

‘They will both go to heaven and have crowns and golden harps’: Dr Vera Scantlebury Brown and Female Leadership in a First World War Military Hospital

Heather Sheard

The Australian Centre,
University of Melbourne, Parkville, VIC. 3010
h.sheard@pgrad.unimelb.edu.au

Abstract: Vera Scantlebury Brown was the pioneer director of infant welfare in Victoria, the first woman appointed to head a government department in that state. From 1926 to 1946, she put into place the universal structure of maternal and child health services and pre-schools we have in Victoria today. This paper, however, is concerned with prior influences on the development of Vera’s own leadership that resulted from her experience of working under Drs Louisa Garrett Anderson and Flora Murray at Endell Street Military Hospital in London during World War I. As an assistant surgeon, Vera noted their leadership style and their way of life as single, professional and independent women. Her letters indicated their importance as female role models, responsible for a large and complex organisation in a challenging environment.

Keywords: medical women, World War I women surgeons, female leadership, Endell Street Military Hospital, Dr Vera Scantlebury Brown, Dr Louisa Garrett Anderson, Dr Flora Murray

Introduction

Vera Scantlebury Brown became the first woman to head a government department in Victoria when she was appointed the pioneer director of infant welfare in 1926.¹ In that position between 1926 and 1946, she envisioned and put into place the universal structure of maternal and child health services and pre-schools we have in Victoria today. This paper, however, does not focus on the inspiring example she provided in that role. Rather, it examines the many influences on the development of Vera’s own leadership that emanated from her experience under the command of Drs Louisa Garrett Anderson and Flora Murray, founders of the Women’s Hospital Corps in England during World War I. Vera worked with the two doctors at their Endell Street Military Hospital in London, between 1917 and 1919.² Her good friend and university colleague, Dr Rachel Champion, was already working as an assistant surgeon at Endell Street with the nominal rank of lieutenant.³ Although women doctors were not permitted to join the Australian Army Medical Corps or the Royal Army Medical Corps as doctors, at least nineteen or twenty Australian

women doctors *were* overseas working as surgeons or medical officers in connection with the war effort.⁴ They were located in various theatres of war, including France, Serbia and Malta, and were employed by a number of different organisations, such as Mrs Clair Stobart's field hospitals and the Scottish Women's Hospital founded by Dr Elsie Inglis.⁵ Britain did not call for the enlistment of female doctors until late in 1916, by which time the need for more medical staff was desperate.⁶ Women were then permitted to join War Office-sanctioned military hospitals, both in Britain and overseas, but were denied official Royal Army Military Corps (RAMC) rank and the authority and status that accompanied rank, uniform and badging.⁷ Australia did not permit the enlistment of female doctors until the Second World War.⁸ Vera sailed for England in February 1917 on the *RMS Morea* and was joined by Dr Phoebe Chapple, an Adelaide University graduate who would later be awarded the Military Medal for 'gallantry and devotion to duty'.⁹

Endell Street Military Hospital was the creation of Dr Flora Murray and Dr Louisa Garrett Anderson, who were its commanding officers (COs or OCs).¹⁰ Louisa was the daughter of pioneering doctor Elizabeth Garrett Anderson, the first woman to gain a medical qualification in Britain and the creator of the London School for Medicine for Women opened in 1874.¹¹ Both Flora and Louisa were members of the Women's Social and Political Union (WSPU) a militant suffrage organisation begun by Emmeline Pankhurst.¹² Flora Murray wrote that, with the outbreak of war, female doctors 'knew instinctively that the time had come when great and novel demands would be made upon them, and that a hitherto unlooked for occasion for service was at their feet'.¹³ With Garrett Anderson, she founded the Women's Hospital Corps, a female medical unit unique in its relationship with the British War Office and the RAMC.¹⁴ Together they first established military hospitals in Paris and Wimereux in late 1914.¹⁵ They had taken immediate and full advantage of the administrative shambles that characterised medical organisation for the front at the beginning of the war. Both women were determined suffragists with considerable past experience of the Home Office's 'cherished prejudices and stereotyped outlook'.¹⁶ Anticipating a negative response, they bypassed English officialdom and called instead on the French Embassy on 12 August 1914. The women's rusty French, combined with the embassy's strong desire to acquire urgently needed medical supplies and equipment, paved the way for them to establish a military hospital in France.¹⁷ Given the antipathy with which the War Office and RAMC greeted offers of help from female doctors and the negative response of the French government to their own female medicos, the embassy's acceptance of Anderson and Murray's offer was surprising.¹⁸ As Helen Gwynne Vaughan, chief controller of Queen Mary's Army Auxiliary Corps, wrote: 'I discovered that the objection to the

employment of women was almost universal'.¹⁹ But Murray believes that the French may simply not have understood that the women meant to staff the hospital themselves.²⁰ In their first hospital in France, one of the doctors was asked 'Et vous, mademoiselle, vous coupez aussi?'—an affirmative reply being met with 'Incroyable!'²¹

