751.

The theme of the Good Samaritan became a central one embodying Victorian principles of altruism and courage in the second half of the 19th century. The proactive message of pragmatic

help to the stricken was totally consonant with St Paul's conjunction to the Galatians to 'be not weary in good works', a central theme promoted particularly by Episcopalian (Lutheran and Non-conformist). Dramatic scenes which depicted the parable of the Good Samaritan were engraved by Gustav Dore to adorn books published in Germany in 1885.²³ In September 1891, a Good Samaritan Hospital was opened in Charlotte, North Carolina, the first exclusively for black patients, and particularly for those who were freed slaves.

Samaritan iconography

Since medieval times, when the great majority of the population could neither read nor write, the message of the Parable of the Good Samaritan was portrayed in pictorial form. This tradition has continued, indeed intensified, and is encountered today in the names and iconography of both religious and secular organisations. Paintings, statuary, medallion art and stained glass windows tell the story of the Good Samaritan by direct visual communication. The artistic treatment of the theme varied enormously from neo-Renaissance styles, through Victorian hyperbole to semi-abstract portrayals of the scene. Some modern secular Samaritan windows adopted an abstract or semi-abstract style. Others employ a modern, reductionary treatment of faces and bodies. One such is the Good Samaritan window in the Chapel of the Royal Adelaide Hospital in South Australia.

This medium of advocacy, example and exhortation can be seen in numerous domains throughout the world. One of the most aesthetic media is that of the stained glass window, where artists and glaziers have their work illuminated by back-light. This adds a lustrous sensate component to the primary message of practical compassionate care for the stricken.

Samaritan windows

The stained glass 'gallery' of the Good Samaritan is diverse in style and content. The majority of windows portray a single scene, in effect a metaphor for the Parable's message. Sometimes, the scene captures the moment when the Samaritan first comes upon the injured victim and supports him in a half-sitting position. Beautiful windows in the Church of St Eutrope at Clermont-Ferrand in France²⁴ and at Christ Church Episcopal Cathedral in Louisville, Kentucky²⁵ are examples. Other windows and statuary portray the action of administering first aid—specifically pouring oil on the victim's wounds and bandaging his injured head and limbs. A fine window in the Chapel of the Royal Adelaide Hospital in South Australia has the travelling Samaritan holding a fine bronzed jug to pour the oil onto the victim's chest wounds. Many single-scene portrayals show the shadowy figures of the Levite and the Jewish priest 'passing by on the otherside'.

Other windows depict a tableau of sequential images, taking the viewer along the sequence from the moment of cowardly assault on the traveller, on the Jerusalem-to-Jericho road; to the point where the Good Samaritan gave what was in effect an open cheque to the innkeeper for any necessary care and sanctuary for the injured man.²¹ One of the most beautiful examples is the nine-scene series on one of the oldest (13th century) windows, the aforesaid Good Samaritan Window at Chartres Cathedral in France.²²

Some beautiful windows portray the metaphor in a specific national context. One, in the Chapel of Cromwell College at the University of Queensland, portrays the Good Samaritan as an Australian outback drover.²⁶ Another, the fine window in Northbridge Uniting Church in Sydney, also depicts an Australian Samaritan scene.²⁷ Some Samaritan windows contain anachronisms. One, a memorial window to the philanthropist George Henry Bosch (1861-

1934),²⁸ shows the victim bandaged with the most sophisticated St John Ambulance scalp bandage with herring-bone format, a technique first portrayed in Dr Peter Shepherd's 'Little Black Book' of 1879.¹⁶

Many windows are memorials to those whose lives have reflected the central ethos of the Parable. In practice, because of the *centrum* of emergency healthcare entailed in the Parable, a number of Good Samaritan windows are memorials to paramedics, nurses and doctors. The Beaney Memorial in Canterbury Cathedral is but one of many examples.²⁹ Perhaps the most famous is the memorial statue to Thomas Guy (c. 1644–1724), himself represented as the Good Samaritan, in the hospital chapel of Guy's Hospital which he had founded (as the single benefactor) in London in 1721. The statue of Guy, as the Good Samaritan, was created by John Bacon (1740–1799).³⁰ There is an irony in this memorial. Under Thomas Guy's will, his bequest to establish a hospital was specifically to admit and treat the chronically ill and incurables who were not accepted at either of London's two other hospitals, St Thomas' and St Bartholomew's:

Guy endowed his hospital to serve incurables ['who is my neighbour?'] but the Board of Governors soon took advantage of ambiguities in his will to admit acute cases. Before the [eighteenth] century was out, Guy's Hospital was refusing the incurables for whom it had been founded.³¹

They walked by, on the other side.

A particularly beautiful 'medical' Samaritan window is the West Window in All Saints' Church, Thurlestone in Devon.³² Here a Good Samaritan window is surmounted by four 'lights', symbolizing bandaging, the application of unguents, medical care and convalescent support.

An early window and one of the first 'secular' windows to depict the Good Samaritan was an intricate window donated to the Melbourne Hospital in 1878 by the controversial English surgeon, the aforementioned Dr James Beaney (1828–1891).^{29,33} James Beaney, born in Canterbury in Kent, emigrated to Melbourne and became, it is believed, Australia's richest doctor. He wrote the first medical text-book in Australia. Ahead of his time in the context of the extreme medical conservatism of his day, Beaney was a flamboyant, unrepentant promoter of innovation in medical education and social healthcare. Dr Beaney commissioned a beautiful Victorian-style Good Samaritan window and donated it the Melbourne Hospital where he worked. It was fabricated by Ferguson and Urie at the enormous contemporary cost of 150 pounds. Beaney's Good Samaritan window was originally installed in the West Wing of Melbourne Hospital; and today is displayed in the Food Court at the Clayton Campus of the Monash Medical Centre.³⁴ Beaney returned to Kent and retired in Canterbury where his philanthropy to Canterbury Cathedral was acknowledged in the form of an Alabaster statue of the Good Samaritan 'Dedicated to James Beaney MD'.²⁹

The most beautiful, even inspiring examples of the Parable, in glass, embody Ruskin's ideal:

The true perfection of a painted window is to be serene, intense, brilliant, like flaming jewellery, full of energy, legible, with quaint subjects, and exquisitely subtle, yet simple in its harmonies.³⁵

Whatever form or style the Good Samaritan windows take, most observers never fail to be moved by their imagery, especially when one sees the motif back-lit by the sun.

Military Samaritanism

The biblical account of the Good Samaritan, where the wounded assault victim is carried on the Samaritan's beast (probably a donkey, possibly a mule), has also been adopted for military iconography portraying rescue and casualty transport. This 'military samaritanism' is seen extensively in statuary, paintings, medals,⁶ coins and postage stamps³⁶ which portray the Australian stretcher-bearer, Private John Simpson Kirkpatrick (1892–1915).^{37,38} In this context, one of Australia's most beautiful Samaritan windows is fittingly in the Soldier's Chapel of the Cathedral Church of St Saviour in Goulburn, New South Wales. Another example is seen in the Chapel of the Repatriation General Hospital, at Daw Park in Adelaide, Australia.

Because of its complexity, the Parable of the Good Samaritan is sometimes described as an allegory, a more complicated account than a parable. The theological scholar, John Welch, wrote that in contrast to a parable:

An allegory portrays a larger picture, puts numerous pieces of an intricate structure into place, and helps to define relationships between various parties or human affairs....the typology prefigures, or is a shadow of a deeper reality that stands behind the simple verbal construct.³⁹

The deeper meaning of the Samaritan allegory relates to philosophical questions about the reality of altruism. This theme has to do with the relationship of one person's 'contract', or potential contract with another. If one has a relationship to serve or supply a service, one speaks of duty to the second person. 'Supererogation' is that voluntary service which goes beyond implied or formal duty. If there is risk to the person providing the service, one speaks of altruism.⁴⁰ Anthropologists point out that within groups of individuals, selfishness or self-interest always beats altruism. But between groups of individuals, altruistic groups always do better. Thus when we cooperate, 'we give our team the edge'. Although this is not a selfless motive, 'teamwork is the signature adaptation of our species'.⁴¹

When one views the iconography of the Good Samaritan one can thus see many things. One can see a secular scene of robbery and assault and its aftermath. One can see an exhortation to provide help and initiate and see through pragmatic action to help a person in need. One can oneself, either as the victim or as the Good Samaritan, reflect on the deeper issues of duty, supererogation and altruism. The ethic of those who identify with the work of St John can see all these messages; and can visualise a better world.

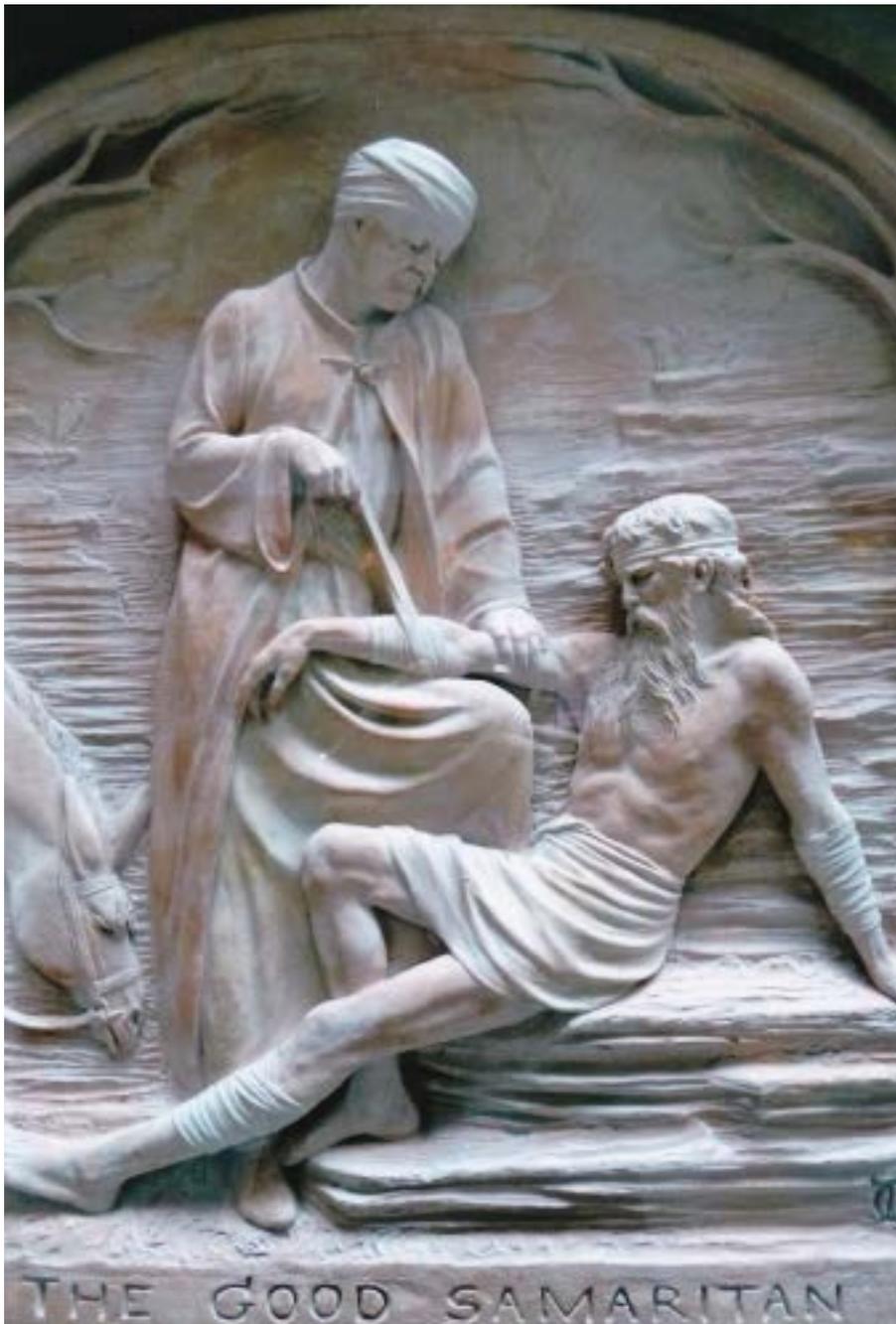


Figure 1 'The Good Samaritan'. Details from a terracotta trophy of the St John Ambulance Brigad: the trophy for 'Annual Competition between [South London] Stations'. Sculpted c. 1903 by George Tinworth and crafted at the Royal Doulton porcelain and ceramics factory. Last presented in 1953. Courtesy of the St John Museum, St John's Gate London.

