

Ollie

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In the pre-Vatican II Catholic Church, women who entered religious life left behind their families and their identities. From the moment they entered the convent, all was for God. Women who entered all religious orders took saints names, casting aside their connection to family and they were discouraged from speaking about their memories of their past lives, including their joys and their sorrows. The impact of this has been that many of those women who were an important part of the story of St Vincent's Melbourne have largely been left out of the hospital's history. Much has been written about doctors at St Vincent's and more recently the history of nursing at St Vincent's has been written. The biography of the founding Mother Rectress, Mother Berchmans Daly has also, not surprisingly, been written. But the many Sisters who gave their lives to St Vincent's are more obscure. In interviews many doctors and nurses have recounted stories of individual Sisters but these oral history accounts are the only record of many of these women. This essay attempts to shed some light on the story of one Sister who is remembered by many at St Vincent's, Sr Mary Oliver Dunphy RSC.

Sr. Oliver was the first Sister in charge of the new St Brendan's ward which opened in 1934 in the basement of the 1905 building. On the floors above were the long spacious "nightingale" wards, St. Columba's, St Michael's, and St Clare's. The basement was not intended to be used as a ward but the urgent need for orthopaedic beds in the hospital led Mother Alphonsus to convert this area into a ward. Sr Oliver was in charge of St. Brendan's until her retirement in the early 1950's. St. Brendan's was the orthopaedic and neurosurgical ward under Tom King, the first orthopaedic surgeon at St Vincent's and Frank Morgan, the first neurosurgeon. Ollie, as she was affectionately known, was a forceful personality and was much feared by nurses, particularly junior nurses who were yet to learn her very strict routine which she expected to be observed to the letter. Residents and registrars were also in fear of her but she also had another side to her, showing compassion often in the most unexpected ways.

Sr. Oliver was born Sara Theresa Dunphy in 1883, the daughter of Irish immigrants, Fenton Dunphy and Mary Walsh. Fenton Dunphy arrived in Sydney

from Coolkerry in 1854 with his parents and six of his siblings.¹ The three oldest children in the family had migrated in 1850 and probably sent reports back to Ireland which prompted the rest of the family to follow as assisted immigrants. The 1850s saw a great wave of Irish migration to Australia as a result of the Great Famine which had decimated Ireland. But it is not known whether the Dunphy family came as direct result of this catastrophe. Assisted passage was promoted with the intention of bringing young people who could meet the labour demands of the colony. All of the Dunphy family were able to read and write which made them a minority among Irish immigrants of the time.

The Dunphys moved to Wandiligong in the Ovens Valley in north eastern Victoria where they operated various commercial enterprises including a post office and a number of general stores. In 1870 Fenton married Mary Walsh, also born in Ireland, and five years later they moved to Wagga where they had a farm and also operated a general store. Sara was born while the family lived at Wagga.

The Dunphys had seven living children when Fenton died of pneumonia at the age of 49. Sara was just six years old.² The challenge for Mary Dunphy, as a widow with seven children, would have been enormous. However she managed to provide for her family is unknown but Mary Dunphy made the decision to move to Melbourne where they lived in Prahran. They lived later at Kynaston, a private hospital in Bambra Road Caulfield which was owned by Sara's sisters Grace and Catherine.

Sara and her sister Grace both trained as nurses. Grace Dunphy had married William Anderson in 1912 and had one child. At this time hospitals did not allow nurses to continue working once they were married. Private hospitals offered respectable means for women who had trained as nurses, providing financial security for themselves and their families. This was an option many nurses chose as there were nineteen private hospitals in Caulfield alone at the time the Dunphy sisters were there.

In 1907 Sara was one of 15 nurses who completed their training at the Children's Hospital which was then located in Rathdowne Street Carlton. Nursing training had begun to be regulated and the Royal Victorian Trained Nurses Association

¹ State Records Authority of New South Wales, Australia, *Assisted Immigrant Passenger Lists, 1828-1896*.

