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# NEITHER INVISIBLE NOR FORGOTTEN: *THE NURSE'S STORY*

*The Life and Times of Myra Blanch*

*First 'flying nurse' of the Royal Flying Doctor Service 1945–1954*

Jillian Newlands (née Barclay), DipT BEd MEd

A thesis submitted for the degree of Doctor of Philosophy

Faculty of Medicine  
Menzies School of Health Research  
University of Sydney

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## Declaration

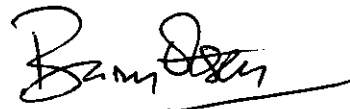
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Jillian Newlands

Candidate

I believe that this thesis is properly presented, conforms to the specification for the thesis and is of sufficient standard to be, prima facie, worthy of examination.



Barry Elsey, PhD  
International Graduate School of Management  
University of South Australia

Supervisor

# NEITHER INVISIBLE NOR FORGOTTEN: *THE NURSE'S STORY*

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## **ABSTRACT**

In 1928, Rev. John Flynn of the Australian Inland Mission set up the world's first civilian Aerial Medical Service. In 1932 it became the Australian Aerial Medical Service. In 1942 the name was changed to Flying Doctor Service (FDS), the prefix 'Royal' being added in 1956. It is now the largest such organization in the world.

In 1945, Myra Blanch was employed by the New South Wales (NSW) Section of the FDS as its first full-time flight nurse. During her nine years in that role her work gained wide media coverage, particularly during the first twelve months, as she pioneered the new specialty of flight nursing.

Her courageous work set the example for FDS sections in other States, and the model she developed came to be accepted as best practice. Fifty years later, her vision for flight nurse practice and health care delivery to the clients of the NSW FDS network inspires the utmost respect.

However, in the histories of the RFDS (that Australian icon) and of the Australian nursing profession, her significant contribution is virtually unknown—figuratively speaking 'invisible'. Historically, the contribution of other nurses to their profession was undervalued—as that of other women to society. Ironically, the FDS in NSW (though not in other States) apparently viewed her work as insignificant, and she and her work were largely forgotten.

The purpose of this biographical study, the first of its kind in aviation nursing, is to lift the veil—to document Myra Blanch's remarkable legacy to the RFDS and to all her successors.

# Neither Invisible nor Forgotten: *the Nurse's Story*

*The Life and Times of Myra Blanch  
first 'flying nurse' of the Royal Flying Doctor Service 1945–1954*

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# NEITHER INVISIBLE NOR FORGOTTEN: *THE NURSE'S STORY*

*The Life and Times of Myra Blanch*

*First 'flying nurse' of the Royal Flying Doctor Service 1945–1954*

## CHAPTER ONE: INTRODUCTION

Myra Blanch, the first appointed flying nurse, made a significant contribution to the nursing profession, the Royal Flying Doctor Service (RFDS) of Australia, and the health outcomes of outback people. However, notwithstanding partial recognition of her work during her nine years of employment with the New South Wales Section of the Flying Doctor Service<sup>1</sup> (FDS), as it was referred to prior to 1955, the rich contribution of this pioneering woman has remained largely undisclosed.

The introductory chapter provides an overview of the thesis and explains how the author's interest in the topic has led to the original research reported in this thesis, which may help in redressing the lack of interest previously shown to this historically significant figure.

### Background

The Royal Flying Doctor Service of Australia is the oldest aeromedical organization in the world. It was launched in 1927 and operations commenced in Cloncurry, Queensland, in May 1928, with a simple but visionary mission to provide urgent

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<sup>1</sup> This thesis refers to the Royal Flying Doctor Service (RFDS) as a general rule, using the earlier name in specific contexts as appropriate.

medical care to outback people using aircraft, a totally new concept in the civilian world at the time. The service began as an experiment to determine the feasibility of such an operation in a remote area of Australia.

The project was initiated by Reverend John Flynn, a Presbyterian minister who worked tirelessly to improve the physical and spiritual health of people in outback Australia. He had already strategically placed Australian Inland Mission nurses in 14 hostels/hospitals throughout outback Australia between 1911 and 1924. He believed that by using the expertise of a doctor who could be flown to patients in need by the Aerial Medical Service (AMS), a further dimension to his vision of 'a mantle of safety' for outback people could be realised.