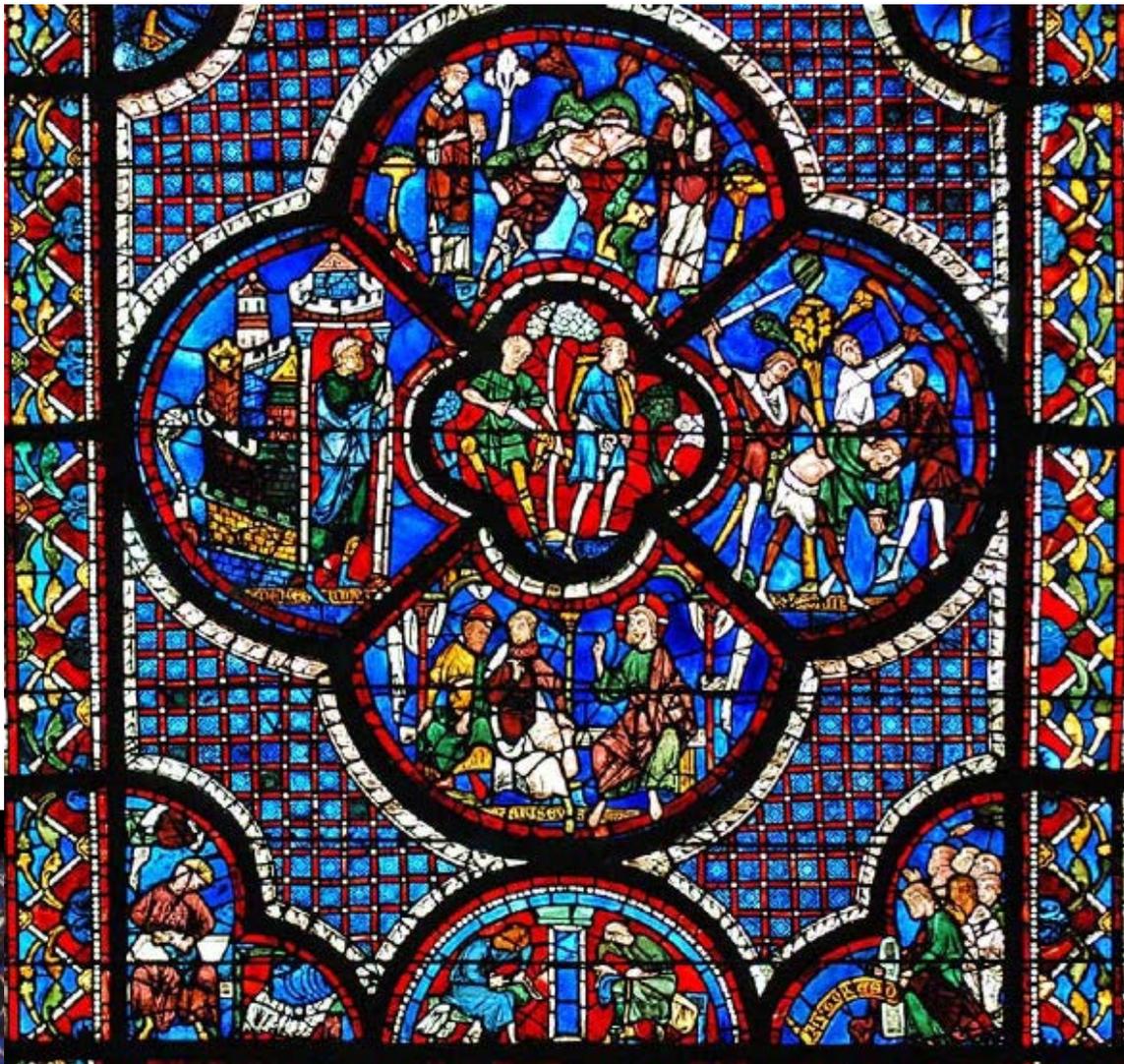


Figure 2 Above: five of nine scenes recounting the Parable of the Good Samaritan: the top group of a medieval stained glass window, Chartres Cathedral, France.





Figure 3 Christ portrayed as the Good Samaritan. Steel engraving from a deluxe edition of the Bible, 1900, courtesy of Holman and Company, Philadelphia, with acknowledgements.



Figure 4 The Good Samaritan. Oil on canvas, 1849 by Eugène Delacroix (1798-1863).



Figure 5 The Good Samaritan window, Church of St. Eutrope, Clermont-Ferrand, France.

Figure 6 The Good Samaritan window, with four medical thematic lights above, as part of the West Windows Triptych in All Saints Church, Thurlestone, Devon, UK. Courtesy of the Rector and Parochial Church Council and Mrs Jeanne James.

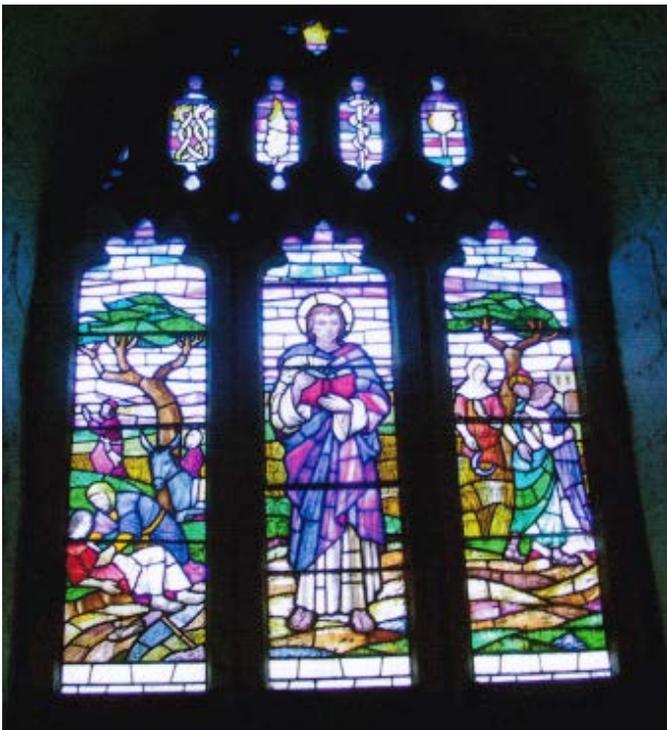




Figure 7 Detail of the Beaney Window featuring a scene from the Parable of the Good Samaritan. Monash Medical Campus, Melbourne, Australia.

Figure 8 The Good Samaritan, Christ Church Episcopal Cathedral, Louisville, Kentucky.

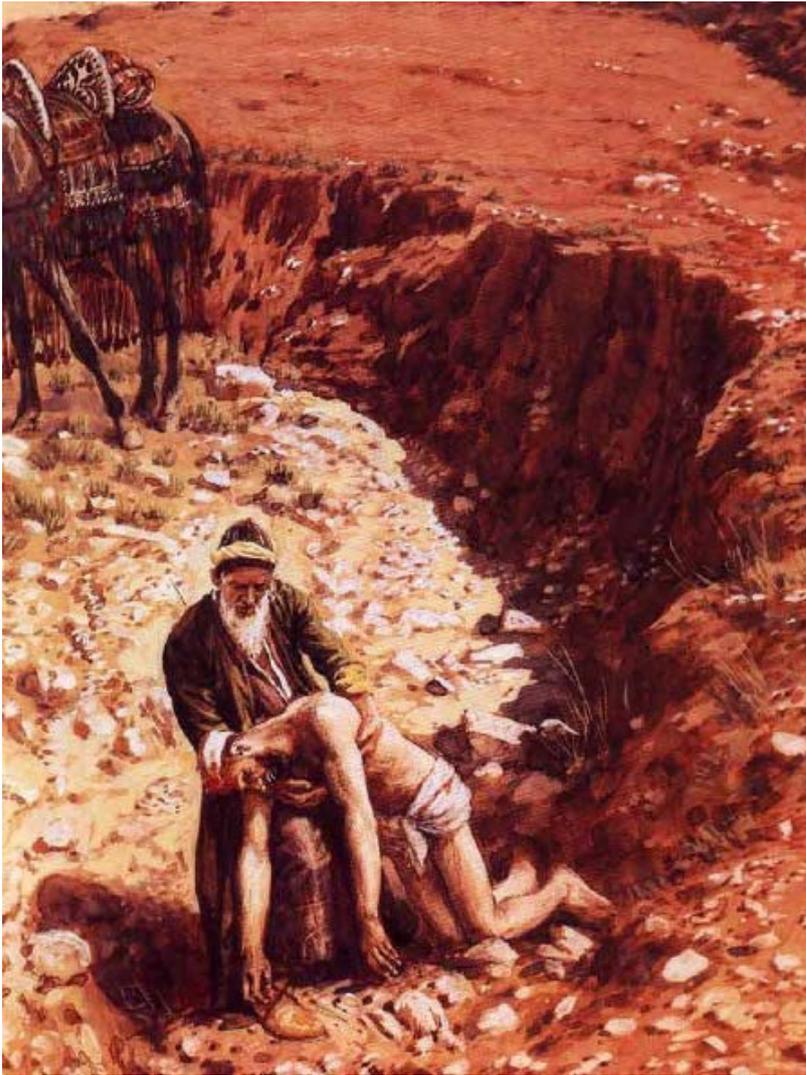


Figure 9 Online image of the Good Samaritan. Courtesy of the unofficial Information Service of the Latter Day Saints, with acknowledgements.

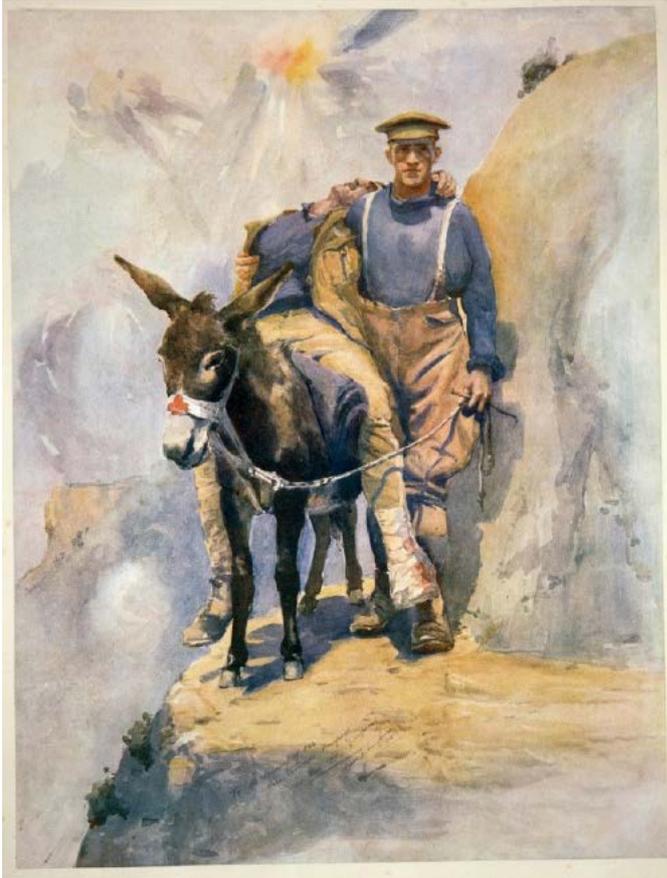


Figure 10 A classic portrayal of 'Simpson and his Donkey' – the Samaritan ethic – combined with altruism in the face of mortal risk. The model was Private Dick Henderson, a stretcher-bearer of the New Zealand 1st Field Ambulance. The artist was Mr H. Moore Jones, of Auckland, New Zealand.

Figure 11 The statue entitled 'The Man with the Donkey' in Ocean Road, South Shields, Tyne and Wear (UK), by the Tyneside sculptor, William Olley; and cast in 1933.

Figure 12 An Australian five-dollar coin minted in 1995, depicting 'Simpson and his Donkey' in the Samaritan genre. Royal Australian Mint, Canberra.



Acknowledgements

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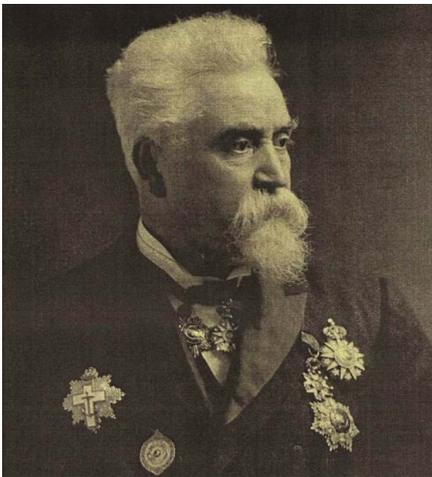
Sir Hiram Maxim and the 'Pipe of Peace'

Brian Fotheringham KStJ



In the little museum in Adelaide, South Australia, that is dedicated to collecting, preserving and displaying items relating to St John Ambulance, there is a curious inclusion known as the 'Pipe of Peace'. Perhaps it should not be there as its use, as far as I know, was never condoned by St John. It does, however, serve as an interesting conversation piece with some likenesses and links to the history of St John, and possibly also a lesson or even a warning for St John. It is also a story that crosses international boundaries, appropriate for a journal such as this.

The 'Pipe of Peace', the inhaler invented by Sir Hiram Maxim.



