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ANZAC Nurses : why aren't they part of the ANZAC legend?

By Philip Castle

This paper refers to the Anzac nurses, or Sisters as they were better and respectfully known, and their roles in 1914 and 1915. (Last updated 21 July 2014. Please note this is a working paper with more in-text citing to be added soon.

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This paper will examine the role of Australian nursing sisters (described here as nurses to emphasise their role) in the Gallipoli campaign. It covers their recruitment in Melbourne in 1914, passage to Egypt or the UK and then to Egypt and in 1915 to their evacuation in January 1916 from Lemnos Island which lies just 90 kms (60 miles) south-west of Gallipoli.

The primary thesis is to examine why, among the many legends established as a result of the Gallipoli landings, the role of ANZAC nurses has not received the same prominence and recognition as those charging the cliffs, Simpson and his donkey, the daring attacks at Lone Pine, the tragedy at the Nek, the mateship under fire, hand-to-hand fighting and the miraculous evacuation in December 1915?

Repeated surveys of Australians have shown the Anzac campaign as the “iconic” event in Australia’s white history or the time when Australia became a united nation rather than disparate former colonial states. It also forged an unbroken link with those “across the ditch”; those who made the ‘NZ’ in Anzac. The official historian, C.E.W. Bean, who probably more than any other, helped create the great Anzac legend, barely mentions the role of the nurses in his official histories.(There is some suggestion even many of his references to nurses were later edited out). This could be a reflection of the way women were seen in Australian society at the time but perhaps now, after almost 100 years to the date, it may be time to lift their noble roles to at least an equal status to those who served ashore.

About 3,000 Australian nurses served in various parts of the world during WWI, frequently with the British Forces and sometimes even privately. The first who formally served with the AIF went to Rabaul in 1914 (incidentally where the first Australian deaths occurred and the first doctor’s death) but many more departed with the first convoys in November 1914 to the Middle East. Along with the troops, they thought they were going to France and Belgium, but were diverted to Egypt. Other nurses did serve with the British Expeditionary Forces in Europe and India. This paper essentially looks at those nurses who supported the Gallipoli campaign.

Official figures, while a little imprecise, state during the eight month campaign the AIF sustained 19,441 wounded of whom 1,985 later died from their wounds. In addition the medical staff were required to care for 69,969 sick of whom 569 would die. They were treated by 270 doctors of whom 13 were killed in action and several more later committed suicides. (Likeman, "Gallipoli Doctors" 2010 p 14.) The Australian dead were 362 officers and 7,689 other ranks. New Zealand dead were 2779. The total Allied dead was 33,532 with another 78,518 wounded and 7,689 missing. The Australian medical staff mostly treated the diggers but often cared for other allied soldiers and even some of the enemy Turks.

While the Anzac nursing figures are difficult to establish it appears there may have been up to about 300 Australian nurses serving in Cairo (1 Australian General Hospital), Alexandria (2 AGH) and on Lemnos Island (3 AGH) where there were about 96 nurses some of whom rotated. Another permanent Australian casualty hospital was built but only completed two weeks before the evacuation in December. Some nurses stayed on board the various hospital vessels caring for their patients travelling from Gallipoli to Lemnos, Egypt, Malta, the UK and to Australia. Many of these nurses returned to war service.

Seven of these nurses were part of the first transport convoys which took the Anzacs (and others) to Gallipoli on the night of 24 April and many saw action close to the shores. One nurse reported standing on the deck of a vessel when her patient next to her was shot in the face, presumably by a sniper. Others reported nearby artillery shell-fire close to their vessels with shrapnel hitting the decks. Indeed there are some unconfirmed reports that a few nurses may have gone ashore at night to assist with the wounded (one digger says he was treated on the beach by a nurse) and some may have gone ashore with official parties dressed in military khaki. This would have of course entitled them to the ANZAC medal and insigias.

There are no reports of nurses being wounded or deaths during the Gallipoli campaign as a result of enemy action either at Lemnos Island or on the vessels or on land. Matron Jaggors of the Canadian contingent died of illness at Lemnos and another nurse, Australian, Sister Bricknell, died of illness in Egypt in 1915. Sadly on 23 October 10 New Zealand nurses lost their lives after their vessel Marquette was torpedoed in the Gulf of Salonika (Rees p115). According to the official roll on honour 23 Australian nurses are recorded as having died as a result of service in WWI. Many, including this author, consider the number is at least 35.

The nurses who faced the greatest challenges, apart from those who attended the wounded and dying on the vessels (some were hospital ships, others were transports pressed into casualty service on their return trips), were those stationed on Lemnos Island from August 1915 to January 1916. The average number appears to be between 90 and 100.

