Red rag to a British bull?:
Australian trained nurses working with British nurses during World War I

During World War I Australia’s army medical service, which included its nursing service, was under command of the British medical services. This was a consequence of the fact that the total military medical services Australia could provide was only a small percentage of that required to nurse Australian casualties – both sick and wounded. In the sphere of nursing, unlike Britain, Australia did not have a regular army nursing service and had to seek trained civilian nurses to boost the ranks of its small Australian Army Nursing Service (AANS) Reserve.¹

Different to Australian soldiers, for most of the war² members of the AANS often worked in small groups alongside their British counterparts.³ As the chaos of war frequently resulted in Australian nurses being separated from their allotted hospitals, at some stage of their military service the Army transferred most to work in British hospitals – not just to the large general and auxiliary hospitals in secure areas but also to forward casualty clearing stations. Not more than 800 or so of the almost 2700 AANS nurses⁴ served with purely Australian units; the remainder worked on and off for the Imperial authorities⁵ where they formed approximately ten per cent of all nurses “despatched to war areas”.⁶ These postings included most theatres of war – from hospital ships off Gallipoli and in hospitals in Egypt, Palestine, Greece and India, to the greener shores of England and the battlefields of France and Belgium. To illustrate, in Egypt in 1918 Australian nurses were working in fifteen different British hospitals as well as their own⁷ thereby giving Australian nurses the opportunity to experience British nurses, their organisation and nursing practices firsthand. This paper examines these imperial feminine relationships through aspects of nursing culture, nursing politics, class and primarily labor practices.
British subjects

On the eve of the Great War, the Australian people were overwhelmingly of British stock and many of quite recent English origin. The 1911 census revealed that ninety-six per cent of the population were British and correspondingly there was a sentimental attachment to Britain and a pride in being part of the greatest Empire in the history of the world. As with other educational structures, Britain had largely set the pattern for nurse training in her dominions with disciples of Florence Nightingale’s system of nursing arriving in Australia in the 1870s to establish training schools. It was to Britain that Australasian nursing circles often looked for advances in nursing practice, and English training was highly regarded. It was also to Britain that Australia looked for its model of military nursing; thus the Australian military nurses also regarded themselves as Empire nurses.

While British nurses regarded their colonial cousins with some disdain, refusing to work with them unless ‘fully qualified’, Australian trained nurses felt they had much to offer the Empire in terms of nursing experience. There was one crucial difference between the training system of Britain and that of Australia; British nurses were taught to be managers and did little hands-on nursing, mainly supervising their probationers’ work; the colonial nurses did both. This was to make them highly sought after, especially in the high pressure Casualty Clearing Stations and in theatre work. Certainly, the AANS had little peacetime training and Principal Matron Grace Wilson was certain ‘that in military administration we have much to learn’. It did take time to get used to military nursing; as Sister Letitia Moreton working in Cairo in 1916 wrote, it was ‘quite different’ to civilian nursing. However, many of those who served overseas gained experience at home military hospitals before they left on active service bridging this knowledge gap to some extent.

Australian nurses were convinced that the general standard of nursing in the AANS was certainly not lower than in the British Nursing Service. By and large, all Australian nurses were trained to a reasonably uniform standard of proficiency. According to Marianne Barker this standard then allowed them the freedom to use their initiative and
common sense when the occasion arose. British nurses did not lack these virtues, but Barker believes they were encased in a more rigid hierarchy and felt less able to act independently should the need arise.\textsuperscript{14} The proof of the Australians’ ability came very early in the war. On the hospital ship \textit{Guildford Castle} off Gallipoli in early 1915, British Matron E. Collins found the Australian nurses working for her ‘very well trained and most devoted to the care of their patients. They are splendid nurses… able to rise to emergencies and adaptable under varied conditions’.\textsuperscript{15}

\textbf{Class issues}

Although Australians were slowly evolving their own discrete sense of national identity following Federation, their sense of British identity remained strong.\textsuperscript{16} Australia’s involvement in the Boer War had caused many to increasingly see the world through British eyes; this included Australian nurses.\textsuperscript{17} In the early years of the twentieth century Australia was subjected to a concerted campaign propagating the ideology of Empire.\textsuperscript{18} However, Federation had brought new nationalism to Australians, and many had moved away from the old notions of class. Australia was not a classless society but as Joan Beaumont explains, it was much freer of the rigid social hierarchies that characterised some early twentieth-century European societies.\textsuperscript{19}