Sir Hiram Maxim (1840-1916) wears his accumulation of awards.

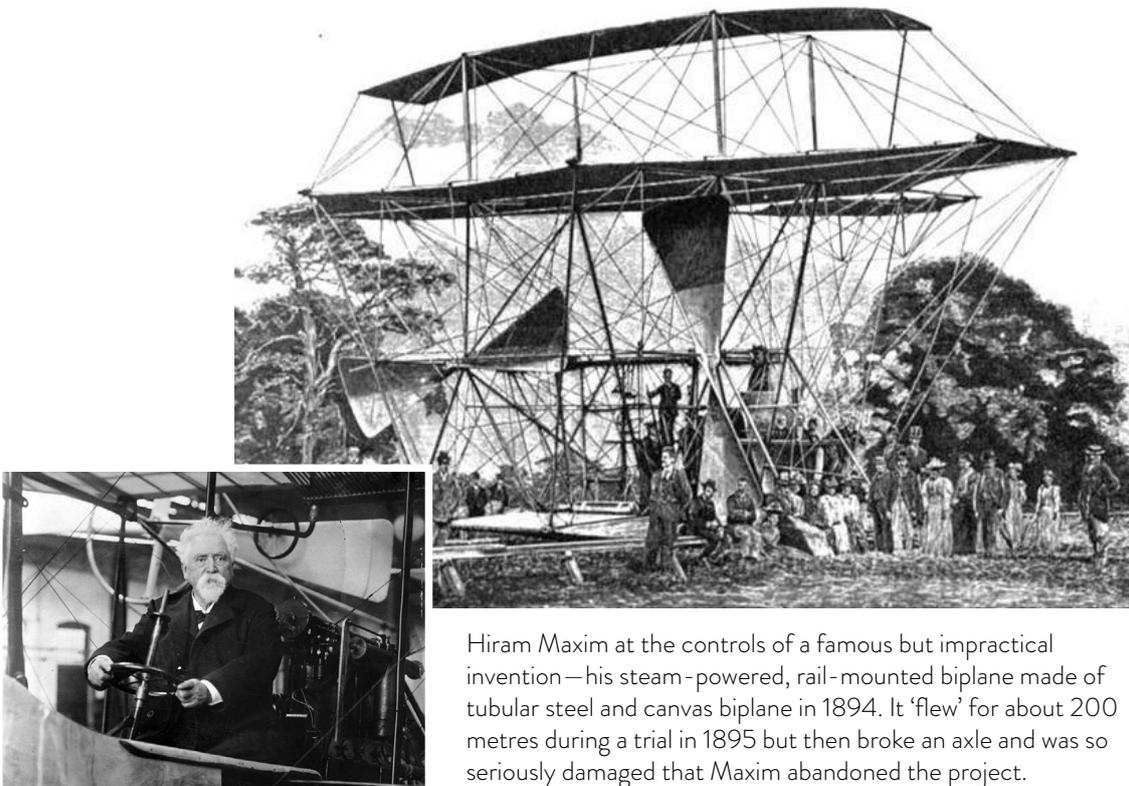
Sir Hiram Stevens Maxim

The 'Pipe of Peace' was invented by Sir Hiram Stevens Maxim (1840–1916). Hiram was born in Sangerville, Maine, USA, on 5 February 1840. Curiously, Sangerville is directly west of another place in Maine called St John. Hiram was the son of a farmer and when aged 14 was apprenticed to a carriage maker. His hobby was inventing things and this later became his life's work. He invented lots of things. He was 26 years old when he took out his first patent—for a hair curling iron. In the next half century he took out 271 American and British patents. No easy feat! They included gas generators, carburettors, steam traps, meters, pumps, chandeliers, heaters, batteries, regulators, dynamos, solvent recovery processes, riveting devices and stone cutting implements. And that is just a few of the American patents.

The British ones covered processes for the separation of metals, pipe and tube manufacture, the production of vacuums, devices to measure wind velocity and others to stop ships from rolling, wheels for railway carriages, shafts for screw propellers, shoe heel protectors, pneumatic tyres, coffee substitutes and fire extinguishers.

His electrical pressure regulator was displayed at the Paris Exhibition of 1881 and earned for him the decoration of Legion of Honour. Hiram went to Paris to collect this honour, but this may not have been his real reason for leaving America. In 1876 he had married Jane Budden in Boston. They had three children. In 1878 he married Helen Leighton in New York. In 1880 he married Sarah Haynes, also in New York. Jane divorced him *after* he had married Helen. Sarah divorced him as she, for a time, was just one of *three* current wives. Hiram never went back to America.

Hiram's inventions were not always successful. In England he designed and built a huge two-propeller steam-driven aeroplane. It was tested on rails with an extra restraining rail preventing the plane from lifting off more than a few inches. The restraining rail broke. Hiram did not venture further in the field of aviation.



Hiram Maxim at the controls of a famous but impractical invention—his steam-powered, rail-mounted biplane made of tubular steel and canvas biplane in 1894. It 'flew' for about 200 metres during a trial in 1895 but then broke an axle and was so seriously damaged that Maxim abandoned the project.

A very famous invention

One Maxim invention in particular was a huge success. It was developed in 1884 by Hiram who by this time was living in London. Although he was born in America, Hiram later became a British citizen. The year 1884 was an interesting time for St John. The St John Ambulance Association in England was just seven years old, the St John Ophthalmic Hospital was just two years old and the St John Ambulance Brigade was still three years away from being formed. Hiram's 1884 invention was so noisy that he issued warning notices to people in the area when he tested it. That area was Clerkenwell.

The site of the tests, on the corner of Hatten Garden and Clerkenwell Road, is marked now by one of those ubiquitous British blue plaques. The plaque is no more than 500 metres from St John's Gate purchased for St John by Sir Edmund Lechmere in 1873. Hiram's noisy tests



Sir Hiram Maxim demonstrates his famous machine gun.

may well have been heard at the Gate. The warnings were not without reason; Sir Hiram himself became deaf from the noise he created. The invention was described as the first (satisfactory) fully automatic machine gun. The Maxim gun consisted of a single barrel and made use of the recoil to eject spent cartridges and to reload the firing chamber. It could fire about 1000 rounds a minute, equivalent to about 30 rounds of the rifles of the day. The Prince of Wales, later King Edward VII, was greatly impressed by the gun and it was adopted by the British Army in 1889 and by the Royal Navy in 1892.

In the Matabele War of 1893, fifty British infantrymen with four Maxim guns defended themselves against 5000 warriors and killed 3000 of them. As Hiliare Belloc (1870–1953), famously the author of *Cautionary Tales for Children*, wrote:

Whatever happens, we have got
the Maxim gun, and they have not.

However it was not long hence that the armies of USA, Russia, Germany, the Ottoman Empire, Italy, Serbia and Finland soon all acquired the Maxim gun.

Hiram was knighted in 1901 by King Edward VII who by then was the Sovereign Head of the Order of St John, having previously been the Grand Prior.

The development of the ‘Pipe of Peace’

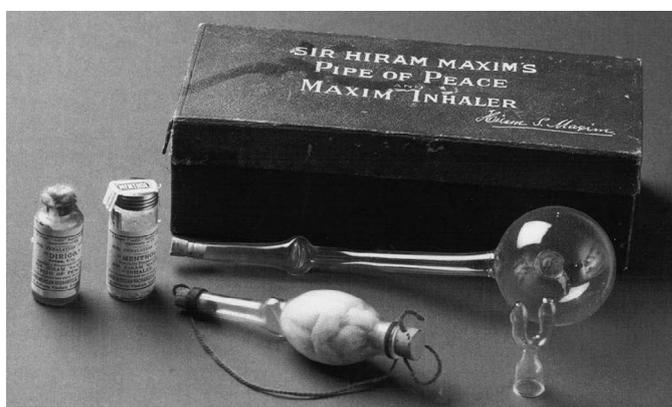
When Sir Hiram, at the age of 60, began suffering severe attacks of bronchitis he consulted his family physician and several other doctors. He tried hot springs in France and the treatment system at Vos’s Inhalatorium in Nice. That Inhalatorium was the only treatment that gave him significant relief.

Sir Hiram bought some glass tubing and made some simple inhalers for himself. He found them more effective than those of Mr Vos. He gave them to a few people who gave glowing reports of their usefulness. He then made 200 and gave them away. Thereafter sale of the inhalers was placed in the hands of John Morgan Richards and Sons Ltd, of 46 Holborn Viaduct, London. Hundreds of thousands were sold through this one agency.

Actually, two slightly different inhalers were marketed for Sir Hiram Maxim by John Morgan Richards and Sons. They were the Maxim Inhaler and the Pipe of Peace. The Inhaler was meant as a pocket appliance to be brought into play at the first sign of bronchial or similar trouble. It was comprised of a glass tube containing gauze material already soaked in menthol.

By breathing through the tube, air could be drawn through the menthol-soaked gauze and delivered to the back of the patient's throat. Indents were provided in the tubing into which the patient's teeth could sink so that the device extended for 5.5 cms into the mouth. If the dose of menthol seemed too great, Sir Hiram instructed patients not to close their lips tightly around the tubing, but to allow air in alongside the tubing as well as through it.

The larger inhaler was known as the Pipe of Peace. The principle of direct inhalation was the same as with the Maxim Inhaler, but a compound essence of pine was used instead of menthol. The essence of pine was extracted from pine needles. You will recall that Hiram was born in Maine, USA. Pine trees grew in abundance in Maine and are featured on Maine's Coat of Arms. The pine essence is so highly volatile that the warmth of hands holding the bowl of the Pipe of Peace provided sufficient heat to give healing fumes in the inhalation. Pine needles were said to contain a principle fatal to germs 'which although unidentified are known to be the direct cause of bronchitis and bronchial irritation'.



Maxim's 'Pipe of Peace' or bronchial inhaler, with its glass tubing and menthol-soaked gauze.

Inhaling pine essence often caused coughing. To avoid this complication Sir Hiram devised a secret formula by adding small quantities of the essences of Wintergreen and Sweet Birch to the pine essence. This combined product was marketed under the name of 'Dirigo', from the Latin which means 'I guide' or 'I direct'. Sir Hiram's Pipe of Peace and the Maxim Inhaler were designed to guide or direct the curative vapours straight to the throat. It is no coincidence that the term 'Dirigo' is the one word motto on the Coat of Arms of the State of Maine.

The Maxim Inhaler and the Pipe of Peace were described as being of great service to clergymen, vocalists, actors and public speakers. The package deal of the Pipe of Peace and the Maxim Inhaler together with bottles of Dirigo and menthol crystals could be obtained for 15 shillings and six pence and only from John Morgan Richards and Sons. It came in a plain strong cardboard box and postage was included in the price.

Instructive parallels

There is a certain parallel here between Sir Hiram and the Order of St John. Both had a military bent. The Hospitallers as far back as the twelfth century, when Raymond Du Puy became Master of the Order, were a well-equipped and feared fighting force. Hiram's Machine Gun, likewise was a significantly feared military piece of equipment—it killed far more of the enemy than all the Hospitallers ever did.

The parallels go further than that, however. Both Hiram and St John volunteers worked in London, and more precisely, in Clerkenwell. And then both Sir Hiram and the Order turned to peaceful pursuits. Sir Hiram invented his 'Pipe of Peace' and St John dedicated itself to the relief of suffering. The warning for St John is that Sir Hiram is remembered more for his machine gun than for his inhalers. We should take note!

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Dr Samuel Thomas Knaggs. Australia's other St John founding father

Timothy M Wieland OStJ



Dr ST Knaggs (1842–1921)

This photograph accompanied his obituary in the *Medical Journal of Australia*.

Dr Samuel Thomas Knaggs was the Irish-born and trained medical practitioner who taught Australia's earliest officially approved public St John Ambulance first aid course in 1881. The group he taught, railway workers at the Eveleigh Railway Workshops in Redfern, Sydney, was, in current St John terminology, a 'detached class' — a 'one-off' taught and examined without being 'attached to' (i.e. provided by) a permanent local St John 'centre' as part of its public training effort.

At much the same time that Knaggs was teaching the Eveleigh railwaymen first aid, at least one other course based on the St John syllabus was taught in Melbourne. This, however, was not a public class but was restricted to members of a militia medical unit.

Nine years passed until a Sydney St John centre was established. Meanwhile permanent St John centres had been established in Melbourne and Adelaide as well as in Launceston (which did not survive). Although Knaggs was one among the group who brought the Sydney centre into being, his earlier initiative in organising and teaching Australia's first St John course is not given sufficient credit in St John histories. This article aims to redress the balance by demonstrating what a remarkable innovator Knaggs was. It also argues that Knaggs should be considered as one of Australia's St John 'founding fathers and mothers'.

Knaggs was born in either July or August 1842 in Thurles, County Tipperary in the south of the present-day Republic of Ireland (the records differ on his birth date). His parents were Robert Corbert Knaggs and his wife Phoebe (née Maiben).