A challenging aspect of research into this important role of the nurses is most were so busy and almost overwhelmed by the casualties and lack of facilities, equipment and support, they had little time to keep diaries or write letters. Those letters they were able to write were heavily censored (with one notable exception) so the true picture of their roles was often screened from the general public and ignored by the far-removed official hierarchy in Egypt, the UK and Australia.

The nurses who served were all experienced and well trained in the major hospitals in Australia or in the case of Matron Wilson also in the UK. They volunteered mostly for different reasons to the men (and boys as a few were as young as 14 years) who went often for adventure, for Empire, their mates and to fight the Hun. The nurses mostly went because they wanted to know who would care for these young warriors who were often their brothers, uncles, cousins, friends and other family members? They went because they cared and often took a lesser position than they had previously held and were paid a pittance (the same as corporal) and less than the pay for the UK or Canadian nurses. A few had seen military service in the Boer War (1899- 1902) and a few had a little experience in the peace time militia. They had to supply their own uniforms, equipment and bedding; the same as officers, but without the services of a batman or officer's pay. They were given little military training and found it hard to accept or even understand the often archaic and inefficient military ways. Some didn't even know (or care) about military ranks. They were to be unmarried and were immediately dismissed if they fell pregnant. There were a few exceptions. Being "officers" in name only they were strongly discouraged from associating with the "other ranks", ie sergeants or less, even if they were relatives. All of them were pushed far beyond their former medical experiences and their patients were overwhelmingly young men. World War I was a young man's war with horrific traumatic wounds caused by the now efficient military might of artillery, machine gun fire and later gas. While underreported many nurses went way beyond their normal skills training often filling in for doctors and a number of nurses became highly proficient anaesthetists. One Australian nurse at Lemnos developed the then most advanced treatment for typhoid.

An aspect only hinted at is the application of a different system of triage to that with which they would have been very familiar from their hospital training, ie treating patients first who had the greatest and most urgent needs. In effect the nurses (and doctors) were expected to give a lesser priority to the most serious wounded (lost limbs, head and stomach wounds) and priority to those who had the less serious injuries. This was so they could quickly rejoin their fighting units. Indeed even in modern military practice there are suggestions in battle those who are going to die are often left while those who are likely to survive are given priority. While most nurses in the Gallipoli campaign would have done all within their power to follow the "standard" hospital practices there was pressure to first treat those who were likely to recover and be able to return fit for fighting service as quickly as possible. The military hierarchy apparently was overriding the compassion and caring roles of patient care and treatment to fill the consuming demands for soldiers to return as quickly as possible to the front line. So those with serious wounds such as limbs lost, head and eyes, stomach and broken bones were down the list. This appears to be reflected in the nurse-to-patient ratio and the sad state of the moribund wards on Lemnos where those who were dying or considered to be dying were down the list for treatment and nursing care. It is hard to get information about this but perhaps it is simply explained by the reality of 'the end justifying the means' when there are shortages of medical staff, facilities and medical supplies. It would have been traumatic for some of those nurses to observe traumatised youths being "forced" to return to the slaughter. There is some evidence many wounded ANZACs did want to return to help

their mates but others were “shell-shocked” and felt they had suffered enough and were reluctant to go back.

There was a huge debacle when the nurses (and doctor’s) medical supplies, medical equipment (including their camping tents and water filters) were “lost” in Alexandria as well as some of the nurses’ personal effects. The British Military hierarchy which was responsible for their delivery appeared ignored their requests for information and failed to find alternatives. The missing supplies were eventually found; some had been pilfered and bribes had to be paid to release the remaining items for shipment.

The supplies were so poor at first on Lemnos that some of the wounded lay outdoors day and night, bandages were in such short supply the nurses ripped up their own petticoats and the tents were often blown down, the conditions were extremely hot in the sun, open to the elements; harsh in both summer and winter.