With the dynamics of war, the relationship between Britain and dominions such as Australia changed rapidly. It was not only at the political level.\textsuperscript{20} After the formation of AANS Reserve in 1902 strong links had been formed with the British Queen Alexandra’s Imperial Military Nursing Service (QAIMNS).\textsuperscript{21} The AANS adopted a similar uniform and structure and looked to the QAs for approval of regulations. While Australian nurses called themselves British subjects, and even wore symbolic empire badges\textsuperscript{22}, they, like AIF soldiers, showed they had little respect for the class differences so obvious in the British Army.\textsuperscript{23} Many Australian nurses had not worked with British nurses in their hospitals where class could determine priorities in nursing hierarchy and patient treatment and accommodation. The English political and social systems were built on a framework of birthright and this system carried over to its regular army. English nurses
had to meet criteria for selection for their nursing training but then experienced a rigid
selection for military service with much attention being given to their character,
education and social standing as well as to their training and experience.24 For Australian
military nurses, selection for active service was based on nursing experience, physical
fitness and recommendations from their superiors. Their selection process for nursing
training had already encompassed some selection on class lines where gentility25,
financial support by family and education were contributing factors.26 However, on the
whole social standing did not count for much in the Australian military selection process;
many AANS were from middle class and lower middle class homes and from farming
communities where women were used to contributing to the running of the household.27

QAIMNS

Very early in the war Australian nurses came into contact with their counterparts, the
QAIMNS, the corps of British nursing regulars. The QAs as they were commonly
known28 were considered to be an elite especially following their contribution during the
Boer War.29 As it was a permanent force, it gave British nurses an opportunity to have a
career in military nursing. Its members were well-trained graduate nurses30, ‘thoroughly
trained in military administration, and with a knowledge of the routine returns required
by the Army Departments; whose status, and place in the military organisation was well
established and known within the medical service’.31

Some Australians found the English nurses friendly and interesting but all found them
different. English nurses obviously thought the same; Amy Wright in Egypt in 1917
recalled that at first ‘the English & Scotch Sisters seemed to have a hazy idea that we
were quite a different people from them’.32 Narelle Hobbes working with the QAIMNS
Reserve in a British hospital in Palermo in March 1916 wrote:

Do you know these people in this outfit are the most absolute bores I’ve ever
come across? They simply don’t know how to chortle and most of them simply
cannot see the funny side of things. I know they look at me as a mad Australian and I don’t care.\textsuperscript{33}

At times, the Australians described the British atmosphere as stiff and unfriendly, and noticed that class differences even amongst the British wounded were rigid. Evelyn Davies, AANS at Netley wrote home in March 1917:

I think that our colonial life is more natural… the English sisters quite ignore one’s presence for a week or two and I feel inclined to trip them up just to show them that I exist.

By the beginning of summer she recorded: ‘It’s not too bad… I think it was just their English manner. They are fine women and do good work’.\textsuperscript{34} Reading later diary entries of other nurses, similar sentiments are found. Consequently, on the whole the relations between the British and Australians were what the individuals made it. Sister Kellick wrote: ‘We had a splendid time at the No. 4 London [Hospital] – they were charming to us. At others, especially at Epsom, it was the reverse’.\textsuperscript{35}

\textbf{Politics of nursing}

The official Australian medical historian, A.G. Butler, wrote that it was unfortunate that the English nursing authorities refused to accept Australian credentials (even before the war), and in general maintained an attitude of aloofness.\textsuperscript{36} Given the glowing references given to Australian nurses who served in the Boer War, the fact that there was no national body of nurses in England (whereas there was association registration in Australia), and that English-trained matrons controlled many Australian hospital training schools, it was a sad indictment on British-Australian relations. Part of the reason that Britain did not accept Australian qualifications was that Australia had yet to become a formal member of the International Council of Nurses.\textsuperscript{37}
One unforeseen political storm between British and Australian nurses during the war arose, somewhat incredibly, through the colour of their uniform. The AIF nursing uniform included a short solid red cape formally introduced into service in 1914 and worn by all members on duty. The regular members of the British nursing service also wore a red cape and for them it was a sign of status, as their reserve members did not wear it. A practical issue arose when British Regulars occupied senior hospital and administrative positions and the red cape became, to all intents, a ‘staff’ badge. Jan Bassett records that the wearing of the red cape by Australians caused tension and conflicts, from raised eyebrows to outright resentment. For Australian nurses the red cape made them recognisable Australian emblems; Australian soldiers learnt that red capes meant Australian nurses and both groups used these elements of their uniforms as key identifiers, important for morale and social support. The red capes did attract attention. Princess Christian, meeting with a group of AANS in 1917, said how much she admired their uniform. “In what way asked one Sister. She replied ‘for its quietness and unobtrusiveness”.