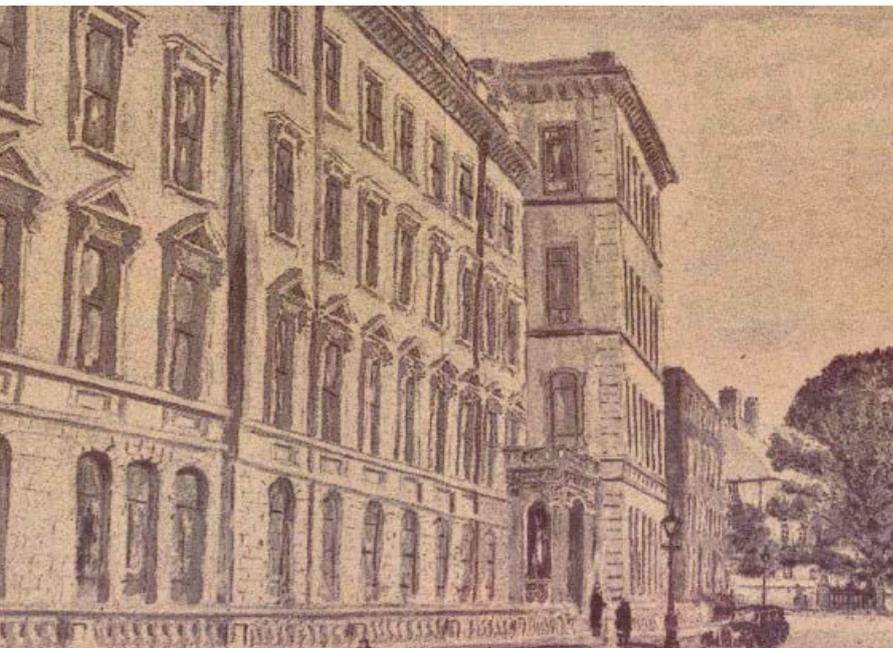
Little is known of the details of Knaggs's early life and childhood. In 1848, when he was about six years old, the family migrated to Australia. They arrived in Sydney but later moved to Newcastle, where he had his schooling. In 1855 his father was registered as a medical practitioner, but seems to have worked in Newcastle as a pharmacist (or 'chemist and druggist' as the records indicate).

Medical training

After completing his schooling in Newcastle, when he was about 19, Knaggs returned to Ireland to study medicine in Dublin. At first he was a pupil and assistant to a Dr Robert C Knapps, under whom he studied for five years, 1861–1866. In 1868, age 26, he entered the School of Physic at the Ledwich School of Medicine, Dublin, where he was a student

for four years, 1868–1871. At that stage in the evolution of medical training, many doctors trained in medical schools which, like Ledwich, were outside the university system. Following the completion of his studies at Ledwich, Knaggs enrolled in the University of Aberdeen in Scotland, from which he graduated with honours in Medicine and Surgery (MB, ChM, 1872).

Knaggs's training was thorough. As well as the practical experience he had gained under Dr Knapps, his formal studies at medical school and university had included these subjects: Chemistry, Botany, Materia Medica, Anatomy, Practical Anatomy, Comparative Anatomy, Surgery, Clinical Surgery, Practical Chemistry, Clinical Medicine, Physiology, Practice of Medicine, Midwifery, Medical Jurisprudence, Zoology and Ophthalmology. By the time of his graduation at Aberdeen at age 30, he had been a student of the King and Queen's College of Physicians of Ireland (the Royal College of Physicians of Ireland after 1890) and had passed the examination for the Fellowship of the Royal College of Surgeons (FRCS, 1871). After his return to Australia, Knaggs was awarded the degree of Doctor of Medicine (MD, 1873) of the University of Aberdeen. In the meantime, he had worked as a resident medical officer at the Adelaide Hospital in Dublin and had visited both Paris and Vienna, where he had studied in some famous clinics.



The Adelaide Hospital, Dublin. Established in 1839 as a hospital for Protestants, this was where Knaggs spent a period as a resident medical officer.

Interestingly, while Knaggs was studying medicine in Ireland, his father was also doing so. Knaggs Snr qualified as both a Member of the Royal College of Surgeons of Ireland and a Licentiate of the Society of Apothecaries of Dublin. Presumably this was in order to give him formal qualifications to make and dispense medicines in his Newcastle practice.

Medical practice in Newcastle

Following his ten years of overseas studies and experience, Knaggs returned to Newcastle about the end of 1871. On 8 January 1872 he was registered as a medical practitioner in New South Wales. He then entered general practice in Newcastle and worked there as a GP for the next nine years, until the end of 1880. In that time he gained a reputation for being 'one of the most able and reliable medical practitioners in New South Wales outside the capital city' and one whose 'popularity among his patients was immense'.

In 1874 Knaggs married at the age of 32. His bride was Helena Charlotte Read, who bore him seven daughters. She predeceased him, dying in the family home at 5 Lyons Terrace, Hyde Park, Sydney, on 2 November 1898. He married a second time the next year, at age 57, to Amy Elfreda Bolekman (also called 'Volckmann').

In 1881 the University of Sydney enacted by-laws to introduce *ad eundem gradum* (Latin: 'at the same level') degrees. Such degrees are 'courtesy' qualifications granted by a university to recognise that training qualifications received elsewhere are of comparable status to that of the university's own degrees. Many New South Wales medical practitioners with English, Irish, German and Scottish medical degrees took advantage of the university's by-laws to seek and obtain Sydney degrees of equivalent standing to their overseas qualifications. Knaggs was one of twenty medical practitioners who obtained *ad eundem gradum* doctorates in medicine (MD) between 1881 and 1900.



The Newcastle Hospital as it was when Dr Knaggs was a salaried medical officer there.

In the meantime, Knaggs had expanded his range of interests. In 1874 he was appointed as a government medical officer and in 1875 he became a salaried medical officer at the Newcastle Hospital. Interested in public health and workplace safety, he regularly contributed articles on these subjects to two local newspapers, the *Newcastle Chronicle* and the *Newcastle Morning Herald and Miner's Advocate*. In 1875 he unsuccessfully attempted to establish a public health advocacy organisation similar to Melbourne's Australian Health Society; and that year he became the editor of the *New South Wales Medical Gazette*. His interest in medical journalism also found expression in a short-lived quarterly journal, *The Australian Practitioner: a quarterly*

journal of medical, surgical and sanitary science for the Australian colonies, which he publishing during 1877–1978. In 1878 he was appointed as a Fellow of the Royal Society of New South Wales. He later chaired its medical section in 1888–1889.

The move to Sydney and an expanding range of interests

Knaggs moved to Sydney and began practising there about 1883 after returning from a visit to Europe. By now he was about 41. He resumed private practice, but his public interests multiplied appreciably. He became an honorary surgeon at St Vincent's Hospital, a lecturer in clinical surgery at the University of Sydney and an honorary surgeon at the Prince Alfred Hospital. He held the latter two positions for the next ten years, until 1893. In 1885 he became a member of the New South Wales Board of Health. He served as an examiner in anatomy and physiology for the Board of Technical Education 1887–1892.

A constant advocate for the establishment of a ministry of public health, Knaggs also became involved in medical politics. He was active in the New South Wales branch of the British Medical Association and served a term as its president 1887–1888. In 1892 he was joint honorary secretary of the Intercolonial Medical Congress of Australasia, which was held in Sydney.

Other involvements were as a medical officer for the Department of Public Instruction and as a member the Railways Medical Board. Re-entering medical journalism, he edited the *Australasian Medical Gazette*, 1895–1901.

In the colonial armed services, he had become a surgeon in the New South Wales Naval Brigade in 1872. Promoted within this service, by the time the brigade was transferred to the new Australian Navy at Federation in 1901, he was the Fleet Surgeon.

Retirement and last years



Dr Knaggs in Kobe, Japan, September 1904.

By the time of Federation, Knaggs was 58. That year, 1901, he visited Japan, a nation that remained a mystery for most Australians. He spent several years there. After gaining registration, he practised medicine in Kobe. After returning to Sydney, he gradually withdrew from medical practice and public affairs.

In retirement, Knaggs continued contributing articles to medical journals. At the age of 75 in 1917 he emerged from retirement to take a short-term appointment as a medical officer at the Collarenebri Hospital in northern New South Wales, where he helped combat an outbreak of meningitis which had killed four people in the district. He probably did so because of a shortage of doctors caused by World War I, during which many younger, able-bodied medical practitioners were serving overseas with the Army Medical Corps.



Dr Knaggs's now-neglected grave and toppled tombstone in the Waverley Cemetery, Sydney.

Knaggs died in Paddington, Sydney, on 6 April 1921 and was buried in the Anglican section of Waverley cemetery. He was survived by his second wife and five of his seven daughters by his first wife, Helena.

Knaggs's obituary in the *Australian Medical Journal* was magnanimous. He was, the article said, 'generous to a fault, a wise counsellor, a staunch friend, honourable, upright'. No one, it went on to say, 'showed more kindness and help to his juniors than Dr Knaggs'; and, finally, his family's grief would be 'shared by a very large section of the medical profession in the Commonwealth'.

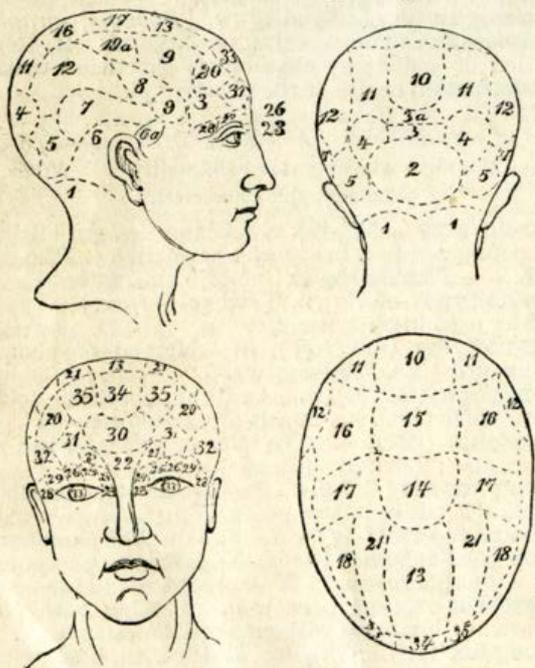
Phre-nol'o-gy (-nōl'ō-jy), *n.* [Gr. φρήν, φρενός + -logy.] **1.** Science of the special functions of the several parts of the brain, or of the supposed connection between the faculties of the mind and organs in the brain. **2.** Physiological hypothesis that mental faculties, and traits of character, are shown on the surface of the head or skull; craniology. — **Phre-nol'o-gist**, *n.* — **Phren'o-log'ic** (frēn'ō-lōj'ik), **Phren'o-log'ic-al**, *a.*

Knaggs's crusade against medical quackery, pseudo-science and spiritualism

In his own lifetime, Knaggs was probably better known for his crusading against medical quackery, pseudo medical science, clairvoyance and spiritualism, all of which he regarded as the unconscionable, fraudulent exploitation of human ignorance and gullibility. He became a prolific producer of tracts and pamphlets exposing the dishonesty and unscientific misinformation purveyed by practitioners in these areas. Objects of his particular ire were phrenologists, spiritualist mediums, clairvoyants and medical charlatans.

Knaggs also became a skilled conjurer. He performed conjuring tricks in public to raise money for charity. He used these performances to demonstrate the trickery behind so-called 'spiritual feats' such as levitation. To expose such trickery further, in 1895 he published a novel under the *nom de plume* Maiben Brook (Maiben was his mother's maiden name). It had the title *Dr de Lion, Clairvoyant: Confessions of a Vagabond Life in Australia, as Narrated by Maiben Brook*.

A particular Knaggs *bête noir*: the pseudoscience of phrenology, which asserted that intelligence, personality and character could be assessed by 'reading' head shape and facial features.



A Chart of Phrenology.

1 Amativeness ; **2** Philoprogenitiveness ; **3** Concentrativeness ; **3 a** Inhabitiveness ; **4** Adhesiveness ; **5** Combaticiveness ; **6** Destructiveness ; **6 a** Alimentiveness ; **7** Secretiveness ; **8** Acquisitiveness ; **9** Constructiveness ; **10** Self-esteem ; **11** Love of Approbation ; **12** Cautiousness ; **13** Benevolence ; **14** Veneration ; **15** Firmness ; **16** Conscientiousness ; **17** Hope ; **18** Wonder ; **19** Ideality ; **19 a** (Not determined) ; **20** Wit ; **21** Imitation ; **22** Individuality ; **23** Form ; **24** Size ; **25** Weight ; **26** Coloring ; **27** Locality ; **28** Number ; **29** Order ; **30** Eventuality ; **31** Time ; **32** Tune ; **33** Language ; **34** Comparison ; **35** Causality. [Some raise the number of organs to forty-three.]