The Cloncurry experiment was generally rated a success and the aeromedical service soon developed into a national organization. Some 75 years later, the same service, re-named the Flying Doctor Service (FDS) in 1942 and then granted the royal prefix in 1956 to become the Royal Flying Doctor Service of Australia (RFDS), has developed to become not only the first, but the largest civilian aeromedical service in the world. Prior to the launch of the Aerial Medical Service experiment in 1927 at Cloncurry, the founder, the Reverend John Flynn, published this statement in the *Inlander*, a newsletter of the Australian Inland Mission.

... if future AMS doctors are not run off their feathers, say 'God be praised!' And tell them to keep on standing by, proud to be incorporated in the ever-enlarging flame re-kindled by our Lady with a Lamp (Flynn, 1927, p. 27)

Interestingly, it has remained an aeromedical service whose doctors are still 'standing by'. Flight nurses throughout the national RFDS network undertake, on average (Malone, 1990), 85% of the aeromedical transport/evacuation work as sole nurse practitioners in the aircraft. The doctors' role now includes telephone/radio consultations, health care clinic services and on-call availability to team with the nurse to ensure optimal patient outcomes in emergency aeromedical evacuations.

For clients of the RFDS, the work of the flight nurses over time has been well known and respected. However, for many people, the only knowledge of this Australian icon has been derived from literary or dramatic representations and/or

media campaigns. This has led to a general misconception, further influenced by the name of the service, the 'Royal Flying Doctor Service', that a doctor has been and continues to be the consistent care provider in aeromedical operations. To publicly acknowledge that nurses have continued to care for injured and sometimes critically ill patients as sole practitioners, requires a major paradigm shift for those who promote the service. Further, it would appear that historically there has been some degree of reluctance on the part of the RFDS to facilitate this shift.

## Research Topic

The role of flight nurses, predominantly women, has frequently been omitted from the historical recordings of the RFDS. Where they are recorded at all, this has been in some instances through photography, unsupported by text, or briefly in text with scant reference to their complete work role. Yet they have made a significant contribution to the RFDS. Beginning in 1938, health department nurses worked on RFDS aircraft; the first nurse to be employed by the RFDS was appointed to a new full-time position in 1945.

There has been no greater contribution to the RFDS than that of its first appointed flight nurse, Myra Blanch. Pioneering a new frontier of aviation nursing, her visionary professionalism provided an example for flight nurses of the future. This thesis focuses on her work life and contribution, from the time of her appointment to the Broken Hill Base in 1945, until leaving the service in 1954. She meticulously diarised her work during the time of her employment. The contents of her diaries are used to provide biographical evidence of her work and her significant contribution. Further, the content of her diaries is supported by media reports, council meeting minutes, radio broadcast transcripts, newsletters and recollections of the people with whom she worked, and for whom she provided health care. This nine-year period of ground-breaking employment has gained minimal attention in any form of published literature. In May 2003, the RFDS celebrates 75 years of aeromedical operations. This year also marks the 50th anniversary of the Queen's Coronation Medal, awarded to Myra Blanch for her services to health in outback Australia. It is surely timely for deficiencies in the professional and public body of

knowledge relating to the first RFDS flight nurse to be explored and disclosed in 2003.

## Personal Interest in Topic

My interest in the work of RFDS flight nurses began in 1990, when elected to the RFDS Central Section Council.<sup>2</sup> At that time, the RFDS was a men's organization, dominated by males in medical and management roles. The realisation of the all-pervading nature of this male dominance came as a shock. It took some time to come to grips with the challenge I faced: how I could capitalise on this unique opportunity to bring about meaningful change.

Ways of improving and maintaining quality in the nursing division, both in the provision of client care and in the work life of nursing personnel, have been of particular interest to me as an RFDS Councillor and a senior member of the nursing profession. The need for a nursing professional development program was identified at the RFDS Central Section 1992 Strategic Planning Workshop. It became evident through discussion with RFDS flight nurse managers from other sections in Australia, that the outcome of this workshop reflected a national need for a professional development program for RFDS flight nurses.

In an attempt to bring about change that would benefit the flight nurses, the clientele, and the organization, I conducted extensive research between 1992 and 1994, gradually building a professional development model for flight nurses based on a needs assessment. The enthusiasm of RFDS flight nurses in the study was demonstrated by an 86% return rate of the national needs assessment survey and by their copious and invaluable input into the qualitative section of the survey (Barclay, 1995a).