Consequently, many British nurses resented both the assumption of status and the easy and often over-friendly response (in their opinion) to the identifier. An Australian sister in England in 1916 wrote in *Una*: ‘Aust. Tommies are treated well in England, but I’m afraid their “Sisters” in grey are not appreciated in some English hospitals. At Epson [sic] the matron forbade the Australians to wear their red capes’. This also occurred in other British hospitals.

**Standards of nursing**

The QA regulars formed a small part of the overall British military nursing effort. Like the AANS, the remainder of the British nurses – the QA Reserves and Territorials – came from the civilian population. Unlike the registrar role performed by the nursing associations in Australia, no official British register of trained nurses existed in 1914 so it was difficult for the British government to recruit suitable nurses. Certainly, and to the surprise of the Australian nurses, there appeared to be no standardisation. AANS Sister Violet Kellick, nursing in British hospitals in Salonika in 1917, snobbishly wrote: ‘They are a very mixed class of nurse in the British Army. They have no educational test in
British Training Schools’. Eunice Paten, AANS at Queen Mary’s Hospital at Whalley also disliked ‘the poor-law training’ of English nurses. By 1916 even the Royal Victorian Trained Nurses Association’s journal criticised the lack of a uniform standard of proficiency in the QA nurses, stating ‘British nurses have not the privilege of educational unity through standardization’. One Australian nurse working solely with the British also commented that the standard decreased through the war, ‘especially in the later period’.

It seems that the English nurses made no secret of their resentment of the Australian nurses and some believed that they ‘knew nothing’. Narelle Hobbes wrote in a letter home:

They don’t like us, never have, and never will. They are jealous as we really are better trained than they are and have a higher standard. However, we are all agreed that we will meet them halfway and be quite nice to all and ready to accept their methods.

While Australian nurses expressed concerns about the training and performance of the Reserve nurses, they did offer ‘golden opinions’ on the Regular QA matrons and sisters. A sister at 27 British General Hospital (BGH) Abbassia wrote:

I have nothing but the most pleasant recollections of my stay there both Matron and the Sisters being very good to us, and I was glad of the opportunity of studying slightly different methods in nursing for the RAMC officers.

There was not just jealousy about skills but also somewhat of a cultural barrier between the two groups. English nurses, in their capacity as nurse managers, appeared to expect a degree of deference by the dominion nurses – which was not forthcoming – and this lack of deference also caused part of the friction. Sister Alice Kitchen was told that the British Matron of the British Hospital for Sick Sisters did not like Australians:
Her dislike seems based on our independent-spirit (which applies to men as well as women), our so called easy times, having so much time off-duty… and the fact that we are supposed not to kow-tow to the military authorities and perhaps take no notice of rules! Our faults seem to be legion in her eyes.\textsuperscript{54}

Narelle Hobbes was one nurse who never quite bridged the cultural gap that she expected would have disappeared due to the wartime circumstances:

Thank God I’m Australian. I’ve said that to myself over and over again, grasping firmly my little Australian badge which never leaves me. But these English are strange people, and I shall never understand them, nor will they ever understand the Australians.\textsuperscript{55}

However, Julia Shillabeer at 34 BGH in India largely echoed others’ thoughts when she recalled: ‘At first there was some friction between the two services, but after we understood one another things worked very amicably’.\textsuperscript{56}

\textit{QA Regulations}

While many English nurses made the Australians welcome, members of the AANS posted to Imperial Hospitals were subject to the more stringent rules of the QAIMNS. Matron McCarthy, the Matron-in-Chief, BEF made this clear by setting out nursing regulations for the AANS. Other rules imposed moral restrictions on the nurses:

Whilst on Active Service, in order not to create an unfavourable impression or to give any opportunity for adverse criticism it is not desirable for members of the Nursing Service to go in public places of amusement without permission. Neither is it permissible for them to accept invitations to dine or go out driving, etc with officers either patients or friends.\textsuperscript{57}
Control of nurses was seen as imperative, with permission required to do anything that might be negatively perceived, such as sea bathing. Olive Haynes in a letter home in 1916 thought there were too many rules and regulations and showed her obvious dislike of the rigidity of the Imperial system: ‘You mustn’t ride in a motor without a passport – can’t go anywhere. We are longing to get on to our own hospital with Australians again’. Sister Anne Donnell had an encounter with her Matron at 38 British Stationary Hospital Calais and felt that there was no consideration by the English that there was a war on. She wrote:

A rule is a rule with them to which moderation or reason does not apply – while we – well I trust at least would put a little thought and heart into the everyday things of life and under certain circumstances...