Knaggs published at least four other books under his own name. Their titles suggest his range of interests: *Recreations of an Australian surgeon* (1888); *Human fads, foibles, fallacies, fallibilities* (1898); *Common complaints and simple remedies with plain instructions for the use of the universal household medicine cabinet* (1906); and *Vaccination* (1913).

Another related cause for which Knaggs campaigned was the revision of legislation on the registration of deaths to ensure that only duly qualified medical practitioners could certify the cause of death. This was ‘to prevent unqualified persons from amateur dabbling in medicine and surgery’.

Knaggs was also an accomplished and probably self-taught artist. At least one of his paintings has survived and is now held in the collection of the Newcastle Region Library. Clearly influenced by the style of the great nineteenth century English painter of ships and seascapes, JMW Turner, it depicts the wreck of the ship *Lismore* near Newcastle in 1866 and the rescue of the crew.



Knaggs's painting of the wreck of the ship *Lismore* near Newcastle and the rescue of its crew on 13 July 1866. Knaggs could not have witnessed this event because he was studying medicine in Dublin at the time.

Knaggs and St John Ambulance

We now come to Knaggs's involvement in St John Ambulance. Before considering this phase of his very diverse 45-year career in medicine and public health, however, let us place in historical context his first aid class at the Eveleigh Railway Workshops in 1881.

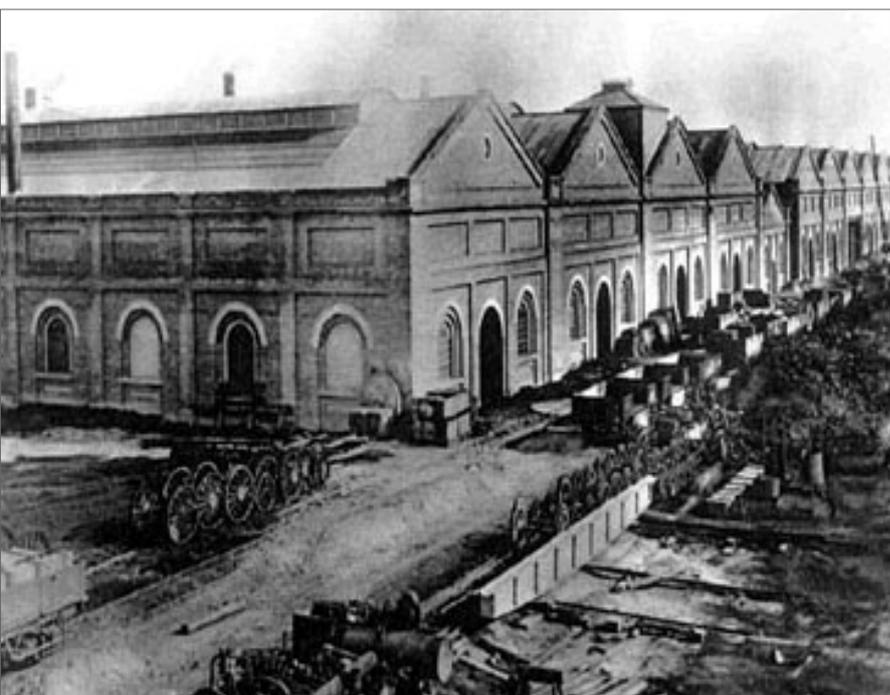
In 1881 Queen Victoria had been the monarch for 47 years; her grandson George (later King George V) toured Australia; and the 'Father of Federation', Henry Parkes, called for an intercolonial council to examine the issue of a Federal Constitution for an independent Federal Parliament. In sport, 'Zulu', ridden by J Gough won that year's Melbourne Cup, the twentieth Cup race since the first in 1861; and the first women's lawn bowls match in Australia was held in Stawell, Victoria. In education, the University of Sydney admitted its first female students; and in Melbourne the working Mens' College (later the Royal Melbourne Institute

of Technology) was founded. In industry and technology, the first 'Otis'-style passenger lifts were installed in Sydney; drilling for oil began at Salt Creek, South Australia; gold was discovered in the Kimberley district in Western Australia; and the Sydney–Albury railway line in New South Wales, the Maryborough–Gympie line in Queensland and the Fremantle–Perth–Guildford line in Western Australia were all completed.

How Knaggs came to be conducting an officially sanctioned St John Ambulance first aid class in Redfern in 1881 is uncertain. There is some evidence, however, that he had recently returned from London armed with St John first aid teaching materials. What possibly happened was that while in London he heard about the success of the St John Ambulance Association first aid course in equipping lay people with first aid skills, made inquiries about the course at the Association's headquarters in St John's Gate, obtained permission to conduct a class in Australia, and then returned home with the requisite materials – copies of the 'Little Black Book' manual of instruction (*First Aid to the Injured*, which had been published for the first time in 1879) plus a supply of triangular and roller bandages. Given Knaggs's demonstrated interest in promoting public health and hygiene, this would seem to be the most likely scenario.

As mentioned, the course that Knaggs organised and taught was at the Eveleigh Railway Workshops in Redfern. But why Redfern and the Railway Workshops? The answer almost suggests itself.

The Eveleigh Workshops, which opened in 1880, the year before Dr Knaggs's first aid course, employed hundreds of blue collar workers. They were engaged in hazardous trades in which the risk of injury was high. First aid was useful knowledge that workers were keen to acquire for their own and their workmates' mutual protection. The workshop staff worked in a discrete location in which a class could be readily organised. And the railway authorities were keen to promote occupational health and safety – as seen by the establishment of the Railways Medical Board, of which Knaggs was a member, and the Railway Ambulance Corps, a railways first aid service.



The Eveleigh Railway Workshops, Redfern, Sydney, as they were in 1881 when Dr Knaggs taught a first aid class there.

As seen, the first aid class Knaggs organised was a 'detached class'. This means it was a 'one-off' class conducted according to the St John Ambulance Association's syllabus and examination procedure but not in or by an established Association Centre. Many such classes were run annually, not only in the UK and the British Empire but also in various foreign nations in which someone had taken the trouble to organise classes.

Unfortunately, the names of the railwaymen who joined the Eveleigh Workshops class are unknown; and as far as known none of the first aid certificates awarded to those successfully completing the course have survived. We do, however, know that Knaggs retained his interest in the St John course because he subsequently became involved in the Newcastle Centre of the St John Ambulance Association.



Railway workers in the USA demonstrate first aid techniques as a promotion for the Johnson & Johnson Company's first aid kits.

Dr Knaggs's St John Ambulance class in the Eveleigh Railway Workshops would have learnt similar procedures to those being demonstrated here.

Exactly when the Newcastle St John Centre was established is uncertain, but it was certainly in business, organising public classes of instruction and issuing first aid certificates by March 1884, nine months after the foundation of the Melbourne Centre, Australia's first. We know this because of the oldest known surviving Australian St John first aid certificate. It was issued by the Newcastle Centre on 24 March 1884 to one D Melville, who had successfully completed a course in which Knaggs had been the 'Surgeon Instructor'. The Melville certificate is proof-positive that there was a Newcastle St John Ambulance Association Centre at least six years before the New South Wales Centre formed in Sydney in 1890. Though eventually superseded by the New South Wales Centre, the Newcastle Centre was the second Association Centre in Australia, beating into third place the Adelaide Centre, which did not form until the end of 1884.

The earliest known surviving Australian St John Ambulance first aid certificate. It was awarded on 20 March 1884 to D Melville, a member of a class organised by the Newcastle Centre of the St John Ambulance Association and instructed by Dr ST Knaggs. Knaggs's signature appears at the bottom right of the certificate.



The earliest known surviving Australian St John Ambulance first aid certificate.

Lady Brassey and the establishment of the New South Wales St John Ambulance Centre

After moving to Sydney, Knaggs became one of the key figures instrumental in founding the New South Wales Centre in 1890. The events leading up to its establishment were complex. The catalyst for the establishment was Annie, Lady Brassey (1839–1887), the first wife of the first Lord Brassey (1836–1918), a wealthy British parliamentarian (and later Governor of Victoria). Lord Brassey owned a large, ocean-going yacht, *Sunbeam*, in which the Brasseys toured the world. Lady Brassey, a fervent ‘evangelist’ for St John first aid training, preached the first aid ‘gospel’ wherever they travelled. In 1887 *Sunbeam* toured Australia. Despite being increasingly ill, Lady Brassey conducted public meetings to promote first aid training in many of the cities and towns they visited. She actually died, probably of the combined effects of malaria and pneumonia, and was buried at sea soon after leaving Darwin on the voyage home.

In Sydney in July 1887 Lady Brassey had convened two public meetings, one in Government House and the other in the Town Hall, which had voted to establish a St John Centre in Sydney. After her departure, little happened to implement this resolution. It was Knaggs, who had met Lady Brassey and attended her Sydney meetings, who eventually took the action that led to the Centre’s coming into being.

Some two years after the Brassey visit, Knaggs called a meeting in the Randwick Town Hall to form a local Randwick branch of the St John Ambulance Association. This meeting, in November 1889, agreed with his idea. Those attending subscribed £10 to enable the branch to be registered at St John’s Gate. The meeting also agreed to form a local first aid class for women, which was duly held and for which Knaggs was the examiner. Twenty women joined the class; all passed the exam; and their certificates were presented to them by the



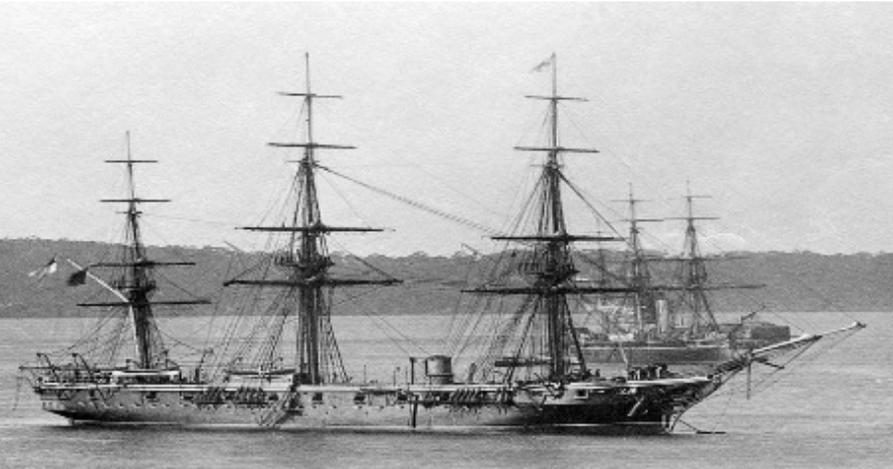
Annie (née Allnutt) Lady Brassey (1839–1887), fervent ‘evangelist’ for the St John Ambulance first aid course, who toured Australia for four months in 1887 promoting first aid training.

Governor’s wife, Lady Carrington, at a ceremony in Government House in July 1890. By that time, the long-awaited New South Wales Centre had been founded, probably about April 1890. Knaggs, who became a member of its management committee, had continued advocating its formation.

Strangely, considering that Knaggs had done more than anyone else over a nine-year period during the 1880s to ensure that St John Ambulance achieved permanency in New South Wales, he received no honours or awards from the Order of St John. Life membership of the New South Wales Centre? Admittance into the Order as an ‘Honorary Associate’ or Serving Brother? An illuminated address thanking him for introducing first aid training into Australia? No such distinctions ever came his way. Why they didn’t is impossible now to say, although we might agree that he deserved them. Indeed, if our Priory ever introduced posthumous awards, Dr Knaggs would be first in line for a KStJ.

Samuel Thomas Knaggs MB ChM MD FRCS was a general practitioner and specialist surgeon who had undertaken an extended period of the most rigorous practical and theoretical medical education and training available in his day and age. In doing so, he attained the highest levels of academic and professional achievement.

Applying his knowledge and skills in practice after his return to New South Wales from studies abroad, Dr Knaggs had a rich and varied professional career in both Australia and Japan. If he had ever produced a *curriculum vitae*, this would have been a most impressive document. It would have included his long experience as a general practitioner, surgeon, university lecturer and senior public sector medical officer in hospitals, public utilities and the defence force. It would also have included his contributions to medical journalism, medical profession administration, the authorship and dissemination of literature promoting public health and his zealous campaign to rid medicine of quackery.



HMS *Wolverine*, a ship gifted to the Colony of New South Wales by the Royal Navy in 1881. In Australia the vessel was known as HMCS *Wolverine*. In Sydney, the *Wolverine* usually berthed at Fort Macquarie, the later site of the Sydney Opera House. Naval Surgeon ST Knaggs served aboard the *Wolverine*, which carried 14 cannons and had a crew of 208.

During their visit to Sydney in 1887, Lord and Lady Brassey inspected the *Wolverine* in company with the Governor and his wife, Lord and Lady Carrington.