During that research project it became apparent that there was a paucity of literature relating to the flight nurses in the RFDS. Numerous comprehensive

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<sup>2</sup> *RFDS Central Section* was renamed *Central Operations* and the *Council* became known as the *Board* in 2000. *Central Operations* extends from Tennant Creek in the Northern

database searches were undertaken, but they resulted in scant end products. I wished to address certain questions: why flight nurses do not feature, or feature only superficially, in the history of the RFDS; why the service decided to use a flight nurse; who established the flight nurse role; what is the story of the first flight nurse; and what contribution did the first flight nurse make to the RFDS, the clientele and the nursing profession. Answers to these questions are certainly not apparent in commissioned RFDS literature, general literature or nursing literature. Some of the issues have been insufficiently addressed while others have never been addressed. A preliminary E-mail poll I conducted to determine current flight nurses' knowledge of the founding flight nurse suggested that half the RFDS flight nurses did not know who Myra Blanch was, and the other half knew only what they had read in the brief accounts of her work role in official RFDS literature. My goal has been to help the RFDS flight nurses of today come to understand the legacy left to them by their first flight nurse, and the significant contribution flight nurses have made and continue to make, in the shaping of an Australian icon.

## Thesis

This thesis explores the story of the first flight nurse employed by the RFDS, a pioneer woman in outback Australia, who forged a new frontier in nursing practice.

A search of professional and popular literature reveals several articles relating to flight nurses, but only scant mention of Myra Blanch. Other literature relating to history, women's history, nursing history, outback women and gender issues has been reviewed in an effort to further inform the thesis. However, there is not only a deficiency in the published literature: National and State archival searches similarly revealed scant information. For the first three years of the study, numerous attempts were made to locate Myra Blanch's diaries. Her relatives believed they were stored in various archival collections, but no records were found in any public collections in Australia. However the search continued and finally photocopies of the diaries and flight reports were unearthed from a carton, in a

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Territory to Adelaide in South Australia and it shares western and eastern borders with *Western Operations*, and Queensland and *South Eastern Operations*, respectively.

storeroom built into the roof of the hangar at the Broken Hill RFDS Base. They were neatly tied together with pink archival tape. Under the tape, on the first page, was a note, written in her own hand: 'Photocopies of my diaries, they may be of use to someone one day'. The importance of this find cannot be over-emphasized.

In spite of this discovery, the lack of primary and secondary sources at the outset of the study has largely driven the research methodology. Reliance on a single research method would have greatly diminished the endeavour to secure an in-depth understanding of the apparent invisibility through time of the first RFDS flight nurse. For this reason, the bulk of the research has been qualitative, and a multi-method approach (Flick, 1992, p. 94) has been used with the aim of maximising its scope and optimising the outcome.

A biographical approach to the work role of the first flight nurse has allowed for an intimate disclosure of Myra Blanch's story. Her diaries, nursing reports, radio transcripts, newspaper articles and a research paper provide a comprehensive account of her enormous contribution, while refuting the stereotype of a nurse as a subservient female carer.

Oral history methodology has been used to substantiate the primary sources. As Myra Blanch died in 1992, several years before this research study commenced, oral accounts of her work from the perspective of RFDS pilots, a radio operator, management and clients, helped provide a balanced view of the story.<sup>3</sup> The contributions of the interviewees have added further dimension to the study, and a sense of what it was like during that period in the Flying Doctor Service, the mining town of Broken Hill and the surrounding outback. It would have been valuable to interview the two doctors she regularly flew with, but unfortunately they had both already died.

It is important to acknowledge at the outset of this study that the introduction of oral history as a tool for data collection has been debated feverishly by traditional historians. However, since the 1970s, it has generally been agreed that oral history

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<sup>3</sup> Oral history transcripts and tapes have been archived in the J D Sommerville Collection of the Mortlock Library, South Australia.

can lead to new and different foci 'by challenging some of the assumptions and accepted judgements of historians, [and] by bringing recognition to substantial groups of people who had been ignored' (Thompson, 1988, p. 4). Notions of oral history as a potent tool for exploring issues of the history of people and their related experiences has further substantiated the attribute of oral history as an important and legitimate method of recording the past (Frisch, 1990).