The two women raised money, designed uniforms for doctors and orderlies, recruited eighteen other staff, bought supplies and transported everything to Paris in four weeks. With Women's Political and Social Union (WPSU) badges pinned to their uniforms, they opened their first military hospital in the hastily converted Hotel Claridge on 22 September 1914.²² By 6 November, they had opened a second in the Chateau Mauricien at Wimereux near Bologne—165 beds between the two hospitals.²³ At Wimereux, wounded soldiers came directly from the battle front, covered in mud and often wet through from their feet up to the waist: 'The rate of mortality was lamentably high ... not only badly wounded, but also in bad condition; and tetanus, gas-gangrene, shock and sepsis claimed their victims'.²⁴ Of her first few days in Paris, Dr Garrett Anderson wrote:

The cases come to us very septic and the wounds are terrible. Today we are having an amputn [*sic*] of thigh, 2 head cases perhaps trephine²⁵ and five smaller ones ... The cases are very heavy. [*sic*] Especially the severe fracture of thighs. They need 4 people at least to dress them ...²⁶

The task was intimidating and the risks great, but Anderson and Murray were audacious, determined and organised. Murray believed that working for a militant suffrage movement before the war had developed in them the discipline and extraordinary stamina necessary to achieve this breakthrough for female doctors and to rapidly develop the surgical skills they needed.²⁷ In short, five months was sufficient to demonstrate their capacity for both management and medicine, and they were offered the five-storey St Giles Work House in Covent Garden for conversion to a 520-bed military hospital. Encouragement at the highest level of the War Office did not, however, readily filter down or across to the RAMC, and, in the three months it took to open a hospital, they withstood disapproval and obstruction.²⁸ Flora Murray later wrote of the various offices they dealt with during the war: 'In one there was disapproval; in another curiosity and amusement; in a third obstinate hostility'.²⁹ The Endell Street Military Hospital was, however, accredited by the War Office and was the only military hospital run by women *within* the British army.³⁰ By the time of Vera's arrival in April 1917, this unique hospital had 573 beds, with another 230 in attached auxiliary Voluntary Aid Detachment (VAD) hospitals, and a staff of over 180. Every member of staff,

with the exception of a small unit of RAMC orderlies and their sergeant major, was female.³¹ It was a hospital where women doctors treated male patients—a circumstance that was not common before the war, and never on such a large scale as at Endell Street.³² The officers commanding (OCs) were at once formidable and inspiring.



Sketch of Endell Street operating theatre for Francis Dodd's painting.
Courtesy Imperial War Museum (neg. no. 691)

Lessons in Leadership

This paper examines the observations Vera made about the leadership of Louisa Garrett Anderson and Flora Murray and other senior doctors at Endell Street Military Hospital. Vera's thoughts about her commanding officers, nearly always referred to as the OCs, are recorded in 19 volumes of diary-letters written between March 1917 and February 1919 and generously donated by her family to the University of Melbourne. Three major features of hospital leadership appear regularly in Vera's writing and are the features most likely to have affected the nature of her own leadership in the years to come: first, the particular leadership style of the OCs; second, considerations about their way of life and that of the many single, professional and independent women with whom Vera worked in London; and third, the ever present example of women operating a large and complex organisation in a challenging environment.

Leadership Style

Initially, Vera railed against the military style of leadership that Drs Garrett Anderson and Murray had adopted and, on her first day at Endell Street, Vera referred to the OCs as 'the lions in their den'.³³ Their manner *was* fairly forbidding and their management style rarely consultative. Endell Street's

historian, Dr Jennian Geddes, says Anderson and Murray were fairly authoritarian in their management of both staff and patients, and that ‘the seriousness of their enterprise clearly called for austere, rather forbidding, personae’.³⁴ The OCs would have believed the personae necessary both for the rapid medical decisions they needed to make and for the maintenance of military discipline in an establishment with between five and six hundred male soldiers as patients. They had designed their uniforms in an army style but were not permitted to wear the badges of their ex-officio status.³⁵ Despite the lack of official signs of rank, the soldier patients were well aware of the hierarchy and called Vera ‘the little lieutenant doctor’ and Dr Murray ‘the colonel’, although not in their presence.³⁶ Adopting military formality, all the women who worked at Endell Street were addressed only by their family name.³⁷ Vera found her OCs formidable and writes often about their response to her characteristic lateness and her constant stream of visitors, nearly always male. When Melbourne University colleagues Captains (Drs) Hansen and Leedman, both male, called for her at the hospital, Vera noted that their welcome from Dr Anderson was chilly.³⁸