² BDM NSW

(RVTNA) was established in 1901. From 1905 all hospitals wishing to be recognised were required to provide nurses with at least three years training and registration depended upon passing a final examination set by the RVTNA.

Conditions for nurses were harsh. In 1907 an enquiry found that nurses at the Children's Hospital were poorly fed. There was no butter for breakfast and none for latecomers at tea, the meat was gristly and the porridge lumpy.³ The Children's Hospital was classified as a general hospital by the RVTNA but graduates from the Children's could not work in adult hospitals without beginning their training again. So with more graduates than positions at the hospital, for many nurses who trained at the Children's the options after graduation were few.

After working at the Eye and Ear Hospital in Victoria Parade East Melbourne for a short time, Sara went to Hobart where she worked as a governess to the children of Dr Gregory Sprott, who was a leader in public health in Hobart, filling the role of chief health officer for several terms.⁴ How long Sara worked for Dr Sprott is unknown but by 1917 she was working at the Hobart Children's Hospital.⁵



Private Thomas Dunphy, 7th Battalion, killed in action at Pozieres in France in August 1916

In August 1916 Sara's cousin, Thomas Dunphy was killed in action at Pozieres. This terrible battle resulted in the greatest losses endured by any division of Australian forces during a single tour in the front line during World War I. It is not known whether Thomas' death had any influence on Sara's decision to enlist but she did so in Hobart in 1917. She was 34 years old and as she did not have adult

³ Margaret McInness, *Caring for Our Children The History of Nursing, Royal Children's Hospital Melbourne*, 2006. p72

⁴ SCAA, Sr M Oliver Dunphy's file notes.

⁵ Ibid.

nursing experience, Sara was probably considered unsuitable for immediate war service. This is probably why she was posted for approximately five months to the Army's 12 Australian General Hospital in Launceston.

In November 1917 she embarked at Port Melbourne and arrived in Southampton on 18 January 1918.⁶ Australia established three auxiliary hospitals in England during the war to manage the ever increasing number of casualties coming from the war front, especially from France. Sara worked at two of these hospitals during her time in England. She arrived at 1st Australian Auxiliary Hospital at Harefield on the outskirts of London at the beginning of February 1918. It was originally intended to have 80 beds for diggers to convalesce before being shipped home but when the wounded from Gallipoli began to arrive it was converted into a fully-fledged hospital which saw 50,000 Anzacs pass through its doors. By 1916 the hospital at Harefield had grown to 1000 beds.⁷



Sister Sara Dunphy is third from left in this group of nurses at 12 AGH Launceston, 1917.

⁶ Australian War Memorial War, Service Record of Sara Therese Dunphy.

⁷ Australian War Memorial, Research Paper No 646.

The capacity and perseverance of nurses was taxed. This was not the war front but conditions were still very difficult. Sydney expatriate Charles Billyard-Leake lent his manor house and 250 acres of parkland in Harefield to the Australian Government to use as an auxiliary hospital for the duration of World War I.⁸ The bitter winter of 1917/18 was not yet over when Sara arrived at Harefield. The Commanding Officer, Lieutenant Colonel Yeatman wrote of the difficulties of operating a hospital which consisted largely of timber huts built in the grounds of Harefield Park.

Owing to the freezing of water and consequent freezing pipes, the staff have laboured under great difficulties during the month. Practically every latrine was rendered unserviceable but all are now repaired. Shower baths at the western end of the hospital are still out of action... The wards within the hospital are in a bad condition following frost and thaw.... A number of men admitted recently – transferred from British Hospitals – have been found to have lice infested clothing ...⁹

The workload for nursing staff was heavy. A month after Sara arrived at Harefield, Lt. Col. Yeatman reported that the number of nurses had been increased to 64 but this was still not enough.