Some Australian Matrons thought that the English hospital discipline was good experience for the Australians. Matron Jessie Gemmell wrote:

They have to be very careful of everything, all breakages have to be explained in writing & all losses, if no satisfactory explanation is forthcoming, they are obliged to replace. It will do them good, as judging by their carelessness at the 5th when I was there.

However, most ward nurses felt that the obsession with ‘minor military matters’ made life unnecessarily difficult for both groups. Such constraints on the English nurses had an impact on their attitude towards nursing. Sister Ethel Neville, AANS at 19 BGH Alexandria wrote that although she was ‘greatly impressed with the home girls. They are much superior to the Australians in dress and manner, altogether much smarter’ but ‘re nursing very casual’. Australian nurses often felt that the QA nurse laid more stress on the care of her equipment, the orderliness of her ward, and the filling in of military forms than on actual patient nursing. It was exasperating for some. Staff Nurse Grace Burns who was at 17 BGH near Alexandria in April 1915 later wrote: ‘I must say, those few months will always stand out as the most trying that I have experienced abroad’. 
**British nursing practice**

Australian nurses found nursing conditions in the British hospitals similar to their own and nurses often commented on the overall organisation as being ‘very good’ or the hospital being ‘excellently managed’. At the British Colaba War Hospital, India one Australian sister working under an English matron, Miss Knapp, wrote ‘I have never met her equal for organising power’. However, they found the outlook, methods and systems quite different. Within the wards Victoria Drewett at Le Treport, France thought ‘everything was badly arranged’. Evelyn Davies’ comparison revealed some of the differences:

Their hospital ways are not our ways… our systems excel any that I’ve come across yet… Here an order passes through at least three hands before being carried out, whereas we would have it through almost at once.

In addition, some thought that British Army hospital management was a system more concerned with maintaining military hierarchy than relieving the suffering of the sick and wounded.

No doubt it was a shock for Australian nurses to learn that the British nurses whom many had eulogised actually had a narrower set of skills than the Australians. Until British nurses were promoted to sister grade, their military regulations did not regard them as competent to take charge of a case where anaesthetics were given, or to measure poisonous drugs for hypodermic injections. An unnamed Australian sister wrote of her surprise at the lack of flexibility in the English nurses: “I remember a Guy’s hospital-trained nurse at Antwerp being very put out because she had to use tabloids for hypodermics – was always used to having it made up in 5 min. doses”. This was standard practice for a third year trainee in Australia. Eunice Paten working in England was amazed to find that doctors in British hospitals did not expect nurses to do dressings in surgical wards whereas for Australians this was one of their basic skills. Criticisms
such as these were primarily to do with efficiency and the best interests of the patients but at least Staff Nurse Elsie Eglinton found the English nurses she worked with ‘most dignified yet sympathetic with the patients’.

**Australian reputation**

Just as the exploits of the AIF had changed the way in which Australians thought of themselves, so did the attitude of the English nurses contribute to the way Australian nurses worked to win the respect that finally came to them. Dora Mearns at 27 BGH recalled ‘the Imperial Matron said that she was very sorry to lose her Australians when we left’. Other Australian nurses reported that the English staff ‘asked for us back again’. Sister Elsie Steadman nursing skin cases at 25 BGH Boulogne later in the war wrote that the Imperial hospitals ‘have recognised that the Australian sister has had a training equal to their own, and have given her her place accordingly’. By 1916, not only were the QA Regulars satisfied with the Australian nurses, English doctors were also keen to secure their services and they enjoyed a high reputation. ‘English doctors say they [Australian nurses] are as well trained as any of the best English’, reported one Australian sister. Sister May Scanlan in the QA Reserves, also observed that in her war hospital: ‘The Surgeons always use Australian Nurses for Abdominal Cases’, the most difficult of cases. Thus while British nurses may have thought themselves superior to their dominion cousins, in practice the reverse was true.