Vera clashed with Anderson and Murray over her independence of opinion on ward rounds and expressions of opinion generally: ‘I wished I had remembered that people think you are rude when you merely express an opinion somewhat different from theirs—they do not realise that we have minds of our own’.³⁹ She felt that her treatment requests, based on prior experience at the Children’s Hospital in Melbourne, were usually disregarded, and that her opinions were given little weight.⁴⁰ Her youth and inexperience were sometimes underlined by the commanding officers. Putting forward an opinion on appendicitis and leucocytosis that differed from that of Dr Garrett Anderson, she was told by Dr Murray, ‘Oh Dr Scantlebury, I thought you were too young to have theories of your own’.⁴¹ This made her feel inadequate and she wrote: ‘never have I felt so small and helpless useless and insignificant as I do now since I became a member of the Endell St staff’,⁴² ‘How I am changing. Where is the S.M.O. [Senior Medical Officer] of the C.H. [Children’s Hospital]. In this week little very J.M.O. [Junior Medical Officer] of the Endell St Hosp [*sic*]’.⁴³ The process is explained even more clearly in a sheaf of loose pages, dated 1 May 1917, her first day at the hospital, which contain details and diagrams of surgical procedures, presumably written for her unofficial fiancé, Kingsley Norris. An operation involving a patient with two gunshot wounds in the back elicits this perception of her own performance: ‘Opened and drained wound—Did it badly—clumsy—fingers all thumbs. Practically told so by C.O. Good for me I suppose to be a J.M.O. after swanking as S.M.O’.⁴⁴ In other words, she was suffering the ignominy of coming from the position of being the most senior

resident at Melbourne's Children's Hospital to being the newest, most junior and nervous assistant surgeon at Endell Street. She did, however, also think the diminishing process was very good for her and that she would emerge with a beautifully strong character.

Vera's personality and her way of interacting with people were such that she never adopted an authoritarian management style. Her natural inclination was to develop her many ideas in consultation with others. In the late 1920s, for example, the exhaustive and comprehensive process of consultation with those we would now call stakeholders in publishing her seminal *Guide to Infant Feeding* demonstrates clearly her inclusive way of working. Vera believed that consultation would mean that people would 'feel they have a finger in the pie' and be more inclined to use her feeding tables.⁴⁵ What she did learn from the OCs, I believe, was the difference between authoritarianism and authority. Their way of running Endell Street, which indicated certitude and efficiency, played a big part in establishing the authority of Louisa Garrett Anderson and Flora Murray both within and without the hospital. For female doctors, establishing their authority was no easy feat. Dr Elsie Inglis, founder of the Scottish Women's Hospital (SWH), sent field hospitals all over Europe, but could still ruefully comment: 'The ordinary male disbelief in our capacity cannot be argued away. It can only be worked away'.⁴⁶ Later, throughout the 1920s, Vera worked to establish *her* professional authority in the field of infant welfare, using some of the same methods as the OCs, hard work and public speaking being two of them.

Irrespective of her personal and professional differences with the OCs and her observation of Murray and Garrett Anderson as lacking in a sense of humour, Vera expressed high regard and appreciation for both of them.⁴⁷ In the pages of her diary-letters are numerous paeans to their skills, energy and dedication. After her first week in the job, she wrote that 'They both work like slaves. Put us to shame'.⁴⁸ Three days later, she told her family: 'I have the greatest admiration and respect for these two women. They have struggled against fearful odds and have succeeded beyond all expectations against the greatest prejudice ... Their courage and pluck is miraculous'.⁴⁹ At the end of 1917, Vera remained in awe of their capacity for work and worried about their level of fatigue. She wrote: 'they have worked themselves fleshless and are the colour of parchment'.⁵⁰

Single, Professional and Independent

Perhaps the most thought provoking of Vera's experiences related to the OCs' way of life as single professional women, especially since it was a lifestyle shared by other Endell Street doctors, including senior specialists such as

surgeon Winifred Buckley, ophthalmologist Amy Shepherd and aural surgeon Octavia Lewin, with whom Vera boarded at 25 Wimpole Street. Vera and Ray Champion were the youngest doctors at Endell Street.⁵¹ The suffragist cause espoused by the OCs was intimately associated with the WSPU's commitment to avoiding the confinements of heterosexuality and marriage.⁵² Anderson and Murray's feminist evangelism often took the form of an 'aggressive and oft-repeated mantra of competing to do a job better than a man'.⁵³ And Jennian Geddes writes that 'it is evident that ... the suffragists in the group did in fact proselytise among staff and patients at Endell Street', the necessity to link their work in the hospital with demonstrated competency for the vote being uppermost in their minds.⁵⁴ Ray married in London in late 1917 but Vera was regarded as ripe for conversion to the single life. In love and unofficially engaged to a Melbourne doctor, she was initially inclined to dismiss these discussions.⁵⁵ She wrote with amusement that Dr Murray had warned her and Emma Buckley, another Australian colleague, to beware of men, 'especially of husbands—particularly dangerous brand—have been advised strongly to live in a state of single blessedness, all the days of my life. Work is the greatest thing in the world'.⁵⁶ Vera was often aggravated early in her stay by both the anti-male sentiments and the constant discussion of the campaign for the vote and representation. She wrote constantly to her family of her colleagues' conversational preoccupation with the female vote in England and how tiresome she found their single-minded train of thought. After her first three weeks at Endell Street, she wrote: 'Dr Murray came ... & we had a long talk—again the suffragettes, the IWWs & the Pankhursts—somehow or other we always get around to that subject again and again'.⁵⁷ When Canadian doctor Evelyn Windsor told her colleagues one morning that she was to be married that day:

Dr A [*sic*] rushed across and took Windsor by the hand "Well-well-you poor girl. I am sorry for you". Whereat [*sic*] we all shrieked with delight. Then I rushed into the office and asked Dr Murray if we could go. She consented hesitatingly and told us she could hardly approve and hoped it would not become infectious!!!⁵⁸

Eleanor Bourne, a Queenslander and fellow surgeon at Endell Street, also wrote of the constant discussion of the suffrage cause and the denigration of men. She said: 'On our part we found it hard to swallow the doctrine that everything that was wrong including setbacks at the front, was due to the fact that we live in a man-made world'.⁵⁹

As Vera's stay in London lengthened, her letters began to show a greater appreciation for the lives of the professional women surrounding her. In

February 1918, she described the work, living and domestic arrangements of the X-Ray specialist, Dr Magill, expressing admiration for the fact that ‘She is absolutely her own mistress’, something she said she had often imagined for herself.⁶⁰ In May 1918, after dinner with Dr Sheppard in her Harley Street rooms, Vera said she would consider herself in heaven if she could ever have consulting rooms like those of her host.⁶¹ In September, she wrote that ‘It is rather fun being independent and doing just as you please’.⁶²



Dr Vera Scantlebury and brother Clifford, London 1918.
Photo reproduced with the permission of Catherine James Bassett,
daughter of Dr Vera Scantlebury Brown.

Vera's first months in London were characterised by intense personal negotiation between her roles as a doctor and as a woman and the difficulty she experienced in separating the two. She struggled with competing desires to do her duty as a respected professional and her wish to be at home with Kingsley Norris.⁶³ Three small volumes of letters to Frank Kingsley Norris, whom she called Billie, reveal a fairly new relationship and an unofficial engagement.⁶⁴ In her first days in London and Stratford-on-Avon, she expressed an intense longing for him to be with her to see the sights, and wrote of buying 'some cottage pottery for a home to be made in the future'.⁶⁵ Over the same period, she asked of Norris that they announce their 'informal' engagement in Melbourne, ostensibly to make it easier for their families but perhaps to reassure herself of her place in his affections. And flagging the likely persistence of questions about her future role, she asked: 'Shall I give up medicine when I marry? Yes-No-Yes-No-Yes-No-all the days of my life'.⁶⁶ Underlying this and the further question of whether to stay or to return were the very intense feelings, some positive, some negative, engendered by a new job in a new city. In a letter to *her* fiancé, English author Vera Brittain, like Vera Scantlebury one of the youngest members of staff, wrote of her confusion on arrival as a new VAD at 1st London General Hospital in Camberwell: 'I feel a mixture of strangeness and independence and depression and apprehension and a few other things'.⁶⁷ Both women seemed to have experienced strong ambivalence overlain with anxiety about their new roles. However, Vera Scantlebury continued to renew her six-monthly contract with Endell Street and to remain in England, the 'silken cords of honour' keeping her at the hospital for however long the war continued.⁶⁸ By April 1918, it is evident from her letters to Kingsley Norris that the long-distance relationship was faltering.

Vera's English colleagues frequently included her in activities within their own broader intellectual circles. Beatrice Harraden, a writer and Endell Street's librarian, invited Vera to meet female authors at afternoon tea at the Writer's Club. There she encountered pacifist and suffragist writer Olive Schreiner and discussed her aversion to Australian 'boasting' with Mrs William Hughes, the wife of the Australian prime minister.⁶⁹ Dr Chambers, Endell Street's pathologist, took her to the House of Commons to hear question time and, with Dr Lewin, she attended a Roman Catholic Church to hear the famous Dr Bernard Vaughan, who said that Catholic souls had to remain in purgatory until purified, whereas this was not the case with Protestants as they had a through ticket!⁷⁰ Vera was also invited by Dr Scott Reid to lunch at her club—the Ladies Army and Navy Club—and by Winifred Buckley to join her in her flat for lunch, served by a butler.⁷¹ Sometimes the outings were related to medicine, and, with Buckley, Vera went to the Royal

