



'Conflicting duties': The War Service of St Andrew's Doctors

ANZAC Day 2021

In our ANZAC Day Chapel service, we usually share the story of one or maybe two people of this College who enlisted, took on a uniform and served. We make epitomes of single men because we can scarcely contemplate the whole.

There are no whole things in today's history. This is a story of parts and broken bits. Today, we remember the service of the medical students and doctors who went from this College to wars, distant and near. Their story of war tells of both breaking bodies and binding wounds.

The author of Australia's official history of medical service in WWI, A. G. Butler, reflected on the 'conflicting duties' of medical service. He explained that doctors were caught between obligations: 'ensuring the prompt return to duty of men recovered from wounds and sickness; and, on the other hand, the humane duties of minimising pain and injury, or caring for the wreckage that is no longer of military value, and, if possible, fitting it to take again some part in the nation's work.'¹ Care has seldom sounded more clinical or conflicted.

This is an important story for our community. Of the 158 Andrew's men who served in WWI, 60% were doctors or medical students along with one third of the 250 Andrew's men in WWII. Many of these men took on the *conflicting duties* in the Australian Army Medical Corps.

Sydney Medical Faculty War Record & AAMC

Since Medicine classes began at Sydney University in 1883, it has been producing young people ready to heal hurts and apply scientific principles to general health and fitness. As well as ministering to civilian needs, many of these graduates have applied their abilities to the hurts of war.

Although Australian doctors had served with Australian troops during the Boer Wars, they largely did so through *ad hoc* secondments. The unprecedented carnage of a global war levied new demands on Australia's medical profession.

The Australian Army Medical Corps became a stand-alone force in 1918, operating field hospitals, ambulance, and public health groups. The *Official History of the Australian Army Medical Services* observes that 'civil practitioners, who, with only militia training at most, suddenly became responsible for the medical side of a great military organisation'.² Although these doctors who served were non-combatants, they were not invulnerable and there have been many casualties from the A.A.M.C.

At the outbreak of WWI, only three universities in Australia taught medicine and so St Andrew's and the other Colleges represented a large proportion of medical graduates in NSW.

The high proportion of young medical students who enlisted for WWI may partially be explained by the *dulce-et-decorum-est* attitudes of the professors who pressed students to 'answer the need of Empire'.³ Bellicose enthusiasms aside, however, the need for trained medical practitioners at home and

¹ Butler, A. G., *Official History of the Australian Army Medical Services, 1914-1918*, Vol. 1, ix.

² *Official History of the Australian Army Medical Services, 1914-1918* p.vii

³ *Centenary Book of the University of Sydney Faculty of Medicine*.



in the military was very great. It is in this context that the medical graduates of St Andrew's College joined up.

Roy Allen Sillar (1895–1918)

The record of service, writ in cloying statistics, is punctuated by personal tragedies.

Roy Allen Sillar was one of the many medical men who took their healing talents to the First World War. His was a *common form*. Roy had joined the College in 1913 from Dubbo to study medicine. His father John worked in the local branch of the Bank of Australasia there and he got his second name from his mother, Annie *nee* Allen.⁴ Although his parents stayed in Dubbo, Roy was schooled at Fort Street.⁵

Roy entered an enlightened cohort at College, sharing medical lectures with Raymond Dart, and achieved consistent credit marks. In the tradition of many of the College's country students, Roy was supported throughout his College years by one of the Horn bursaries. Roy enjoyed the affection and respect of his peers, being elected treasurer of the Students' Club in 1916 and Senior Student in 1917.

Having taken his degree, Roy went to work at the North Shore Hospital, but he soon enlisted, commissioned at the rank of Captain. Roy sailed for England on 2 March 1918 and arrived on 12 May. He used a short leave to travel, exploring London, Edinburgh and Glasgow.

He then reported to Hurdcote Camp in Wiltshire where a large military hospital, mainly staffed by Australians, was treating thousands of wounded soldiers. In the first half of 1918, Hurdcote Hospital treated over 3,300 patients.⁶

A posting to France in June was delayed when Roy was called to give medical evidence at a court-martial. Roy used this delay to spend a weekend at Oxford with his younger brother John who was taking the Officer Training Course there.⁷

Enjoying the English Summer, the following Sunday, 30 June 1918, Roy went out horse-riding in the Wiltshire countryside with a cousin, Captain V. G. Saunders. The two met a military surgeon on the way and dismounted to talk. But as Roy attempted to swing himself back into the saddle, the horse bounded forward and threw its rider. At first, Roy seemed mildly concussed. Four hours later, Roy died at Fovant Military Hospital.⁸

Roy Sillar's funeral was at the nearby village of Compton Chamberlayne with Presbyterian rites, conducted by fellow Andrewsman, Revd. Stuart McCook. The service was attended by 1,000 officers and soldiers.