Even with 64 Sisters, it will be impossible to place them in sixteen wards, which are used as convalescent medical and surgical wards.¹⁰

Yeatman went on to say that the standard of nursing care had been inadequate in the previous year but since the number of nurses had increased this was now not the case. Harefield was intended to be a convalescent hospital receiving Australian soldiers from British hospitals after they had received the acute care they needed. No soldiers arrived directly from the war front. However Yeatman reported that the senior surgeon of the hospital complained that many cases transferred from the British hospitals had not received the care and attention needed. Fractures were particularly poorly managed with many

improperly treated and mal-united or in bad position...In more than one case the bone at the site of the fracture was found to be projecting though

⁸ AWM Research Paper No 646

⁹ AWM Sub- class 26/72/5 War Diaries

¹⁰ AWM4 Sub-class 26/72/7 War Diaries

the wound. Drop foot or drop wrist, unsupported by splints ... are not unfrequently found to be present. ¹¹

Many required further surgery, particularly to debride infected tissue and dead bone. He complained again in September 1918 of many cases of seriously ill patients arriving after two months in British Hospitals with infected compound fractures and patients with drain tubes and swabs left in situ from previous surgery.

The senior surgeon who made these criticisms was Lieutenant Colonel Charles Gordon Shaw, a general surgeon from St Vincent's Melbourne, who was at 1 AAH Harefield at the same time that Sara Dunphy was there. Sara's war record does not indicate what wards she worked in but this may have been where she gained considerable experience nursing orthopaedic patients. The war diaries for 1AAH show the large number of admissions each month with orthopaedic injuries. As Senior Surgeon, Shaw had a strong interest in orthopaedics and the diaries for 1918 give details of the variety of orthopaedic patients. In June 1918 there were 960 patients in the hospital and two more wards were opened. There was also an outbreak of influenza among staff and patients and one nurse died from pneumonia. The pressures on those nurses who were not ill must have been enormous but by August the situation eased and the number of admissions declined. Perhaps because of this decline in patient numbers Sara was transferred to 3 AAH at Dartford in Kent.



¹¹ AWM4 Sub-class 26/72/6 War Diaries

Medical officers at No. 1 AAH Dartford. Lt.Col. C.Gordon Shaw is third from left in front row.

3AAH was established in 1916 to deal with the increasing number of wounded from the Western front. The week following Sara's arrival at Dartford, the Australian Prime Minister attended the "Second Annual Sports Meeting" which included 'a mixed "light the fag" race for Sisters and Patients'¹² These events would no doubt have given some diversion for the patients and an escape from the heavy routine of work for staff. Two months later, the Armistice was signed and "Through the day there were scenes of jubilation and pleasure throughout the Hospital."¹³ But the work of the hospital was far from over. In the last months of the war, admissions averaged about 2400 a month and two thirds of these were surgical cases. The medical cases included men severely affected by emaciation, exhaustion and anaemia. Even those who did not have traumatic injuries had suffered in the terrible conditions at the war front. From December admissions dropped and most cases received were medical, including soldiers who had been held as prisoners of war. A further outbreak of influenza occurred in December 1918 lasting till April of 1919.



¹² AWM4 Sub-class 26/72/6 War Diaries

¹³ Ibid.

Sister Sara Dunphy and her patients in Ward B22 on Christmas Day 1918

Dartford, like Harefield, was an auxiliary not a general hospital, and its purpose was to act as a clearinghouse, with the secondary effect of becoming a convalescent centre for those who might recover in time to be returned for duty. But surgical management of patients and acute care of those patients became a major part of the work at Dartford as at Harefield. This seems to have resulted from the enthusiasm of medical officers like Gordon Shaw to provide the surgical intervention the severely wounded so urgently needed. As large numbers of severely wounded soldiers arrived, those surgeons with the skills and experience were not constrained from providing acute care by the “auxiliary” nature of the hospital.



Sara Dunphy in Ward 22B No 3 AAH, Dartford, 25 December 1918.

Once the war ended however Dartford did become a convalescent hospital and from December 1918 Sara’s nursing experience would have been unlikely to include acute surgical nursing. However she would have been caring for soldiers with shell shock and other devastating psychological effects of their war experience. Many of these soldiers would never recover. It is known that as a Sister of Charity at St Vincent’s in Melbourne, Sister Oliver (Sara’s name in religious life) was reluctant to speak of her war experience.