Themes from Myra Blanch's professional work are analysed, and the job description she wrote for herself in 1945, and expanded upon in 1954, is compared to a flight nurse job description dated 2002. This strategy is used not only to compare the work roles but to demonstrate the remarkable vision of the first flight nurse, some fifty-eight years later. Parallels are drawn between Myra Blanch, other pioneering woman, nurses and rural women, and in each case, it is shown how history has overlooked and/or portrayed 'their story'. The history of the first flight nurse is disclosed and the thesis examines the immense contribution one woman made in nine years of employment as the first flying nurse in the RFDS.

### *Format*

This thesis is made up of seven chapters. Rationale for the content of each chapter is included in the individual chapter introductions; however, a summary overview is given here.

Chapter One introduces the research, and identifies a deficiency in knowledge about the first RFDS flight nurse. Myra Blanch's outstanding contribution to the RFDS, the people of outback Australia and the nursing profession is outlined to support the rationale of focussing on the work of this one flight nurse, a courageous and visionary professional. While her work has been practically invisible in the history of the RFDS, this is consistent with other deficiencies in the history of women, in particular rural women and nurses. However, she was not invisible in her time, and the evidence presented substantiates this claim. A multi-method approach is suggested as appropriate to this historical study, and important in

unearthing the real story of her work. The significance of this thesis to the RFDS, the professional literature, flight nurses, and Myra Blanch's memory is discussed.

Chapter Two reviews published literature to provide an overview of the history of the RFDS and the introduction of flight nurses into the service. It also explains the context within which the RFDS operates, and gives an international and national perspective of flight nurses and their work role. The thesis is referenced using two systems. The author-date system is used throughout this piece of qualitative research. The footnote reference system is used when further qualification is needed. The intention is to provide thorough referencing and a sense of history throughout. The chapter mounts the case for the focus of the thesis, that is, the life and times of Myra Blanch, the first 'flying nurse' of the Royal Flying Doctor Service, from 1945 –1954.

Chapter Three discusses the research process. It contains a literature review to support the methodology of the thesis and argues the value of using qualitative research. The validity and reliability of types of data collected are evaluated, and critical reflections on using this approach are documented. Strengths and weaknesses of comparable historical studies are examined as well as the appropriateness of including oral history methodology in this piece of qualitative research. The chapter concludes with reflections on the methodology, and its ability to provide insight to an ignored or devalued history. In summary, the chapter aims to provide a sound argument for the methodology of the thesis.

Chapter Four outlines Myra Blanch's story, describing her background prior to employment at Broken Hill Base, and presenting some issues surrounding her employment. Oral histories are provided by the two pilots who flew with her, the radio operator who was her vital link with the network, and a client (or *consumer* in recent RFDS parlance) from one of the outback stations. They offer their views on her personality and her relationships with her co-workers, the outback people and the RFDS. Mention is made of 'silent minutes' regarding her resignation and the chapter concludes with a brief overview of her professional life after leaving the RFDS.

Chapter Five discusses the significance of the contribution Myra Blanch made to the RFDS, as well as to remote area health and the nursing profession. A comprehensive approach is taken to the interpretation of her work as the first RFDS-employed flight nurse, using different perspectives to provide a collage of her life and times as the first flight nurse. FDS publications, local and national media publications, radio broadcasts, her professional diaries and data from her final health survey are used to establish the context within which she operated, and give an in-depth account of her extensive work role.

Chapter Six reviews the flight nurse role as interpreted by Victorian and South Australian RFDS Sections in the period between Myra Blanch's resignation and the appointment of her successor twenty-two years later. It asks and attempts to answer searching questions arising from her work, questions not raised in RDFDS documentation: for example, how it came about that she wrote her own job description, (strikingly similar to the job description of a flight nurse in 2002—the role has changed and developed, but its essential framework was defined 58 years earlier). While it would appear that Myra Blanch did a superb job for nine years developing a newly created position, as witness the award of the Queen's Coronation Medal in 1953 for her services to outback health, the RFDS did not replace her after she resigned. The Council minutes are silent on her resignation, and this in itself raises a number of issues, which are investigated in this chapter.