Roy's College peers wrote a tender farewell in the University Union's journal *Hermes*. To those who 'Loved, respected, and esteemed [Roy] for his integrity of character and affable nature', it seemed unthinkable that he should have died. They wrote, 'On the threshold of a career pregnant with

⁴ RIJ personality file.

⁵ St Andrew's College Roll.

⁶ RIJ personality file.

⁷ RIJ personality file.

⁸ RIJ personality file.



possibilities, and in the very springtime of life – for he was only 23 years of age – Roy sailed with reinforcements in March’ and did not return.⁹

Difficulties of 1941

Contrary to the hopes of A.G. Butler, the ‘dreadful experiment’ did occur again in 1939 and the medical profession was once more called from civilian practice to military service. Despite the statistical studies and considered policy advice, the number of doctors in Australia still could not meet the needs of patients and sufferers at home and abroad. The Army even had to extend the age limit for doctors to 60.¹⁰

In the 1940s, editorials in the *Australian Medical Journal* fretted about the dire shortage of doctors in civilian and military practice. They encouraged the six universities then training doctors to shorten their courses, bring forward their exams and release a new generation into service as quickly as possible.¹¹ As WWII progressed, the University and the College had to adjust to compressed medical degrees again.¹²

These doctors understood their purpose was to ‘conserve the health of the troops’ in order to return the sick and wounded to battle.¹³ Once again, medical service men and women confronted their ‘conflicting duties’.

2/5 Australian General Hospital: W.E Kay and A.J. Murray

In WWII, the relatively small medical world brought together two Andrew’s men, Doctors William Elphinstone Kay and Angus Johnston Murray. They did not know each other at College, but both served in the First World War with distinction. William and Angus were thrown together in the 2/5 Australian General Hospital.

Born in Glen Innes in 1888 to a Presbyterian minister, William Kay entered College in 1906 where he was an accomplished athlete, receiving a rowing Blue. After graduating *Medicinae Baccalaureus* in 1911, he spent two years at Sydney Hospital.

At the outbreak of WWI, William enlisted as a Captain in the Australian Army Medical Corps and was much decorated for his service. He served with courage and distinction in the 1st Field Ambulance at Gallipoli, the Somme and Flanders. An officer remembered William ‘had the efficiency of the unit at heart and the well-being and comfort of his men constantly in the fore-front of his mind’.¹⁴

After the War, William returned to his native Glen Innes as a local doctor where he married Margaret McLeod with whom he had three children. He then moved to Sydney Hospital and a surgical practice on Macquarie Street which allowed him to add surfing to his outdoor pursuits. In this time ‘big Bill Kay’ enjoyed the high regard of his medical colleagues and stayed with the A.A.M.C. as a colonel.

⁹ *Hermes*, ‘College Notes’, 1918 Volume 24 Number 2, p.213.

¹⁰ <https://onlinelibrary-wiley-com.ezproxy.library.sydney.edu.au/doi/epdf/10.5694/j.1326-5377.2014.tb00001.x>

¹¹ <https://onlinelibrary-wiley-com.ezproxy.library.sydney.edu.au/doi/epdf/10.5694/j.1326-5377.2014.tb00001.x>

¹² SAC Council Minute Book, vol. 15, 23 June 1941.

¹³ <https://onlinelibrary-wiley-com.ezproxy.library.sydney.edu.au/doi/epdf/10.5694/j.1326-5377.2014.tb00001.x>

¹⁴ ADB, <https://adb.anu.edu.au/biography/kay-william-elphinstone-6901>.



William's junior by eight years, Angus Murray represented both the 'A' and the 'NZ' of ANZAC, having been born in Kaiapoi, New Zealand, and raised in Armidale, New South Wales. A doctor's son, Angus was already a medical student when he enlisted in 1916 as a driver. He returned to his studies after the war and also became Senior Student of the College. Angus graduated *Medicinae Baccalaureus Magister Chirurgiae* in 1923 and trod the familiar path from the library of St Andrew's to the wards of our cousin, the Royal Prince Alfred Hospital.¹⁵ With further study, Angus made obstetrics and gynaecology his speciality.¹⁶¹⁷

Both William and Angus enlisted within a month of each other in 1940 and were posted to the 2/5 Australian General Hospital. They were first mustered in Greta, NSW and then sailed for the Middle East. In April 1941, the 2/5 under the command of Colonel William Kay embarked from Palestine to establish a hospital in Greece to support that disastrous campaign. They arrived on 12 April and began work at Kephissia. A day later, they had capacity for 50 patients and soon after that a 1,000. This was just as well since the battles in northern Greece were bloody.