Those nursing these patients were permanently affected too. What is known of the experience of nurses in World War I is limited. The official

war diaries as well as much of the historical research into hospital services during World War I have focused on the experience of doctors. Records of the experience of nurses in hospitals are limited to individual accounts by nurses whose memories have been recorded or where a few personal diaries have survived. Beyond those personal accounts the official records are largely silent except for the reports of the army’s medical personnel.

What is known is that the invaluable experiences nurses gained in World War I were incorporated into civilian nursing in Australia after the war. Those who served in the war had witnessed patients who suffered trauma on a scale that no nurse in Australia would have ever seen. One nurse reflected on her experience that

the high volume of casualties that passed through the hospital wards and operating theatres exposed nurses to a level of injury and general debility unprecedented in civilian times.¹⁴

When Sara Dunphy embarked for Australia in July 1919, the only reason patients were still at Dartford was because of the 'delay in providing shipping accommodation' to take them home to Australia. Sara arrived in Melbourne on 4th September 1919. She took a position as a Female Nurse and Attendant at the Royal Park Depot which was the reception centre for neglected children taken into state care.¹⁵ In June 1921, at the age of 38, she entered the Novitiate of the Sisters of Charity in Potts Point in Sydney taking the religious name of Sr. Mary Oliver. She took her final vows in 1927 and came to Melbourne in 1934 to take charge of St Brendan's orthopaedic and neurosurgical ward.¹⁶ We do not know where she worked in the intervening years as few records of individual sisters professional lives were kept. Their vocation was to work quietly and selflessly serving their God by caring for the poor and the sick. They did not seek, nor were they given, individual recognition or publicity.

Sr. Oliver was remembered for maintaining a strict military style regime in the ward. In his eulogy at Sr. Oliver's funeral, Frank Morgan recalled

In the morning she would deliver to her charges the order of the day, much as a sergeant –major in the army would. Her standards were very high, and she saw that they were carried out, and even the most robust nurses, I think, would at times feel the going tough, and the best were even sometimes reduced to tears. They rather held Sister in awe. However, in all my time, I have never come across one who subsequently didn't value the great training that they received at the hands of Sister Oliver. Not only

¹⁴ Ruth Rae, *Jessie Tomlins: An Australian Army Nurse – World War One*, PhD Thesis University of Sydney, 2000. p222

¹⁵ *Victorian Government Gazette* No 50 March 3, 1920, p1198.

¹⁶ SCAA, Notes on file of Sr. M. Oliver Dunphy

were her standards of nursing very superior, but her whole care was given moreover with love and attention for the sick people in the ward. Sr. Oliver ... was physiotherapist, social worker (as well as nurse) and she didn't take those duties lightly, and her care and attention to her patients went far beyond what she had to do in the ward. She would see relations, and go to their homes and give them care and attention which very few people realize.¹⁷

But Bill Gayton recalled that she would “when necessary roll up her sleeves and do the most menial of jobs”¹⁸. Tom King's exacting nature fitted well with Sr. Oliver. He also had a great deal of respect for her.

Sr. Oliver suited Mr Morgan and myself because she was, you know very strict, very conscientious, and nursed those people. There was never a bed sore, never a spica cutting in and terribly careful about wounds and things like that. She sent the nurses off even if they had colds and so forth and she stuck right through the whole thing. And of course she was you know a little bit too strict in some things. ... We could not have been able to do what we did, everything was strictly carried out ...¹⁹

Sr. Oliver's experience of wound management during the war came to good use at St Vincent's. She expected the highest standards from nurses in treating wounds and removing sutures. Betty Barrow remembered working in St Brendan's ward as a third year nurse. She was “very strict and never said a nice word to you”. Yet she could unexpectedly show her kindness. Betty had struggled to remove sutures following the strict rules of asepsis which Sr. Oliver expected. She was so upset at not getting it right she left the ward and went to the nurse's home with the intention of packing her bags and leaving. Sr. Oliver came to her room demanding an explanation. When Betty announced she was leaving, Sr. Oliver dragged her off her bed and back to the hospital and into the tearoom at the side of the ward where she instructed another nurse to make Betty a cup of cocoa. Betty “nearly died. So did all the rest of them. First time they'd seen her do or say anything like that to anybody.”²⁰

¹⁷ SCAA Frank Morgan, Eulogy at Sr. M Oliver's funeral.