Chapter Seven discusses issues relating to the broader invisibility of Myra Blanch's contribution through time, as opposed to the degree of visibility she attained during her employment as Australia's first RFDS flight nurse. This invisibility over time is compared to that of the archetypal pioneer woman of outback Australia. Together with the findings of the previous chapters, this final chapter seeks to explain why the first and subsequent flight nurses have been largely invisible in the history of the RFDS, an acknowledged Australian icon. The invisibility of nurses in the overall picture of medicine and health care is discussed, and the notion proposed that Myra Blanch's legacy remains in both spirit and form for today's flight nurses. This research serves to unveil the possibilities for other flight nurses

of the past to emerge from the shadows, and for flight nurses of the present to challenge the status quo and ensure that the reality within which they proudly practise aviation nursing is reflected in the records of the RFDS.

### *Purpose*

A significant number of publications written by and about the RFDS have failed to include mention of the flight nurses or the evolution of their work role across the six decades of RFDS service. This omission is further compounded by a deficiency in the nursing literature relating to flight nurses, interestingly consistent with lack of publication about the history of flight nurses and their work role in the United States of America (Lee, 1988). This thesis reflects the view that predominantly male chroniclers have generally paid more attention to the achievements of men than to those of women, a tendency compounded in relation to nursing, a predominantly female profession (Davies, 1986; Versluyen cited in Davies, 1986; McMillan, 1990; and McGrath 1995).

The feminine stereotype of nurses and women as subservient has contributed to this lack of recognition. (Davies, 1986; Cramer, 1989; Dallow, 1992; and McGrath, 1995). The romantic myth of the stereotypical nurse and, in this case, the flight nurse, is still perpetuated by publications in the 1990s, such as Wilson (1993), Woldendorp and McDonald (1994) and the *RFDS Annual Report, Central Section (1994)*. It is not uncommon for the work role of the flight nurse to be portrayed through photographs but unsubstantiated by adequate descriptive text.

In developing this thesis I have used an eclectic approach rather than confining myself within one theoretical framework, the better to establish a true picture of the role of the first RFDS flight nurse, to promote understanding of how a false picture came to be accepted, and to question in whose interest this has happened. Superior knowledge and expertise, as predicated by medicine, are challenged. Gaps, silences and ambiguities are analysed in an attempt to uncover, in this story of the first RFDS flight nurse, a meaningful piece of social history.

It has been my purpose to address a fundamental deficiency in the literature relating to the RFDS. For fifty-eight years the RFDS, the general public and the nursing profession have been deprived of the story of a courageous woman who forged a new frontier in nursing practice and established the speciality of aviation nursing for the nursing profession not just nationally, but globally.

## CHAPTER TWO: LITERATURE

*The most eloquent cry for the Flying Doctor is a silent one—the station graveyards and the little graves. The whole of the Outback is a pageant of graves and their stories of men, women and children who departed this life without the hope of loving-kindness in medical care ... too often mother and baby lie together*  
(Hill, 1947, p. 23)

This chapter provides a brief history of the Royal Flying Doctor Service and outlines its current operations. The context within which the RFDS operates is outlined so as to highlight the challenges of Outback health care. It is from these challenges that the need for flight nurses has arisen. Literature relating to RFDS and Health Department flight nurses, published internally by the RFDS, commissioned by the RFDS and published independently, is examined for any deficiencies in the recounting of recent history. Other relevant Australian and international publications are reviewed to ensure a more general understanding of the practice of flight nursing and to set in context the unique position of flight nursing in the RFDS.

The chapter is divided into three sections with a summary:

Royal Flying Doctor Service Medical Emergency and Health Care Background

*Royal Flying Doctor Service Origins*

*Royal Flying Doctor Service Operations 2001-2002*

*Royal Flying Doctor Service Operating Parameters*

Diseases in Outback Australia

Health Care Initiatives

Royal Flying Doctor Service and Health Department Flight Nurses

*Material Published Independently*

*Material Commissioned by Royal Flying Doctor Service*

*Material Published by Royal Flying Doctor Service*

Flight Nurses: History

Flight Nurses: Role

Other Flight Nurses

*Material from International Sources*

*Material from Australian Sources*

# Royal Flying Doctor Health Service Background

## *Origins*

This section provides a background to the origins of the RFDS, the ideas presented to the founder by a young World War I fighter pilot, and the state of aviation at the time of the launch of the Aerial Medical Service (AMS).