School of Medicine in October of 1918 to hear Charles Martin, director of the Lister Institute, and Sir James McKenzie on advances in the use of X-rays.⁷²

The OCs as Role Models

Louisa Garrett Anderson and Flora Murray were operating an independent organisation within an essentially hostile male military structure. The relationship between medical practitioners and the army bureaucracy was, however, a fractious one regardless of gender. The pressured development of a military medical bureaucracy and its procedures for handling staff and patients were a source of frustration and constant disquiet for all civilian practitioners who had enlisted to provide their medical skills.⁷³ Rapidly elevated to officer status, they were given little time or assistance to become familiar with the army's culture and hierarchy in the context of casualties occurring at a level never before experienced.⁷⁴ For the OCs at Endell Street, these issues were compounded by their gender and the responsibility of running the hospital successfully in the face of War Office and RAMC opposition. Vera recorded her own reactions to a military-style hospital in letters to her friend, Dorothy Stevenson, a nurse at the Children's Hospital in Melbourne.⁷⁵ 'At present my mind is a confusion of military etiquette and rules, unusual methods of arrangements for operating etc—a fury and turmoil in my brain against this dreadful war causing this inexpressible suffering'.⁷⁶ Vera, working as an assistant surgeon at Endell Street from May 1917 to January 1919, described her place of work as 'that beehive of an operating theatre with its hot stifling atmosphere and white gowned & hooded women moving ceaselessly about and stretchers pushed hither and thither and the sweet heavy sickly fumes of the chloroform'.⁷⁷

Her first six months were exceptionally difficult both personally and professionally, the trauma of war surgery readily apparent in her writing. She told her family in late June 1917 that it had been 'a hard day. I am not at all keen on military surgery but I suppose I will get used to it and do it better than at present but I think it is horrible'.⁷⁸ Vera worried that she did not know enough, was too slow and fumbled too much.⁷⁹ At the end of her first three months, she wrote to Dorothy Stevenson that she felt very flat and that everything was hard and 'almost beyond [her] knowledge and power of execution'.⁸⁰ All of this, she said, nearly defeated her.⁸¹ However, after eighteen months and dozens of surgical procedures, Vera blithely listed her day's activities as tying off a femoral artery, repairing a damaged shoulder joint, repairing a gunshot wound to a hip joint, performing a secondary amputation (which meant completing and tidying up an amputation done in a field hospital, probably in France) and setting a fractured scapula.⁸² How did this marked increase in confidence about her skills come about?

First, the OCs took considerable care of their staff, quietly observing their abilities and their struggles. When Vera was battling the shock, fatigue and emotion of her first eight weeks in the operating theatre, Dr Anderson insisted that she take a week's rest.⁸³ Vera and her friend, Ethel Bage, were provided with accommodation at the beautiful, staffed cottage in the Quaker village of Penn, Buckinghamshire, owned by Anderson and Murray. Vera regarded these arrangements as 'the acme of kindness' and both she and other hospital staff were offered mini-stays at the cottage regularly.⁸⁴ Later, as a leader herself, she took great personal care of her staff, offering her own home and her holiday house in the Dandenongs when she felt they needed a rest.⁸⁵ New surgeons were initially given the care of patients in only one ward and assisted more experienced surgeons with operations and anaesthetics until they had settled in.⁸⁶ Unfortunately, Vera saw this as a negative assessment of her capabilities, writing on 25 May: 'I don't think they think I am much good for I still have only one ward'. She may also have been seeking reassurance from her medically experienced family at home.⁸⁷ 'I am very annoyed because I still have only one ward. If this continues I shall leave at the end of six months and go to Great Ormond [Children's Hospital]'.⁸⁸ Gradually Vera came to realise that she *did* need time. At first she coped by studying her university anatomy textbook at night, hurriedly revising the anatomy of the shoulder on 17 May to prepare for theatre the next day.⁸⁹ Later, she frequently practised her surgical techniques in the anatomy dissection room at the London School of Medicine for Women (LSMW).⁹⁰ Whilst working on embalmed bodies has many differences from working on a living person, the practice is invaluable in developing skill and confidence. A particular part of the body could be worked on slowly with an anatomy text book close by, or a *prosection*, a specimen of part of the body or an organ carefully dissected by an anatomy demonstrator, could be studied.⁹¹ Doctors Murray and Garrett Anderson were perceptive and practical in their approach to initiating their new staff surgeons and well aware of the shock and fatigue the introduction to the trauma of war wounds caused.