Finally, from the St John Ambulance perspective, his initiatives in introducing first aid training to Australia and in establishing a permanent St John presence in New South Wales place him among our most respected ‘founding fathers and mothers’. Each of the six Australian colonies had such people of vision who toiled to ensure that St John Ambulance ‘seedlings’ were planted and flourishing in the colonial ‘soil’ by the time of Federation in 1901. ST Knaggs was at the very forefront of this select company.

I must therefore hope that the foregoing article serves to remind the present generations of St Johnnies what their organisation owes to Dr Knaggs and his fellow St John pioneers in Australia.

The Red Cross and the St John Ambulance link

Allan Mawdsley KStJ

In 1859, Henri Dunant, a Swiss businessman with agricultural trading enterprises in French-occupied territories, travelled to Solferino in present-day northern Italy between Milan and Verona to meet with Emperor Napoleon III to discuss his business. He arrived on St John's day, 24 June, 151 years ago and inadvertently witnessed a monstrous battle. The Austrian Army of Emperor Franz Joseph I, which had occupied much of northern Italy, fought with the combined armies of Napoleon III and the Sardinian Army of King Victor Emmanuel II in what was later called the Second Italian War of Independence.

Each side had about 200,000 troops and at the end of the day there were about 40,000 dead and wounded soldiers on the battlefield with little or no help for their injuries. Dunant was appalled at the carnage. On his return home he published a book in 1862 called *Memories of Solferino*. He proposed a permanent relief agency for humanitarian aid in times of war, and a government treaty recognising the neutrality of the agency and allowing it to provide aid in a war zone. The former proposal led to the establishment of Red Cross, and with the help of friends, the so-called 'Committee of Five', he arranged an international conference in 1864 which resulted in the first Geneva Convention. This was signed initially by twelve nations but in the years since then it has gradually been extended by further Geneva Conventions and become firmly established in International Law.

These events in Europe were contemporaneous with the attempts to revive the Order of St John in England. 'The Sovereign and Illustrious Order of St John of Jerusalem: Anglia' was founded in England in 1831 as an attempt to revive the English Langue of the Order of St John which had been suppressed by King Henry VIII in the dissolution of the monasteries. In the latter part of the nineteenth century, when Sir William Drogo Montagu, Seventh Duke of Manchester became Grand Prior, the organisation rediscovered its *raison d'être*.

The Duke of Manchester and his trio of associates: Sir Edmund Lechmere, Sir John Furley and Major Francis Duncan, founded the St John Ambulance Association in 1877, which set up ambulance transport services and began teaching first aid to the public. These activities, together with the founding of the St John Ophthalmic Hospital in Jerusalem and the formation of St John Ambulance Brigade for providing first aid at public events, was led by Sir Edmund Lechmere, an influential and wealthy landowner, who became Secretary General and Treasurer. He was an active promoter of the development of ambulance transport services.



Jean Henri Dunant (1828–1910), founder of the Red Cross organisation.

Major Francis Duncan had been a professional soldier in the Royal Artillery deployed in Nova Scotia during the American Civil War and after his return to Britain became the Superintendent of the Royal Artillery Regimental records. After his release from the army he was made Director of the newly-formed Ambulance Department.

Sir John Furley was a voluntary militiaman, Captain in the 29th Ashford Battalion in Kent but not allowed on overseas service for health reasons. However, he had a life-long humanitarian involvement in military medical matters and designed a stretcher and the wheeled version known as the Ashford litter. He attended Geneva conferences as a delegate of the Order of St John. Although the British Government ratified the Geneva Convention it declined to create a British Red Cross Society at that time, so Furley together with Lechmere and the Duke of Manchester formed the British National Society for Sick and Wounded, which had the Prince of Wales as its first President. They continued to lobby the government until eventually official recognition enabled the National Society for Sick and Wounded to transform into the British Red Cross Society in 1905.

Britain had recently emerged from the Boer War. During that war volunteers from the St John Ambulance Brigade, which had only been formed twenty years earlier provided almost a quarter of the army medical services. The campaign proved to be hugely more difficult than the British military services had been prepared for. The lesson was not lost on the military planners and as the situation in the Balkans deteriorated, the likelihood of a major war became more imminent. The British War Office called on the newly-formed British Red Cross Society to organise volunteer helpers for the medical services. They quickly added St John volunteers as helpers of equal standing, and administered the resultant organisation of Voluntary Aid Detachments through a Joint Central Council of delegates from Red Cross, St John and the Defence Forces.

The cofounders of St John Ambulance (l-r) the 7th Duke of Manchester, Sir Edmund Lechmere, Major Francis Duncan and Sir John Furley.



St John Ambulance has had a close association with Red Cross from its earliest days in Britain and also in Australia. St John in Australia closely followed the developments in Britain. Nine days after the outbreak of World War I, the Australian Red Cross was established as a Branch of the British Red Cross Society following a meeting called at Government House in Melbourne by Lady Helen Munro-Ferguson, wife of the Governor-General.



Lady Helen Munro-Ferguson.

Lady Helen Munro Ferguson, daughter of the viceroy, the Marquess of Dufferin and Ava, was president and founder of the Australian Branch of the British Red Cross Society. The wife of Sir Ronald Munro Ferguson (1860–1934), Governor-General of Australia 1914–1920, she established the Australian Branch of the British Red Cross Society on 13 August 1914. During World War I the ballroom of Melbourne's Government House was taken over by Lady Munro Ferguson's work for the Society. In 1918 she was appointed Dame Grand Cross of the Order of the British Empire (GBE) for her work during World War I.

Dr Arthur Sherwin, later to become Commissioner of St John Ambulance Brigade in Victoria, represented St John at that meeting. Dr Sherwin had been a volunteer with British Red Cross medical field units in the Balkan wars in 1912. Turkey went to war against Serbia, Bulgaria, Greece and Montenegro. Dr Sherwin was attached to the Montenegrin unit, whose activities were directed around Lake Sentani and Northern Albania. For this he was awarded the Red Cross volunteer medal. Sherwin was a strong supporter of Red Cross and after serving in the First World War he became comptroller of Voluntary Aid Detachments in Victoria. He joined the Victorian Division of the Red Cross Society in 1916. From 1930 he was Member of Divisional Council and was Chair of several committees including Handicraft since its inception in 1943 until his retirement in 1950. He was one of the medical professionals who helped set up the Red Cross Blood Transfusion Service in 1929, and planning of Red Cross Emergency Service Companies 1938–1939. For this contribution he was made an Honorary Life Member in 1951. Dr Sherwin's contribution began a long series of overlapping involvements of senior office-bearers between Red Cross and St John which reached its peak with Sir John Newman-Morris and his son, Geoffrey.



Dr Arthur Sherwin attended the inaugural meeting of Australian Red Cross and maintained life-long links with the organisation. He served as the St John Ambulance Commissioner in Victoria 1945–51. Earlier as Colonel JA Sherwin, he had been Commandant of the Heidelberg Military Hospital 1941–44.

Sir John Newman Morris was an Honorary In-patient Surgeon at St Vincent's Hospital. He was a member of St John Council from 1931 to 1956, and a Knight



Sir John Newman-Morris (1879–1957) was the national Receiver-General for the Order of St John in Australia (1941–57). He chaired Red Cross in Victoria (1938–48) and then led the national organisation (1944–57). He is pictured here with his wife, Eleanor

of the Order of St John. At one time he held the position of Receiver-General at Priory Headquarters. He was on the Australian Red Cross Executive from 1937, was Victorian Division Chair in 1938, and National Chair in 1944. He was leader of the Australian delegation to the meetings of the world's Red Cross Societies in Oxford in 1946 and again in Stockholm in 1948. He was active in the development of the blood transfusion service with Australia as the first country to deliver such a service nationwide.

Sir Geoffrey Newman-Morris, son of Sir John, was a long-serving member of St John, becoming Commissioner of the Brigade in Victoria from 1966 to 1969 and Chief Surgeon at Australian Headquarters from 1969 to 1972. He was a Knight of St John and a member of St John Council from 1950 to 1976. He was Chair of Australian Red Cross Society National Council for 20 years from 1958 to 1978, then Honorary Vice-President. In 1965 he was elected a member of the Standing Commission of the International Red Cross. In 1973 he became its Chairman, a role he held until 1978. He was Vice-Chairman of the League of Red Cross Societies and Chair of the Finance Committee from 1969 to 1978. In 1979, the International Red Cross awarded him its highest and seldom given honour, the Henri Dunant Medal.



Sir Geoffrey Newman-Morris (1909–1981) was Victorian St John Ambulance Commissioner (1966–69) and then National Chief Surgeon (1969–72). He was National Chairman of Australian Red Cross (1959–78).

Soon after the establishment of Australian Red Cross in 1914 approval was given for the establishment of Voluntary Aid Detachments (VAD). As in Great Britain, the VAD organisation was administered by a Joint Central Council at Commonwealth level, with joint State Councils comprising representatives of the Navy, Army and Air Force, the Red Cross Society, St John Ambulance and other relevant organisations. The Commonwealth appointed a Chief Controller, each State Council a State Controller, with Commandants in charge of detachments. St John Ambulance in Victoria had a heavy involvement in VAD work during World War I and many members continued with St John after the war.

In 1914, the Australian Red Cross was largely involved with providing relief services to the Australian Defence Force with headquarters located in Melbourne coordinating the international relief services. It immediately formed Divisions in each of the six States. The Divisional Presidents, who were the wives of the State Governors, were instrumental in the creation of the Australian Red Cross State Divisions. As these Presidents traversed the country and launched appeals through local organisations and the press, the Divisions soon had a vast number of rural and metropolitan branches.

Directly appealing to women, they became the great majority of members. The publicity machine made the most of their comforting roles. Several high-ranking women were appointed to governing committees, and Australian women took leading positions throughout the organisation. Red Cross women volunteers, however, were in two distinct cohorts—those who worked in the support services and those who worked in the Voluntary Aid Detachments.

Recognised by the Military, the Voluntary Aid Detachments were at their peak in World War I and World War II, providing first aid, nursing assistance, comforts, domestic assistance and other supports for returned and wounded soldiers. Recruits were drawn from the local area by invitation from a serving member. Members received instruction in first aid and home nursing from the St John Ambulance Association. Initially they worked without pay in hospitals and convalescent homes alongside doctors and nurses. Those who volunteered in this way were eligible for the St John War Service badge. After the war the voluntary service continued.

In 1927, the Australian Red Cross Society gained recognition as an independent National Red Cross Society and ceased being a branch of the British Red Cross Society. In 1941 the Australian Red Cross Society was incorporated by Royal Charter. In between the two World Wars, they continued their care for ex-soldiers and their families, raised funds, and moved into civil hospitals, homes and health associations. In 1928, they became a technical reserve of the Army Medical Corps, administered under the Minister of Defence through a Joint Central Council.

In Victoria at that time, Dr Arthur Sherwin was the Comptroller of VAD and District Surgeon of the St John Ambulance Brigade (SJAB), and his Deputy was Mr Frederick Raven, a District Officer in the Brigade and Superintendent of the Victorian Civil Ambulance Service. In New South Wales the Deputy Commissioner, Colonel W Vickers was the Comptroller and the Lady Superintendent, Dr Frances McKay was on the VAD State Committee.

During World War II the VADs were again very strong. After World War II, they extended their civilian service which included the assistance of new immigrants. Those who gave service during World War II were eligible for the VAD Badge. In January 1948, direct control of the Voluntary Aid Detachments was returned to the Australian Red Cross and St John Ambulance. In most states the Voluntary Aid Detachments folded as time went on and states

withdrew from this area. Staff worked in a range of other Australian Red Cross or St John services. In New South Wales however, the Red Cross Voluntary Aid Detachments were renamed and revamped as the Voluntary Aid Service Corps in 1967 and continued to serve long after other States had ceased.

Although Australian Red Cross was involved in a range of activities during World War II, including the establishment of agencies overseas dedicated to supplying families in Australia with information about wounded and missing soldiers, it is probably best known for its success in mobilising volunteers to create the much appreciated and eagerly anticipated 'comfort' parcels that were sent to servicemen overseas. From the date of its inception until the armistice the ARCS dispatched 395,695 food parcels and 36,339 clothing parcels. Thousands of women contributed their time and money to make this possible.



Mrs Alice Creswick, Principal Commandant of Red Cross volunteers during World War II.

The Red Cross Headquarters Principal Commandant of women volunteers during the war was Mrs Alice Creswick. After the war she was made a Dame of the Order of St John and served for one year on St John Council for Victoria before retiring. The Commandant of the Victorian Division was Mrs Lilian Scantlebury who was made a Commander of the Order. The investiture of these Red Cross members with St John honours is a reflection of the closeness of the two organisations in those days. It is not so surprising when you read the list of office-bearers in the Red Cross Annual Reports and see the number of high-ranking St John members there.

Sir John Newman-Morris was national chairman. Dr William WS Johnston was principal medical advisor. Dr Sherwin, Sir Samuel Burston and Sir Geoffrey Newman-Morris were also listed. St John members were also heavily involved in the development of the Blood Transfusion Service.