The senior appointments and responsibilities placed on Australian nurses in British hospitals was testimony to their enhanced status. To illustrate, Australian Sister Leila Smith had to equip and run a new section of a British hospital from scratch. Once, when visiting a number of British CCSs, Colonel Barber, the Deputy Director Medical Services Australia, found Australian nurses in charge of each operating theatre. After enquiring about this unusual state of affairs Barber was told that Australian nurses had been placed in charge ‘as they were considered to have more initiative’. A QAIMNS Matron Miss D. Millicent C. Michell happily wrote:
I was always glad to have Australian Nurses on my staff; they worked loyally and efficiently, their endurance in times of great strain invariably stood the test, and my chief comment must be that of praise and appreciation.\textsuperscript{85}

Conclusion

If British nurses initially frowned upon colonial nurses and the supposed standard of their work, by the end of the war there seemed to only be admiration. Australian nurses received praise and status for their high standard of nursing work throughout the war and Imperial feminism seemed united in the war effort although class and politics were still occasional dividers. One consequence of the war was to both heighten the differences and similarities between Australian and British nurses and their work but its final impact was to consolidate nursing as an imperative in military medical establishments.

\begin{itemize}
\item In July 1917 a redistribution occurred with Australian nurses in France grouped together in only three British hospitals. This largely took away the differences in the cultural and labor practices they had experienced.
\item Butler, Volume III, 551.
\item Figure from author’s database. Australian nurses also worked with the British Reserves, the Red Cross, the YMCA and independent hospitals such as the Australian Voluntary Hospital and the Free French Flag Corps.
\item ‘Great Need for Nurses’, \textit{The Age}, Melbourne, 9 June 1917, in Royal Victorian College of Nursing Box 137, Newspaper Cuttings, 1918-1927, University of Melbourne Archives.
\item Butler, Volume III, 586.
\item Australian War Memorial (hereafter AWM) 27/373/14, Nominal Roll of AANS attached to Imperial Hospitals, Egypt. Only one example has been found of a QAIMNSR nurse working in an Australian hospital (AWM E02578).
\item L.L. Robson, \textit{Australia & the Great War} (Melbourne: The Macmillan Company of Australia Pty Ltd, 1969), 1.
\item Butler, Volume III, 535-536.
\item Barker, 61 quoting Sister Moreton, 4 AAH, Abbassia, Egypt, 27 Aug 1916 in AWM 2DRL/0097.
\item Butler, Volume III, 535-536; Sister Leila Smith, AWM 41 1042, 2.
\item ‘Nurses Win Honor’, \textit{The Herald}, reprinted in \textit{Una – The Journal of the Royal Victorian Trained Nurses’ Association}, Vol XIII, No. 11, 29 January 1916, Melbourne, 345. What was true for Victorian nurses was true for most trained Australian nurses.
\item Barker, 3.
\end{itemize}
15 Butler, Volume III, 552.
17 Chambers, 18.
18 Chambers, 22.
20 Braga, 230.
22 AWM REL 28323, Patriotic badge belonging to Sister Dorothy White, AANS described as: ‘gilt and enamelled patriotic badge with the five petalled rose of England picked out on a blue background. A centrally positioned red, white and blue enamelled Union Jack has a small gilt bulldog attached to it with lugs. The voided petals contain a King’s crown, a kangaroo, a beaver, an elephant and an ostrich representing the four dominions of the Commonwealth. The edges are enamelled in blue with gold lettering. ‘A UNITED EMPIRE WHAT WE HAVE WE’LL HOLD’. The reverse is embossed with ‘SYMBOL OF EMPIRE’.
23 Barker, 3.
25 Advertisement in *Una*, Vol IX, No. 9, 30 November 1911, 202; *Sydney Hospital General Rules and Regulations*, Section XII – Nursing Staff, Clause B, Subclause 2, 7 October 1913, 2.
27 Rupert Goodman, *Our War Nurses: the history of the Royal Australian Army Nursing Corps, 1902-1988*, (Brisbane: Boolarong Publications, 1988), 30. There were a few startling examples of poor choice. One nurse on active service was a military doctor’s wife and quite pregnant when she arrived in Egypt; another on transport duty had had no formal training.
31 Miss Grace Wilson, Matron-in-Chief, AANS in Butler, Volume III, 535-536.
32 AWM 41 1063, A.E. Wright, 1.
34 Barker, 159.
36 Butler, Volume III, 533 fn.
38 Butler, Volume III, 547-548. Matron Jane Bell had introduced red capes at Melbourne Hospital to keep her staff warm on night duty.
Butler, Volume III, 547 fn. British Territorial Nursing Service members wore a grey cape with a broad red border. Nurses of the Red Cross and Order of St. John wore no cape: and those worn by the nursing services of the other dominions did not conflict with the Regular.