Second, for almost two years, Vera had in front of her every day a tremendous example of the capacities of motivated and determined women who worked persistently in the spotlight of scepticism. They provided an experience of female role models unlike any she had experienced in Australia before her departure for England in early 1917. Women surgeons in Melbourne practised almost solely in women's health at the Queen Victoria Hospital for Women and Children and were unable to gain positions as honoraries at other Melbourne hospitals.⁹² At Endell Street, Vera constantly observed the administrative skills of Lieutenant Colonel Flora Murray, who was also chief

physician, as well as the surgical work of Major Louisa Garrett Anderson as chief surgeon. Their complete responsibility for every aspect of the hospital's organisation and competencies was a new and empowering experience for the female doctors who worked there. Eleanor Bourne wrote that 'besides them [Anderson and Murray] the staff was enriched by women specialists in all branches ... an inspiration to be associated with so many splendid women'.⁹³ The hospital normally had five to six hundred patients, at least 15 surgeons, physicians and specialists, and a staff of around 180 nurses, orderlies, cooks, storekeepers and cleaners, and volunteer librarians, gardeners, entertainment officers and daily visitors.⁹⁴ Detailed army records had to be kept for each soldier, as well as payroll records for staff according to War Office requirements, and vast amounts of food and laundry organised daily. The hospital was conducted in the context of an RAMC and a War Office that were frequently unhelpful, sometimes hostile, and believed that the hospital would not last more than six months.⁹⁵ Vera's experience at Endell Street was of large-scale logistical management and planning being carried out by an overwhelmingly female staff. Her confidence in herself grew as a result, and her own practice of instilling confidence in other women was documented later by the first director of pre-schools in Victoria, Helen Paul, who said that Vera was the first person to give her confidence in herself.⁹⁶

Conclusion

Although Vera chafed at the OCs' formality and, she thought, their lack of humour, her diary-letters are full of praise for their courage, their determination and their capacity for work. By implication, their self belief, at least in public, always held strong and in turn inspired confidence in the women with whom they worked. The leadership of Dr Louisa Garrett Anderson and Dr Flora Murray at the Endell Street Military Hospital contributed to Vera's sense of autonomy and competency and, perhaps most importantly, to her sense of the possible. Vera wrote at the end of her first six months at Endell Street that 'all the time before us ever are the OCs with what we deem their faults but all the time with their power for they are powerful interesting women'.⁹⁷ They would, she said, 'both go to heaven and have crowns and golden harps'.⁹⁸

¹ Heather Sheard, *All the Little Children: The Story of Victoria's Baby Health Centres* (Melbourne: Municipal Association of Victoria, 2007), 40.

² Jennian F. Geddes, 'Women as Army Surgeons: The Women's Hospital Corps' (MA Thesis, London Metropolitan University, 2005), 44–5.

³ Letter from Dr Flora Murray to Dr Vera Scantlebury, 24 October 1916, in the possession of Catherine James Bassett, daughter of Dr Vera Scantlebury Brown.

⁴ Allan S. Walker, *Australia in the War of 1939–1945 Medical Services of the RAN & RAAF* (Canberra: Australian War Memorial, 1961), 419; John H. Pearn, ‘Major Lady MacKenzie AAMC: The First Woman Doctor of the Royal Army Medical Corps’, *ADF Health* 4 (2003): 93; Ann M. Mitchell, ‘Medical Women and Medical Services in the First World War’, in *Festschrift for Kenneth Fitzpatrick Russell: Proceedings of Symposium Arranged by the Section of Medical History A.M.A. (Victorian Branch) 25 February 1977* (Melbourne: Queensberry Hill Press, 1978), 109.

⁵ Leah Leneman, ‘Medical Women at War, 1914–1918’, *Medical History* 38, no. 2 (April 1994): 162–9.

⁶ Mitchell, ‘Medical Women and Medical Services’, 96.

⁷ Janet K. Watson, *Fighting Different War: Experience, Memory and the First World War in Britain* (Cambridge: Cambridge University Press, 2004), 68.

⁸ Pearn, 93.

⁹ Vera Scantlebury, diary-letter 25 March 1917, 84/82, Vol. A1, 1–21, Vera Scantlebury Brown Papers, University of Melbourne Archives, Melbourne (hereafter Scantlebury Brown Papers); Joyce Gibberd, ‘Chapple, Phoebe (1879–1967)’, *Australian Dictionary of Biography*, Vol. 7 (Melbourne: Melbourne University Press, 1979), 615–16.

¹⁰ Jennian F. Geddes, ‘Deeds and Words in the Suffrage Military Hospital in Endell Street’, *Medical History Journal* 51, no. 1 (January 2007): 79.

¹¹ Geddes, ‘Women as Army Surgeons’, 18.

¹² Leneman, ‘Medical Women at War’, 162.

¹³ Flora Murray, *Women as Army Surgeons* (London: Hodder & Stoughton, c. 1920), 4.

¹⁴ Leneman, ‘Medical Women at War’, 163, and Mitchell, 108.

¹⁵ Murray, 13.

¹⁶ Murray, 5.