The concept of the AMS was to provide emergency medical assistance to people who lived and worked in Outback Australia. Australia is a large landmass with the majority of its population located on its seaboard. The popular terms 'the Outback' and 'the Inland' pertain to the vast area of inland Australia. It is characterised by sandy deserts, salt lakes, mountain ranges, monoliths, and dry river and creek beds. Climactic extremes make it a harsh, unforgiving country. The Reverend John Flynn, a Presbyterian minister, devoted his life to working with the people of the Australian Outback. He understood their medical predicament. People in need of urgent medical aid could travel hundreds of miles on horseback or camel, and often died before they could reach help. Flynn was most aware of the plight of women and children who accompanied the men in these inaccessible regions. He was reminded of this on several occasions by Mrs Aeneas Gunn, author of *We of the Never Never* (1908). The Australian Inland Mission (AIM), through Flynn's leadership, established a series of nursing hostels in Outback Australia. As part of his vision he wanted to provide a '*mantle of safety*' for the people of the Inland (Wilson, 1993, p. 3). The first hostel was established at Oodnadatta in 1912 and within fourteen years another ten hostels had been established, all staffed by registered nurses (Appendix A).

Flynn wanted to provide more than just medical assistance to the people of the Outback. He believed that Outback women isolated from female interaction in this man's world, would benefit from the company of other women, particularly the nursing sisters. The Reverend Fred McKay, John Flynn's successor, wrote:

Flynn taught me the value of a good woman with medical skills in the bush. Not only can they provide much needed medical and dental care, they change the

whole dynamics of the men's camps and are able to talk about women's issues with the women.<sup>1</sup>

The nursing sisters who staffed these hostels, and later the hospitals received public recognition of their service by Flynn. He wrote in McNair's *Nursing History of South Australia* that he was privileged to be able to behold the 'enterprise, loyalty and loving persistence' of these women who served for more than 25 years in the Australian Inland Mission (1937, p 11).

Through the AIM, Flynn believed that he had already begun to address the medical problems of the frontiers by placing nursing sisters in isolated areas, but he also recognised that the goal of guaranteed access to medical advice in times of urgency was still elusive (*Inlander*, 1927, p. 67). Wilson writes of Flynn's relentless obsession to find a way of helping the geographically isolated people of Outback Australia in times of medical emergency, by expanding his *mantle of safety* (Wilson, 1993, p. 33).

Flynn had already conceived the basic idea of using aircraft to expand the 'reach' of Outback doctors when in November 1917 he received a remarkable letter from a young fighter pilot, Lieutenant John Clifford Peel, of No. 3 Australian Air Corps, then en route to France. The letter, more appropriately referred to as a dispatch (McKay, 1994), outlined the feasibility of an aerial medical scheme, including costs, possible bases, aircraft maintenance and many other practical considerations for Flynn to digest (*Inlander* 1918). This substantiated Flynn's vision for the second component of his *mantle of safety* for Outback Australia. There were others at that time who shared Flynn's vision. One of the most avid supporters was H.V. McKay, who, Flynn claims, was his most interested friend in sharing the dream of an aeromedical service (Bilton, 1961). Conversely, there were critics who considered

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<sup>1</sup> Fred McKay: interviewed by the author, 20<sup>th</sup> April 1998, tape and transcript deposited at the J.D. Sommerville Collection, Mortlock Library, Adelaide, South Australia. Fred McKay was the successor to the Rev John Flynn in his mission to the people of Outback Australia.

the scheme to be totally incomprehensible, in fact dangerous. The aviation industry in Australia was in its infancy.

Flynn's challenge was twofold. He had to convince Australians that an aeromedical service would be a safe and effective method for the delivery of urgent medical care. Further, to achieve an aeromedical service, he had to combine three very distinctive disciplines: medicine; aviation; and radio. Using a multidisciplinary approach, Flynn postulated that he could establish a fast, efficient means of providing geographically isolated people with medical assistance.

Flynn had a unique ability to market his concept through the media of the day, such as local and national newspapers and newsletters, while also seeking out appropriate people to support his vision.<sup>2</sup> With the help of an aviation pioneer, Sir Hudson Fysh, founder of QANTAS (Queensland And Northern Territory Air Service), his vision became reality on 9th May, 1928 with the establishment of the first aeromedical service base in Cloncurry in north-western Queensland. But in 1928 very few people in the Outback were in a position to take advantage the new service. Flynn sought the technical expertise of Alfred Traeger, OBE, to solve the problem of how to provide cheap and reliable communications between the Outback people and the AMS. In 1929 Traeger invented the pedal generator, providing power for the soon to be ubiquitous wireless sets, the Internet of the day.