The closeness diminished gradually over the years so that by the time I became Chair of the Association Centre committee St John and Red Cross were competitors in the training marketplace. They have remained so ever since; and indeed they now compete with various commercial enterprises as well because many of the latter have entered the field and first aid training has consequently become an open market. As Centre Chair, I was responsible for St John's first aid training program. I did not believe that the St John and Red Cross certificates were equivalent. In a 1979 meeting with a senior St John man who was then also Chief Executive Officer of Red Cross in Victoria, I pointed out that we had gone through an expensive process of curriculum development and instructor accreditation to meet rigorous educational standards but Red Cross had not. I said I would be happy to agree to equivalence if he could assure me that Red Cross would also implement a training standards and accreditation process. He could not give me that assurance. The stand-off was resolved by internal discussion with a senior Red Cross office-bearer who also happened to be a former St John Chief Commissioner. He gave an assurance that the two certificates were



The late Millie Field DStJ in her Australian Army Medical Women's Service (AAMWS) dress uniform, 1995.

She had joined a Red Cross Voluntary Aid Detachment (VAD) during the 1930s then transferred from her VAD to the AAMWS after the latter was established in 1942.

equivalent without actually discussing the matter with his advisers. Red Cross did subsequently introduce an Instructor Accreditation program.

In preparing this paper I contacted a number of State members of the Australian Historical Society of St John, to ask if there were noteworthy matters about the relationship of St John to Red Cross in their States. I am indebted in particular to Beth Dawson who gave a detailed account of members with dual affiliation and of failed attempts to have reciprocal delegates to their Councils, as well as a lot of information about Voluntary Aid Detachments. I am indebted, also, to Loredana Napoli and Betty Stirton for their meticulous search through annual reports for information about joint organisational actions.

What emerged from reading this material was a shared historical background and a shared pursuit of the same goals. Different players in different places did pretty much the same work. There are too many to mention individually, but it is encouraging to know that we have been singing from the same songbook. It is also chastening to know that we walk in the footsteps of some truly wonderful people.

What's in a name? The ancient, peculiar case of 'St John Ambulance'

Ian Howie-Willis

Types of names

Whatever the language, people's names usually derive from one of four sources:

1. industries, trades and occupations, for example 'Carpenter', 'Mason' and 'Smith';
2. places and geographical features, such as 'Brook', 'Forest' and 'Hill';
3. nicknames, which often describe personal qualities, for instance 'Smart', 'Strong' and 'Cameron' ('crooked nose' in Gaelic);
4. father's names like 'James', 'Richards', 'Williams' and dozens more.

Institutional names are similar. They frequently use the name of the industry the owners are engaged in (e.g. 'Colonial Sugar Refineries' and 'Drug Houses of Australia'), the place where they began (e.g., 'Broken Hill Propriety' and 'Adelaide Steamship Company'), their self-perception of what they are (e.g. 'The Good Guys' and 'Pricebusters') or the surname of their founder ('Coles', 'Myers' and 'David Jones').

And so it is with 'St John Ambulance', a name derived from two such sources. The first part, 'St John', was the name of a place — a monastery in mediaeval Jerusalem dedicated to St John the Baptist. The second part, 'Ambulance', is the name of a particular patient transport vehicle which the St John organisation marketed during the 1870s.



The Greek Orthodox monastery and church of St John the Baptist, Jerusalem.

Dating back to the 5th century AD, the building was taken over by Brother Gerard and his Hospitallers after the First Crusade in 1099. The building reverted to its original use after the expulsion of the Crusaders from Palestine in 1291. The Order of St John took its name from the monastery's patron, John the Baptist.

Mediaeval origins of the Order of St John

To see how the two parts of the name 'St John Ambulance' came together, we must go back to the 11th century AD in Jerusalem. About the year 1080 a group of Benedictine monks associated with a Catholic church in Jerusalem, St Mary of the Latins, began running a refuge for poor sick pilgrims visiting the city's sacred sites. Their leader was a monk named Gerard Thom, who might have been Italian or French.

The brethren's charitable endeavours flourished; and so in 1113 the Pope of the day, Paschal II, granted them independent status as a separate Order of the Church. Bro. Gerard became their foundation Rector. Because of the work they did and where they did it, they took as their name the 'Order of the Hospital of St John of Jerusalem' or simply 'Hospitallers' for short. By that time, the Hospitallers had begun establishing hospices overseas, of which there would eventually be many dozens across Europe as well as in the eastern Mediterranean region.

After 1120 the Hospitallers took on a military as well as a charitable function. Every able-bodied man available, even the 'religious', was required to help defend the Crusader Kingdom of Jerusalem against continual attack by Muslim forces intent on pushing the Crusaders from Palestine and adjacent territories. The Hospitallers began admitting knights into their Order, as a result of which the Order's military personnel became known as the 'Knights of St John' and the 'Knights Hospitaller' as well.

Eventually, in 1291, resurgent Muslim forces succeeded in driving the Hospitallers, their brothers-in-arms, the Knights Templar, and other supporters of the Crusader states from the walled city of Acre (present-day Akko), the last Crusader stronghold in Palestine. Most retreated to nearby Cyprus.



The second rector of the Order of the Hospital of St John of Jerusalem, Raymond du Puy de Provence (1083–1160).

Bro. Raymond was a French knight. Successor to the Order's founder, Bro. Gerard, he took the title 'Grand Master' of the Order and gave the Order a military function in addition to its original religious and charitable functions. He ruled the Order for 40 years, 1120–1160.

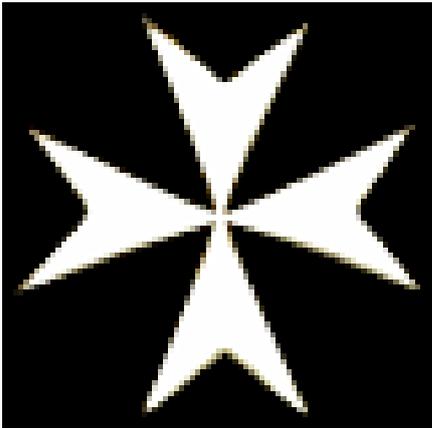
From a stained glass window in the 12th century Crypt of the Priory Church of the Order of St John, Clerkenwell, London.

Rhodes, Malta and Rome

Wanting territory of their own, the Hospitallers occupied the Greek island of Rhodes in 1306. They ruled Rhodes for the next 216 years, until expelled by forces of the Ottoman (Turkish) Sultan, Suleiman the Magnificent, in 1522.

In 1530 the Hospitallers were granted the islands of Malta for a 'peppercorn' rent — a hunting falcon annually, paid to the islands' owner, the Holy Roman Emperor Charles V. They ruled Malta for the next 268 years, until the French general, Napoleon Bonaparte, expelled them in 1798. In the meantime, they also became known as the Knights of Malta, while their ancient emblem, the white eight-pointed cross or 'St John Cross', became widely but erroneously

known as the 'Maltese Cross'. (It's properly called the 'Cross of Amalfi', because Bro. Gerard and his brethren had adopted the emblem of the Republic of Amalfi, in gratitude to merchants of Amalfi who had generously supported their original hospice.)



The white eight-point cross on black background of the Hospitallers. Often called the 'St John Cross' and the 'Maltese Cross', it was the emblem of Amalfi, the Italian city state whose merchants had generously supported the hospice run by Bro. Gerard and his brethren.

Meanwhile, the Hospitallers' Priory in England, a vigorous branch of the Order of St John founded in the mid-1100s, had fallen on hard times. It flourished for four centuries, eventually becoming one of the greatest land owners in England. Priors of the Order in Ireland and Scotland also prospered. Numerous Commanderies of the Order, regional outposts of the Priors, had spread across Britain.

All were suppressed during Britain's religious reformation between the late 1530s and early 1560s, their estates seized by the Crown and sold off into private ownership. Hospitallers who resisted the seizures were executed, though some escaped abroad and helped defend Malta in 1565.

That was after the elderly Suleiman the Magnificent had invaded the islands, determined to rid the Mediterranean of a source of persistent resistance to his territorial ambitions. The Knights of St John, supported by the local Maltese, famously withstood the Great Siege of 1565. Suleiman's armada eventually withdrew after suffering huge losses during the three months the siege lasted.

The Knights of St John/Knights of Malta were homeless after their expulsion from Malta by Napoleon. Eventually, in 1834, they regrouped and established a new base in Rome — in the Palazzo Malta, one of their surviving mansions. They remain based there to the present, continuing as a Catholic religious and charitable order, now known as the Sovereign Military Hospitaller Order of St John of Jerusalem, Rhodes and Malta. They have branches in many nations, including Australia.

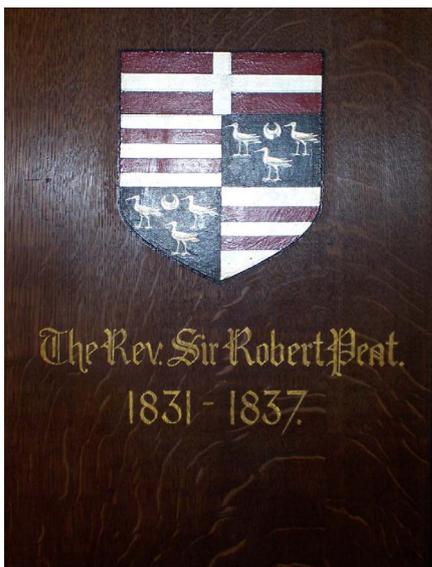
The 'revival' of the Priory of England

In the late 1820s a group of French Knights of St John hatched a plan for regaining Rhodes for the Order. The plan involved raising money in Britain, assisted by a revived Priory of the Order in England. Although the priory had been defunct for over 270 years, a small group of Englishmen, mainly Protestants, were admitted into the Order as Knights. They declared the Priory re-established in 1831 and appointed a Prior. They then entered into protracted negotiations with the parent Order, which, as seen, would soon be permanently based in Rome. Their aim was to have the parent Order recognise their organisation as the Order's legitimately revived Priory of England.

The stumbling block here, of course, was their Protestantism. Indeed their Prior was not only a Protestant but an Anglican vicar. The very idea of a Protestant Priory of a Catholic religious order was anathema to the Order's leaders in Rome. Eventually, in 1858, the Order disowned and broke off dealings with its upstart self-proclaimed Protestant branch in England.

Rather than quietly go into abeyance, the English Priory declared itself to be a separate order – the 'Illustrious Order of the Hospital of St John of Jerusalem: Anglia'. Retaining the parent order's 'Maltese Cross' emblem and other ceremonial paraphernalia, the 'Illustrious

Order' continued operating as a fraternal, collegiate organisation until 1888, when its charitable good works, and especially its involvement in first aid training and delivery, earned it royal favour. In the meantime, it had no official status; further, its claims to legitimacy were recognised by few apart from its own members.



Arms of the Rev. Sir Robert Peat (c. 1872–1837), inaugural 'Grand Prior' (1831–37) of the 'revived' Grand Priory of England of the ancient Order of St John, suppressed by King Henry VIII three centuries earlier. Rev. Peat's Arms are displayed in the Chapter Room at St John's Gate, Clerkenwell, London.

Rev. Peat was the Church of England vicar at Brentford, Essex. No known portrait of him has survived.

The Royal Charter of 1888

The year 1888 was a great turning point for this 57-year old self-styled 'Order of St John'. That year Queen Victoria bestowed upon it a rare honour – a Royal Charter establishing it as a British royal order of chivalry. In accordance with its newfound prestige, it took the grandiloquent new title 'The Grand Priory in the British Realm of the Venerable Order of the Hospital of St John of Jerusalem'. Fortunately, a 'short form' of this cumbersome name was soon adopted – the 'Order of St John'.

Under the Royal Charter, the Queen herself became the 'Sovereign Head' of the Order and her son, Albert Edward the Prince of Wales (later King Edward VII), its Grand Prior. Whatever the 'revived priory' had been previously, it was now an official Order of St John' in its own right.

In the meantime, overseas branches of the Order had begun springing up in various outposts of the British Empire. These included 'Centres' for teaching the St John first aid course in Melbourne (in 1883), Newcastle (1884), Adelaide (1884) and Launceston (1887).

By that stage, public first aid training via the Centres of the St John Ambulance Association, plus public first aid service delivery through local units or 'Divisions' of the uniformed St John Ambulance Brigade, had become the Order's *raison d'être*.

First Aid — a new reason for being

The Order's interest in first aid had begun in 1870–71, when several of its leading members had worked with Red Cross and other international humanitarian aid agencies providing relief and health care support to both combatants in the Franco-Prussian War. They brought back from the war ideas and innovations they soon applied in England.

Among these was the 'Neuss Litter', a detachable stretcher mounted on light cartwheels. Of Prussian design and manufacture, the 'Neuss' was a precursor of the modern ambulance trolley stretcher. It facilitated the rapid removal of the injured from battlefields to the regimental dressing stations, and from there to the army field aid hospitals in the rear.