¹⁷ Murray, 4–6, and Geddes, ‘Women as Army Surgeons’, 24–5.

¹⁸ Leah Leneman, *Elsie Inglis: Founder of Battlefield Hospitals Run entirely by Women* (Edinburgh: NMS Publishing, 1998), 34; Murray, 70 & 126.

¹⁹ Helen Gwynne Vaughan, *Service with the Army* (London: Hutchinson & Co, 1942), 26.

²⁰ *Ibid.*

²¹ David Mitchell, *The Monstrous Regiment: The Story of the Women of the First World War* (New York: Macmillan, 1965), 190.

²² Vaughan, 6–13; Geddes, ‘Women as Army Surgeons’, 25–7.

²³ Geddes, ‘Women as Army Surgeons’, 27 & 32.

²⁴ Murray, 99.

²⁵ Trephine is an instrument for removing a disc of bone from the skull, see: J.M. Edmonson, *American Surgical Instruments* (San Francisco: Norman Publishing, 1997), 92.

²⁶ Letter from Louisa Garrett Anderson to her mother, quoted in Geddes, ‘Women as Army Surgeons’, 27.

- ²⁷ Murray, 3; Geddes, 'Deeds and Words', 84; Geddes, 'Women as Army Surgeons', 55.
- ²⁸ Murray, 126.
- ²⁹ Ibid., 126–7.
- ³⁰ Geddes, 'Women as Army Surgeons', 43.
- ³¹ Ibid., 136–7.
- ³² Ibid., 34.
- ³³ Scantlebury, 1 May 1917, Vol. A1, 25, Scantlebury Brown Papers.
- ³⁴ Geddes, 'Women As Army Surgeons', 51–2.
- ³⁵ Scantlebury, 24 October 1918, Vol. A14, 5–6, Scantlebury Brown Papers.
- ³⁶ Vol. A12, 35, Scantlebury Brown Papers.
- ³⁷ Scantlebury, 10 May 1917, Vol. A2, 51, Scantlebury Brown Papers.
- ³⁸ Scantlebury, 10 December 1917, Vol. A8, 23, Scantlebury Brown Papers.
- ³⁹ Scantlebury, 26 June 1917, Vol. A3, 74, Scantlebury Brown Papers.
- ⁴⁰ Scantlebury, 17 August 1917, Vol. AN1, 74, Scantlebury Brown Papers.
- ⁴¹ Scantlebury, 21 June 1917, Vol. A3, 74–5, Scantlebury Brown Papers.
- ⁴² Scantlebury, 10 May 1917, Vol. A2, 51, Scantlebury Brown Papers.
- ⁴³ Scantlebury, 6 May 1917, Vol. A2, 39, Scantlebury Brown Papers.
- ⁴⁴ Scantlebury, 1 May 1917, loose pages, Folder One, Boxes 4, 5, Scantlebury Brown Papers.
- ⁴⁵ Scantlebury, 10 February 1929, Vol. B4, 69, Scantlebury Brown Papers.
- ⁴⁶ Mitchell, *The Monstrous Regiment*, 181.
- ⁴⁷ Scantlebury, 13 May 1917, Vol. A2, 61, Scantlebury Brown Papers.
- ⁴⁸ Scantlebury, 10 May 1917, Vol. 51, Scantlebury Brown Papers.
- ⁴⁹ Scantlebury, 13 May 1917, Vol. A2, 62, Scantlebury Brown Papers.
- ⁵⁰ Scantlebury, c. 10 December 1917, Vol. A8, 16, Scantlebury Brown Papers.
- ⁵¹ Geddes, 'Women as Army Surgeons', 89
- ⁵² Barbara Caine, *English Feminism, 1780–1980* (Oxford: Oxford University Press, 1997), 146.
- ⁵³ Geddes, 'Women as Army Surgeons', 55.
- ⁵⁴ Ibid.
- ⁵⁵ Scantlebury, letters to Frank Kingsley Norris, Vols AN1 to AN3, Scantlebury Brown Papers.
- ⁵⁶ Scantlebury, 24 May 1917, Vol. A3, 5, Scantlebury Brown Papers.
- ⁵⁷ Scantlebury, 22 May 1917, Vol. A3, 4, Scantlebury Brown Papers.
- ⁵⁸ Scantlebury, 30 June 1917, Vol. A3, 79–81, Scantlebury Brown Papers.
- ⁵⁹ Box 9109, 3, OM81–130, Eleanor Elizabeth Bourne Papers, John Oxley Library Archives, State Library of Queensland (hereafter Bourne Papers).
- ⁶⁰ Scantlebury, 17 February 1918, Vol. A9, 51, Scantlebury Brown Papers.
- ⁶¹ Scantlebury, 1 May 1917, Vol. A10, 89, Scantlebury Brown Papers.
- ⁶² Scantlebury, 10 September 1918, Vol. A13, 26, Scantlebury Brown Papers.
- ⁶³ Scantlebury, 17 September 1917, Vol. AN2, 1, Scantlebury Brown Papers.
- ⁶⁴ Vols AN1–AN3, Scantlebury Brown Papers.
- ⁶⁵ Vera Scantlebury, letter to Frank Kingsley Norris, 6 April 1917, contained in loose pages from a letter diary, A71 & 69, in the possession of Catherine James Bassett.
- ⁶⁶ Scantlebury, 29 June 1917, Vol. AN1, 12, Scantlebury Brown Papers.