Butler, Volume III, 548 fn.


Sister Anne Donnell, ML MSS 022/1, Circular letters, 25 May 1915 – 8 July 1918, letter 12 Apr 1917, 4.


Sister Kellick in AWM 27 373/63, 4.


AWM 27 373/65, Sister [May] Scanlan, RRC, Australian nurse with QAIMNS in Egypt, nd, 2.

Olive Haynes, diary 16 June 1916, in Young, 149.


An unknown sister at 27 BGH (possibly D Mearns) in Butler, Volume III, 565. Similar sentiments in Staff Nurse E.M. Armstrong, AWM 41 940, 1; Staff Nurse G Burns, AWM 41 950, 3; Miss Amy Dorrington at 4 British London Hospital, AWM 41 1072, Kellett interview No. 19; Miss Elizabeth Gallagher on British hospital ship Grantully Castle, AWM 41 1072, Kellett interview No. 32; Sister Bessie Belstead in Butler, Volume III, 575.


Alice Kitchen in a British Hospital for Sick Sisters, France, 10 December 1916 in Adam-Smith, 228.


AWM 41 1072, Kellett interview No. 109, Miss Julia M Shillabeer.

Goodman, 103 citing Standing Orders QAIMNS, 26 Sep 1917.

AWM PR 86/068, E.A. Eglinton, 80, letter to Dear Mother, from 13 BSH, France, 29/6/16.

Young, 149 quoting Olive Haynes, letter 16 June 1916, No. 12 Stationary Hospital, Boulougne.

Sister Anne Donnell, ML MSS 022/1, Circular letters, 25 May 1915 – 8 July 1918, letter 17 Apr 18, 11.

Goodman, 91, quoting Matron Gemmell in correspondence to Miss Richardson, 11 April 1918.

Captain Shaw, an English infantry officer serving on the Salonika front, said that the English sisters were too severely disciplined, so that there could be no cordiality (Una April 1919).

Sister Ethel A.F. Neville, Diary 6 September 1917, MS 9628 MSB 478, State Library of Victoria, 9.

AWM 41 950, Staff Nurse G Burns, 2.

Nurse Kathleen Bryant, 1917 in L.A. Deacon, Beyond the Call (privately published, Tasmania, 1999), 51.

Eric Keast Burke (ed), With Horse and Morse in Mesopotamia (Sydney: A&NZ Wireless Signal Squadron History Committee, 1927), 127.

Butler, Volume III, 583.

AWM 41 1072, Kellett interview No. 17, Miss Victoria E. Drewett.

Tevie Davies, letter to her mother, 12 November 1916, AWM 3DRL 3398.

Bruce Scates and Raelene Frances, Women and the Great War (Melbourne: Cambridge University Press, 1997), 26 quoting Tevie Davies, letter to her mother, 12 November 1916, AWM 3DRL 3398.

Anne Summers, Angels and Citizens – British women as military nurses 1854-1914, (London, Routledge & Kegan Paul, 1988), 225, citing The Hospital ‘Nursing Section’, 5.10.01, 51; 25.10.2, 59, 60; 8.11.02, 83.


Gregory, 56 citing E Paten, Typescript, 9-10.

Barker, 3.

AWM PR 86/068, E.A. Eglinton, 28, letter to Dear Mother from Mena House, 2 AGH, 13/3/15.

Braga, 230.

AWM 41 1072, Kellett interview No. 74, Miss Dora Mearns.
AWM 41 1072, Kellett interview No. 7, Miss Jeanette (Netta) Burns.

AWM PR 86/302, papers, Elsie Steadman, 6.


Sister Scanlan, RRC, Australian nurse with QAIMNS in Egypt, AWM 27 373/65, nd, 2.

Sister Leila Smith, AWM 41 1042, 2.

Michael B. Tyquin, Neville Howse - Australia’s First Victoria Cross Winner (Melbourne: Oxford University Press, 1999), 122 quoting Memorandum by Colonel Barber, AWM 41, item 1/4/3.

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Author/s:  
HARRIS, KIRSTY

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