Prussian *Johanniters* (members of the German Order of St John) collecting the wounded from a battlefield during the Danish–Prussian War of 1864.

The two-wheeled stretcher in the left foreground is a 'Neuss Litter'. The 'Neuss' was used again in the Franco–Prussian War of 1870–71, when members of the British Order of St John saw it being used.

A member of the Order who saw the 'Neuss' in use in France was Surgeon-General WGN Manley VC (1831–1901), later the commander of the Royal Army Medical Corps. Manley and his St John colleagues realised that the 'Neuss' could be readily adapted for civilian use. At their urging, during 1874 the Order decided to import a number of the 'Neuss' litters into Britain. To manage this enterprise it formed an 'Ambulance Committee' in December that year.

Apparently the 'Neuss' was not entirely satisfactory because in December 1875 Manley was granted Letters Patent on behalf of the Ambulance Committee to produce and market 'a new and improved ambulance litter'. The result was the 'Neuss-Manley' litter.



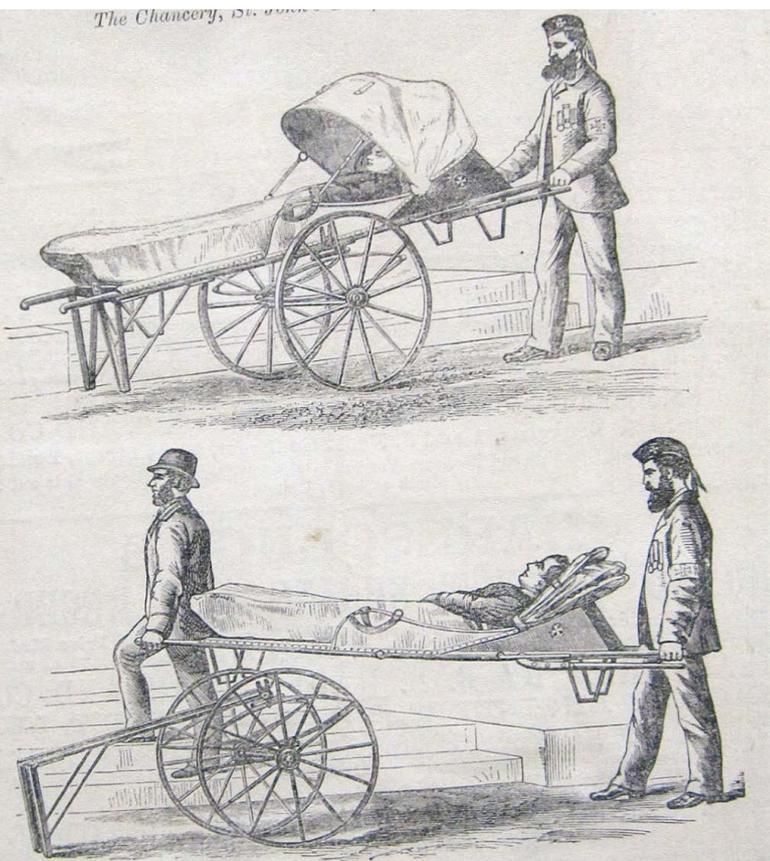
Surgeon-General William GN Manley VC (1831–1901), inaugural Director of the Ambulance Committee of the 'revived' British Order of St John.

As well as the Victoria Cross and other awards worn on the left and right breasts of his uniform, Manley is wearing the neck pendant of a Knight in the Order of St John.

The 'St John Ambulance' — a detachable stretcher on cart wheels

A prototype of the 'Neuss-Manley' seems to have been produced early in 1875, at least eight months before Manley was granted the Letters Patent, because in April 1875 the Order decreed that the new litter would henceforth be called the 'St John Ambulance' rather than the 'Neuss-Manley Litter'. The litters, be they 'Neuss-Manleys' or 'St John Ambulances', were not locally manufactured in England but imported from Germany.

But why 'ambulance'? The answer is simple. 'Ambulance', derived from the French *ambulant*, meaning 'capable of walking or being walked about', at that time referred to two-wheeled litters propelled by walking medical orderlies. A two-wheeled litter was accordingly an 'ambulance'. In time the word was also applied to the four-wheeled horse-drawn patient transport vans then in use and to the motorised patient transport vehicles that succeeded them.



The 'Neuss-Manley Litter' of 1875, produced in Germany and imported by the Order of St John, it was soon renamed the 'St John Ambulance'. It was the contraption from which the world-wide St John Ambulance organisation took its name.

How many of its 'St John Ambulances' were imported and sold by the Order's Ambulance Committee is unknown. There were at least 38, because an 1880 brochure published by the Order lists the places where the litters had been sent. In addition to those, a modified version was adopted by the London Metropolitan Police in 1878 for use at police stations, which often ran a first aid service as well as undertaking routine policing.

The 'St John Ambulance' had only a short 'shelf-life'. From late 1879 it was rapidly superseded by a new two-wheeled litter, the 'Ashford', which had been designed by Sir John Furley (1836–1919), one of Manley's colleagues on the Ambulance Committee.

The 'Ashford Litter' of 1879, which quickly superseded the 'St John Ambulance'.

Marketed by the St John Ambulance Association for 60 years (1879-1939), hundreds of 'Ashfords' were produced. The 'Ashford' came in several models and had various optional accessories such as the folding hood shown in this picture. Common to all models was the 'U'-shaped axle, which enabled the stretcher-bearers to step through the framework with the detached stretcher rather than having to lift the stretcher and patient up and over the wheels. The model shown here was one of six exported to Melbourne in 1886. Like others of its 'vintage', it survives in the St John Ambulance museum in Melbourne.



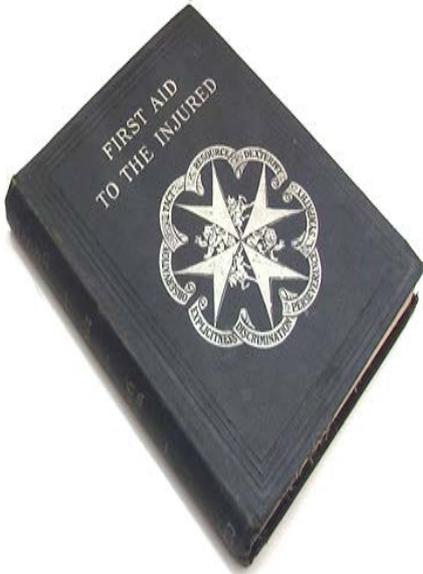
The 'Ashford', produced in Ashford, Kent, Furley's home town, and marketed by the St John Ambulance Association, was a great commercial success. Many hundreds were produced and exported around the globe during the 60 years the Association continued marketing them, 1879–1939. Dozens were imported into Australia, many of which survive in museums and St John Ambulance heritage centres.

Although dozens of 'Ashfords' are still extant, I've yet to discover a genuine original 'St John Ambulance'. Possibly a long disused 'Neuss-Manley'/'St John Ambulance' litter moulders away unrecognised at the back of a storage shed somewhere; and there may even be one in some obscure museum. If so, my research and inquiries over the past seven years have so far not revealed where it/they might be.

The Museum of the Order of St John at Clerkenwell, London, certainly doesn't have one; nor does the Museum even have a photograph of one. Indeed there's only one known illustration. It's the one shown above, which comes from an 1880 brochure of the Order of St John describing the litter — 'Ambulance Litters for the Conveyance of the Sick and Injured, Being a Description of the 'St John' Ambulance Wheeled Litter Introduced and Patented by The Order of St John of Jerusalem in England'.

Meanwhile, the name 'St John Ambulance' had stuck. The quickly superseded but iconic stretcher-on-cartwheels was a contraption whose name became the title of a world-wide charitable organisation specialising in patient care!

'St John Ambulance' became the name of the branch of the Order that marketed the two-wheeled litters – the St John Ambulance Association, established in 1877. Marketing the litters was not the principal function of the Association, which existed primarily to train the public in first aid. The Association (now called St John Ambulance Training Branch in Australia) also published its famous first aid manual, *First Aid to the Injured*, used in instructing the first aid classes. Many millions of copies of the manual were produced through the 40 editions and hundreds of impressions published between 1879 and 1958. In Australia, its place was eventually taken by a local St John manual, *Australian First Aid*.



First Aid to the Injured, the 'Little Black Book' used by the millions of people who took the St John Ambulance course in first aid between 1879 and 1958.

The copy shown here is the 1920 edition of the pocket-sized manual.

The name 'St John Ambulance' was also applied to the St John Ambulance Brigade, established in 1887 as a voluntary uniformed field force of trained first aiders. As well as undertaking first aid duties at public events, Brigade members often worked as voluntary ambulance service ancillaries. Now called St John Ambulance Event Health Services in Australia, the members of this branch of the Order are the 'Vollies' – the volunteers in St John uniform on first aid duty wherever crowds gather.

In 1985 the national federal Australian St John Ambulance organisation adopted the 'public' or 'trading' name 'St John Ambulance Australia'. More than 30 years later that is still the name in use. It is one widely known as that of one of the nation's most respected charitable institutions, with diverse interests in first aid training and delivery, the marketing of first aid kits, the publication of first aid training manuals and ambulance service operations in three jurisdictions – the Northern Territory, Western Australia and Victoria.

So 'what's in a name?' and what's the origin of the ancient, peculiar name 'St John Ambulance'? As the foregoing paragraphs indicate, the answer is a long one.

To recapitulate briefly, the name comes from two sources – a monastery in Jerusalem at the time of the First Crusade in 1099 and a two-wheeled stretcher of the 1870s designed for transporting patients swiftly, safely and comfortably.

During the intervening seven centuries between 1099 and 1875, much had happened in Middle Eastern, European, British and Australian history. The name 'St John Ambulance' encapsulates much of it.

Contributing authors

John Pearn is the Priory Librarian of the Priory in Australia of the Order of St John. Professor Pearn is a former Director of Training for St John Ambulance Australia and a contributing author in many volumes of *St John History*, as well as Editor-in-Chief of the iconic *The Science of First Aid*. An eminent paediatrician, he is a Professor Emeritus in Paediatrics of the University of Queensland. He has also had a distinguished military career, As Major General Pearn, he served as Surgeon General of the Australian Defence Force 1998–2001.

Ian Howie-Willis is a professional practising historian; his most recent book is *An Unending War: The Australian Army's struggle against malaria 1885–2015* (Big Sky Publications, Newport, Sydney, 2016). He joined St John 36 years ago, recruited to produce the 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 2003–2012 and was the foundation Secretary of the St John Ambulance Historical Society of Australia. He is currently the Society's Editor and also the historical adviser to the Office of the Priory of St John Ambulance Australia.

James Cheshire is both a lawyer and an Australian Federal Police officer based in Melbourne, Australia. He is the Australian Historical Society's Secretary, in which capacity he organises the Society's annual gatherings. The main events at these keenly anticipated get-togethers are the Annual General Meetings and the History Seminars, which generate most of the articles published in the St John Ambulance Australia's journal, *St John History*.

Richard Waller was the Chief Executive Officer of the Priory of Scotland. He came to St John after a career as an officer in the Royal Navy, including submarine service, and then a period as the bursar of an independent day and boarding school in Edinburgh. He considers himself fortunate in his appointment having spanned a critical period of development for St John, both nationally and internationally. He was involved with the 1999 reorganisation of the Order worldwide and the progression of subsequent international initiatives. Within Scotland, changes have included the development of a major program of support to mountain rescue teams and similar voluntary bodies, mainly through the provision of vehicles and bases. Because of a long-standing agreement with the Scottish charity, St Andrew's Ambulance Association, Scotland, like the USA, is exceptional in not providing St John first aid training or support. However, with the valued co-operation of St Andrew's Ambulance, St John Scotland is currently embarking on an exciting new First Responder activity, in conjunction with the Scottish Ambulance Service.

Brian Fotheringham is the founder and foundation President of the Historical Society of Australia. He is also the founder of the Society's State branch in South Australia, which preceded the national society by several 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 53 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 career as a senior medical administrator at the Women's and Children's Hospital in Adelaide.

Tim Wieland is a former paramedic and senior ambulance service administrator. He is a former Chief Officer of St John Ambulance in Papua New Guinea. He has also been a State Headquarters staff member of the St John Ambulance Event Health Services in Queensland. He is currently employed by the Commonwealth Government in emergency services management in Canberra. He is the Historical Society of Australia's Deputy Editor.

Dr Alan Mawdsley is a retired psychiatrist and accomplished medical historian, who lives in Melbourne, Australia. He has spent 67 continuous years with St John, having first joined as an 11-year-old Cadet. In the intervening years he has held most positions available to a St John volunteer in Victoria. He is a former Victorian Commissioner and is a long-serving member of his State St John Council. He is also a past Chair of the Victorian branch of the Australian Historical Society, which runs a first rate St John museum at Williamstown, Victoria.



St John