- ⁶⁷ Vera Brittain, *Testament of Youth* (New York: Wideview Books, 1980), 205–06.
- ⁶⁸ Scantlebury, 26 April 1918, Vol. AN2, 82, Scantlebury Brown Papers.
- ⁶⁹ Scantlebury, 13 December 1918, Vol. A15, 1, Scantlebury Brown Papers.
- ⁷⁰ Scantlebury, 6 June 1918 and 30 March 1918, Vol. A11, 48, and Vol. A10, 46, Scantlebury Brown Papers.
- ⁷¹ Scantlebury, 14 April 1918, Vol. A10, 66, Scantlebury Brown Papers.
- ⁷² Scantlebury, 17 October 1918, Vol. A13, 93, Scantlebury Brown Papers.
- ⁷³ Ana Carden-Coyle, 'Soldiers Bodies in the War Machine: Triage, Propaganda and Military Medical Bureaucracy, 1914–1918', in *War and Medicine*, eds Ken Arnold, James Peto, and Klaus Vogel (London: Black Dog Publishing, 2009), 67.
- ⁷⁴ Carden-Coyle, 81.
- ⁷⁵ Vol. AD5, Scantlebury Brown Papers.
- ⁷⁶ Scantlebury, 2 May 1917, Vol. AD5, 22, Scantlebury Brown Papers.
- ⁷⁷ Scantlebury, 14 January 1918, Vol. A3, 70, Scantlebury Brown Papers.
- ⁷⁸ Scantlebury, 25 June 1917, Vol. A3, 68, Scantlebury Brown Papers.
- ⁷⁹ Scantlebury, 21 June 1917, Vol. A3, 59, Scantlebury Brown Papers.
- ⁸⁰ Scantlebury, 27 July 1917, Vol. AD5, 49, Scantlebury Brown Papers.
- ⁸¹ Scantlebury, 27 October 1917, Vol. AD5, 89, Scantlebury Brown Papers.
- ⁸² Scantlebury, 24 October 1918, Vol. A14, 6, Scantlebury Brown Papers.
- ⁸³ Scantlebury, 21 June 1917, Vol. A3, 60, Scantlebury Brown Papers.
- ⁸⁴ Scantlebury, 13 May 1917, Vol. A2, 69, Scantlebury Brown Papers.
- ⁸⁵ Interviews with Sister Edith Dawson and pre-school teacher, Thea Wilkinson, by Wendy Kapper, 1977, Box 4, Cards IC3, Scantlebury Brown Papers.
- ⁸⁶ Scantlebury, 30 April 1917 and 31 May 1917, Vol. A2, 25–6, and Vol. A3, 14, Scantlebury Brown Papers.
- ⁸⁷ Scantlebury, 25 May 1917, Vol. A2, 91, Scantlebury Brown Papers.
- ⁸⁸ Scantlebury, 9 June 1917, Vol. A3, 41, Scantlebury Brown Papers.
- ⁸⁹ Scantlebury, 17 May 1917, Vol. A2, 70, Scantlebury Brown Papers.
- ⁹⁰ Scantlebury, February 1918 to March 1918, Vol. A9, Scantlebury Brown Papers.
- ⁹¹ Private correspondence with Dr Jennian F. Geddes, clinical neuropathologist and historian of Endell Street Military Hospital.
- ⁹² *The Medical Directory of Australia & New Zealand, etc., 1915* (Sydney: Butterworth & Co., 1915), 220–3.
- ⁹³ Undated reminiscences, 2, OM 81–300, Bourne Papers.
- ⁹⁴ Geddes, 'Women as Army Surgeons', 36.
- ⁹⁵ G. Hale, 'The Women's Hospital Corps', *St Bartholomew's Hospital League News* (March 1917): 757.
- ⁹⁶ P. Montgomery, A. Rodd and P. Walford, *Bringing their Tales: Recollections of Pioneers in early Kindergartens of Victoria* (Melbourne: Free Kindergarten Union of Victoria, 1987), 97.
- ⁹⁷ Scantlebury, 16 October 1917, Vol. A6, 100, Scantlebury Brown Papers.
- ⁹⁸ Scantlebury, 25 June 1917, Vol. A3, 76, Scantlebury Brown Papers.