With the launch of the Cloncurry experiment in Queensland, Australia demonstrated a new era of medical care to the rest of the world. It was a momentous year for aviation in Australia. As well as launching the first aerial medical service in the world, Bert Hinkler had made a solo flight from the United Kingdom to Australia, almost halving the previous record of pioneers Ross and Keith Smith. Australia's first daily airmail service had been established by QANTAS

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<sup>2</sup> The *Inlander*, Vol 5, No.1, 1918 published Peel's letter to Flynn and included clippings from a Sydney newspaper about the commercial use of aeroplanes; from the *West Australian*, Tuesday, 30th August 1921, about Flynn's idea of taking doctors to isolated and remote centres of Australia by aeroplane; and from the *Melbourne Herald*, 24th Feb, 1922, observing that aeroplanes in the Outback could be life saving.

between Brisbane and Toowoomba (a distance of 80 miles), and the Royal Australian Air Force tested its first Australian-assembled Southampton Supermarine flying boat (*Australia through Time*, 5<sup>th</sup> edition, Random House Australia, 1997). The tyranny of distance was being challenged through aviation.

The Cloncurry Aerial Medical Service experiment was clearly so successful that it even survived the Great Depression of the early 1930s. By 1934, Flynn had won the battle to establish the Australian Aerial Medical Service (AAMS). In 1934, the Victorian Section of the AAMS commenced operations, followed by the Western Australian Section in 1935. An Australian-made film entitled *The Flying Doctor* was screened in Sydney in 1936, and the subsequent influx of public donations resulted in the New South Wales AAMS being established in that year. The South Australian Section began in 1938, followed by the Queensland Section in 1939 (Appendix B).

As aircraft became more reliable, and the work of the AAMS became more widely recognised, the need for its services became more obvious. Politicians and supporters of the AAMS were convinced that the benefits justified the cost, and so the service continued to expand. In 1942 the AAMS was renamed the Flying Doctor Service (FDS), as Flynn believed it would be politically astute to break away from the Australian Inland Mission and a name change was crucial to establish this shift. Her Majesty Queen Elizabeth II bestowed the prefix 'Royal' after her visit to Australia in 1954.

## Operations in 2001-2002

From these early beginnings, the RFDS has expanded and today is acknowledged as the largest aeromedical organization in the world, providing care to people over 80% of Australia's vast landmass. It enjoys an international reputation for its uniqueness and standard of health care provision. The RFDS provides an emergency service every hour of the day, every day of the year, to a huge area with sparse population and climatic extremes. The RFDS facilitates the visits of medical and dental specialists to the Outback. It also provides regular clinic services in the way of general medical practice, women's health, child and family health and

mental health. The RFDS approach to primary, secondary and emergency health care is articulated in their publication, *Best for the Bush* (1992).

The clients of the RFDS encompass all ages, and include indigenous people and people from English-speaking and non-English-speaking backgrounds. They are employed in or dependent on industries such as cattle and sheep farming, mining, railways, local industry and tourism. The diversity of the RFDS clientele represents a wide range of politico/socio/economic backgrounds; and it presents a wide range of logistical problems.

No consideration of the RFDS would be complete without mention of its aircraft, and their operational abilities and limitations. In recent years the cabin specification has called for accommodation for pilot, nurse, two others on seats and two patients on stretchers. Until recently conventional wisdom has been that twin-engined aircraft are better than single-engined. The arguments have covered reliability, safety, size and cost. The RFDS Central System, however, has recently been using the Swiss-built single turbo-prop *Pilatus*. It is significantly cheaper to run than the 'twins' it has replaced and, on the evidence so far, more reliable. Other Sections have now begun phasing out their twins.

The Royal Flying Doctor Service in 2001-2002 operated 40 aircraft from 22 bases around Australia. They flew over sixteen million kilometres, saw two hundred thousand clients and evacuated twenty-six thousand patients to hospital for further treatment (Appendix C).

Nationally, the RFDS in 2001-2002 employed 47 full-time and 25 part-time doctors, and 95 full-time and 21 part-time flight nurses, to provide this comprehensive health care/emergency service. The flight nurses work as sole nurse practitioners during secondary aeromedical transport incidents, and as primary health care workers, especially in the areas of health promotion, education, women's health and child health. They team with doctors at regular clinics and on emergency flights. The service today has greatly expanded from the service of 1928, while the concept and vision remain the same.