The Allies soon had to abandon Greece and Colonel Kay became the senior medical officer in the country. He was responsible for carrying out the confusing and contradictory orders for evacuating casualties and doctors from Greece.

William was overseeing the embarkation of wounded soldiers onto the *Neon Hellas* in the ancient port of Athens, the Piraeus, when the ship was struck by a bomb. He suffered mortal injuries to the head and his right arm was severed at the elbow. William Kay died of these injuries two days later on 26 April 1941, just two weeks after the 2/5 arrived in Greece.¹⁸¹⁹²⁰

William was succeeded in his command of the 2/5 Hospital by Angus Murray. Not long after the Greek disaster, the Hospital was recalled to Australia along with A.I.F. reinforcements in preparation for casualties in the Pacific and the New Guinea campaigns.

The 2/5 Hospital briefly regrouped in Armidale where Angus grew up before being sent north to Bootless Bay in New Guinea in December 1942. Once again, they speedily set up a field hospital for 1,200 patients, each tent accommodating 80. As violence on the Kokoda Track and at Buna escalated, the bed state reached 1,500. By Christmas 1943, the hospital built for 1,200 had over 2,000 patients. Here water was in short supply and the Hospital had to work with only the most rudimentary antibiotics.

Not only was the 2/5 Australian General Hospital confronted with numerous casualties, they also for the first time encountered a new range of tropical diseases including malaria, scrub typhus, blackwater fever, and severe dysentery. The many volunteers in the Australian Army Medical Women's Service were essential in treating these ailments and injuries. Under Angus' command, the 2/5 Australian General Hospital first used penicillin in 1943 at a time when it was a novel treatment.²¹

¹⁵ <https://www.bmj.com/content/4/5622/60>

¹⁶ BMJ obituary, <https://www.bmj.com/content/4/5622/60>.

¹⁷ <https://www.aif.adfa.edu.au/showPerson?pid=219027>

¹⁸ Collections WA, <https://collections.wa.net.au/items/6bf2d475-a030-45c4-95c7-1e5482d78570>.

¹⁹ <https://www.2-5agh.org/>.

²⁰ <https://adb.anu.edu.au/biography/kay-william-elphinstone-6901>

²¹ <https://www.2-5agh.org/>. It was the war which stimulated mass production via the British Penicillin Committee.



The Hospital was then sent to Morotai in Indonesia where they treated many soldiers and prisoners of war suffering from wounds and malaria. In the course of the War, the 2/5 Hospital probably treated in excess of 15,000 patients under the commands of William and Angus.²²

Five years to the day after the 2/5 sailed, it was officially disbanded. Angus returned to civilian practice at the end of 1945 and pursued a prominent career in obstetrics and gynaecology. He was later active in the establishment of the Australian Medical Association and served on both the College Council and the University Senate. In recognition of his extraordinary professional contributions, Angus was made a Knight Bachelor in the 1966 birthday honours.

Conclusion

Long after the forces were demobilised and returned home, the work of physicians continued. The injuries, physical and mental, suffered in these Wars had to be tended for many years after the end of hostilities.

The absence of so many medically trained men and women during the Wars and the deaths of too many of them, raised wider questions about the provision of doctors especially in rural parts of the country. It was partly these difficulties which encouraged Angus Murray to advocate for the Australian Medical Association of which he became the second President.

Roy Allen Sillar did not ever go to the European Front, though he treated its victims. William Elphinstone Kay gave medical service in two wars and eventually his life. Neither of these men died facing an enemy and did not carry a weapon into battle. Instead, they bore the 'conflicting duties' of military doctors.

So, when we tell individual stories, we must remember to lift our gaze from the particular to the general. We must remember that these were not single, accidental tragedies, but part of formal violence on a massive scale.

Today, we have not told the stories of doctors to escape the dreadful complicities of war. The extraordinary mobilisation of medical people from this College and this University reminds us that human hurt was not an afterthought in these conflicts. We reflect on the stories of doctors because there is a deep, poignant, salutary truth in their *conflicting duties*.

²² Collections WA, <https://collections.wa.net.au/items/6bf2d475-a030-45c4-95c7-1e5482d78570>.