¹⁸ Bill Gayton, *A Difficult Doctor, Memoirs of A Stubborn Man*, p51

¹⁹ Transcript of interview with Mr. Tom King, June 1971

²⁰ Mary Sheehan, *A Professional Pathway Nursing at St Vincent's since 1893,2005*. p58

Keith Henderson remembered that as a second year resident, he could judge how things were in St Brendan's when he came down the back stairs from casualty. If there were nurses scrubbing the wheels of upturned bed tables in the corridor, he knew things were not going so well. He also remembered that she would send him on errands to take parcels to her sister who lived in Hawthorn. There was no possibility of suggesting that this was not really his role as a neurosurgical resident. He just had to go. Not even Tom King and Frank Morgan could move her on things she was determined to do.²¹



Sr Mary Oliver RSC

But there was another side to her. When Bill Gayton got into trouble as a resident, she supported him and quickly realising his inclination for enjoying a good time, keeping him under her watchful eye.

²¹ Interview with Keith Henderson 2009

Sr. Oliver had a good intelligence service, whenever there was a party in the residents quarters, my number would appear on the signalling system and I would be told that I was behind with my histories, they must be written up now and when I suggested that perhaps as I was off duty, I would do them the following day, she said no you must stay and do them now.

When Gayton was not reappointed as a second year resident, Sr. Oliver advised him to go to England and get his fellowship. As he had no money, she recommended he go off to the country and do some locum work and save his money. While he was working in Maffra she phoned to inform Gayton that she had arranged for him to work as a surgeon on a ship going to London. Sr. Oliver might have been strict but she understood that those who did not always follow the rules needed support too. She had looked after neglected and abandoned children and she had nursed soldiers. Underneath the stern and demanding nurse was a woman of emotional understanding and compassion but she guarded that side of her personality when she felt it more important to assert her authority.

Whether they feared her or not, nurses who worked in St Brendan's remember Sr. Oliver as "a very good nurse". She understood that patients confined to bed in traction for long periods needed to be comfortable and she would often berate a nurse if she saw pillows awry or sheets crumpled. She always supervised patients' meals and served the food for each patient herself, paying particular attention to those who were not eating so well. She saw the comfort and wellbeing of patients as central to their recovery.

By the early 1950s she was in her 70s and her health was no longer up to the routine she had set herself. She stepped down as Sister in Charge and took on the role of looking after medical students in the clinical school and to establishing the magnificent garden in the convent grounds. Jonathan Rush remembers her in her later years, walking around the hospital armed with a bucket and litmus paper collecting urine (of the correct pH) to put on the camellias in the convent garden.²² Her camellias were magnificent!

At her Requiem Mass, Frank Morgan reflected on Sr. Oliver's many years at St Vincent's.

²² Interview with Jonathan Rush 2010.

In all that time she was most careful and helpful to anyone who needed her care. Doctors and students, I know of many, that she watched with interest and solicitude when they had troubles, and there are many of us who are eternally grateful for her interest.

Many nurses who served in World War I did not continue nursing on their return to Australia but Sr Oliver was able to combine her experience from the war with the rigour, care and compassion which she learned as a Sister of Charity. Tom King benefited from the techniques Lorenz Bohler acquired in World War I. Sr. Oliver's nursing skills enabled Tom King to successfully implement this new approach to orthopaedics in Melbourne. They were a formidable pair, and together they brought much to bear on the successful emergence of orthopaedics as a specialist department at St Vincent's.

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