Water was critical and heavily rationed so much so the nurses often struggled to even wash down wounded soldiers. Nurses cut their hair because they couldn’t clean it properly and even body washes were restricted. Many of those wounded were filthy. Often they had lain in no-man’s land and on the beaches for days, travelled in transports which still held animal dung and were unhygienic. They were often clothed in filthy lice-ridden uniforms with gangrenous wounds and their blood soaked uniforms were often stuck to their wounded flesh. They were in pain because medical pain relief was not always available and primitive by today’s standards. Added to this was the spread of disease such as typhoid and/or dysentery. Flies, hot weather and later freezing winters, poor diets, lack of electricity and lighting all added to everyone’s misery and all the more as increased casualties arrived. It is to the nurses credit the Australian wards had the highest records for least patients lost at Lemnos. The nurses also needed to look to their own care, health, hygiene and supplies. They undertook considerable administration duties and to their credit, while some fell ill, their lower level of typhoid and dysentery was largely down to their own self care. Some said they at times only had sufficient water to face bathe and clean their teeth. Most cut their hair short to avoid disease and lice. Their diet was poor and they often were only supplemented by the generosity of the navy sailors who took pity on them, while the military hierarchy in contrast, even at Lemnos, were treated to the full Royal Navy cuisine offered on Her Majesty ships. Rarely was this extended to the nurses.

One of the key Australian nurses, Anne Donnell, sent as a senior nurse in 1914, was required to stay in Egypt to nurse the wife of the prima donna chief medical officer, Colonel Thomas Fiaschi (De Vries p.143). Colonel Fiaschi, against all the military directions, had “illegally” brought his pregnant wife with him. He demanded Nurse Donnell stay in Cairo because she was a trained mid-wife. Therein lies another tale. He behaved disgracefully towards the ANZAC nurses (as well as being a chauvinist) and eventually left Egypt depressed and traumatised for the UK.

Overshadowing this was the role facing these stoic women of nursing very young men who were seriously ill, wounded and dying, who often called out for their mothers. They were

there to nurse to them either to the hereafter or to better health so they could go back to the battle-line horrors or if they were “fortunate” enough were sent home to Australia or the UK. In those times PTSD was virtually unknown and “shell shock”, while often observed, was difficult for the military hierarchy to accept. Some patients became violent and relived their battle experiences and often disturbed the other patients particularly at night.

Another task undertaken by these women was the treatment of soldiers with sexual diseases. Many of these mostly young men had “enjoyed” the pleasures of the Egyptian hotspots and of course later in France and Belgium. The official figures show by the war’s end about 24% of those in the First AIF had been treated for sexual diseases. The condition could be life threatening and often required skilled (and painful) treatment. That the nurses carried out these tasks with good humour also speaks highly of their professionalism. We should not be too quick to judge the behaviour of these young men going into battle as it became known in Flanders as the “soldier’s farewell”. For some these encounters were possibly their first and maybe last such encounter they had known.

There was little relief for the nurses and they were often subject to shocking paternalism and outright discrimination by the male doctors and officers. The orderlies, some of whom were British or Indian, were often poorly trained in medical treatment and had no formal reasons to follow or “obey” the requests of the nursing sisters. This was at least not until they were finally granted officer status but not the pay. Even after the War, these dedicated women received less recognition than the soldiers and only received two medals, not the three which most WWI diggers received. While there was some support on their return, it was not equal to the post-war entitlements (eg soldier settlements, preferential employment and medical services) of the AIF returned servicemen. Some of these returned servicemen had only served in reserve line roles. Some nurses never recovered or worked again after the war.

While there is an abundance of literature available to document the role of these nurses, it seems remiss these “angels” have been largely overlooked in our grasp of the Anzac legend. It is difficult to explain why because the diggers themselves recognised the nurses’ care, courage, skills and compassion but the Australian consciousness appears to have given them a secondary or even invisible role. Perhaps it’s explained by the view of women in Australian society at the time or the legend and myths of Anzac are gender centric.

For example the name Maude McCarthy is virtually unknown in Australia yet a visit to London’s portrait gallery (just behind Trafalgar Square) has her portrait prominently displayed in the foyer fully adorned with her many awards from a number of sources. She was the only commander to hold her post throughout WW1 (1914 – 1919) as head of the British Expeditionary Forces Nursing Service, more than 6,500 members, and at the war’s end Victory Parade in London led the Nursing Services contingent. She was Sydney born, came from a prominent Sydney family, trained in Sydney and google search refers to her as “Australia most invisible export”. It is difficult to understand how few know of her in Australia and why she is not honoured at home?

To Maryborough's (Queensland) credit there is a WWI nurse included on its magnificent memorial in Queens Park, but the memorial plate only refers to women who served in WWII. (Even the Maryborough statue is inaccurate; on closer examination it is clearly a nun adorned with a crucifix). There is a moving full panel in the Hall of Remembrance at the Australian War Memorial to all Nurses, now a Nurses memorial in Anzac Parade, Canberra and a travelling display organised by the AWM. But these first Anzac heroes deserve to be recognised equally with the others. Maybe after nearly a century it may not be too late?

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