## *Operating Parameters*

To understand the work of the RFDS as an aeromedical health care provider to rural and remote areas of Australia one must take into account the context within which this unique service operates. There are health, health care and other issues that impact on the population of Outback Australia; one must, for instance, acknowledge that claims have been made that the RFDS is or has been a racist organization.

Rural Australia is characterised by large distances, small sparsely distributed populations, harsh environments and considerable geographical and social diversity. None experience these problems more than those who live in the remote and isolated communities of the north and inland Australia (*National Rural Health Strategy*, 1994).

Rural people experience significantly more illnesses, including hypertension and psychiatric disorders, than do urban people (*Best for the Bush*, 1992). The prevalence of certain conditions increases with the degree of remoteness of place of residence. These conditions include endocrine, nutritional and metabolic diseases and immunity disorders, respiratory diseases and diseases of the muscular-skeletal system and connective tissue. Inhabitants of remote areas are more likely to have health conditions related to inadequate nutrition and high risk-taking activities, and there is less inclination to consult a doctor or seek medical advice (Humphreys, Rolley and Weinand, 1992, p. 23).

In spite of these difficulties, people living in the remotest area of inland Australia are still well supported, even where problems of providing services to widely dispersed populations are greatest. The best-known and most comprehensive mobile health service in the world is the Royal Flying Doctor Service (Lonsdale and Holmes, 1981; Holmes, 1985; Humphreys, 1990b).

From the pre-RFDS days of camel, horse, Aboriginal messenger, smoke signals and 'mulga wires' (the Overland Telegraph Line), to the current situation of High Frequency (HF) radio and satellite telephones, communication technology has dramatically improved access to medical help. The largest contribution to

communications in Outback Australia came about as a direct result of the Aerial Medical Service. It became quite obvious that if medical aid was required, there needed to be another form of communication, far more user-friendly than the telegraph. Not only did the telegraph depend on one's expertise in Morse Code, but also there were geographical limitations for those who were not in the vicinity of the telegraph line. Out of this need came Traeger's invention of the pedal radio, which could be transported around the Outback as well as situated in the homesteads. The radio became the lifeline for people in the bush, from 1929 until the late 1980s with the installation of the first modern radio telephones, followed by satellite phones a decade later.

By the 1990s, most people were able to contact the RFDS directly by telephone (*RFDS Annual Council Report, 1994*). However this new technology is not necessarily in the best interest of its clients. The 'dumb' bush gained a voice with the invention of the pedal radio (Grant, 1981), but it would appear that the bush has regressed to being silent once again with the installation of telephones. While people now have privacy through the telephone, this could be seen as negating the former benefits of HF radio, which in many ways provided a community service. For example, 'Galah sessions' were held over the Outback radios. These were really just chat session for folks to communicate with their neighbours in the radio network. People no longer know what is happening around the bush, even in neighbouring properties, as the telephone calls are private and the radio ceases to 'crackle' through its informative voice. Computer chat rooms provide some form of outside communication, but isolation is once more and will remain a factor in Outback community health.<sup>3</sup>

The RFDS functions not as a separate entity in the bush but rather as an integral part of the larger rural and remote health care system. Bush nursing centres and mission hospitals are linked with the RFDS network, and clinics are held in small

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<sup>3</sup> RFDS Consumer Network Central Section reports the issues of poor communications and resultant feelings of isolation in unpublished Consumer Network meeting minutes, December 1995.

communities where there is no resident doctor. Arrangements are also made for specialists to visit remote areas periodically, using RFDS aircraft, for the provision of dental services to some areas, and for the particular health care needs of Aboriginal communities (Cresswell, 1986).

Funding for the RFDS comes from three sources: in 1990, the Federal and respective State Governments each funded 45% of the revenue budget, the remaining 10% being covered through cost recovery, fund-raising activities, donations and bequests. Governments provide funds for capital expenditure as special-purpose grant applications. Governments monitor RFDS activities, measuring budget allocations against 'health outcomes' such as the number of emergency flights, extent of Outback clinical services, patient contact numbers and doctor-patient and nurse-patient ratios.

These measures are often inappropriate in evaluating existing health care services (Humphreys et al, 1991). Similar comments can be made about the RFDS outputs listed in the 1994 Australia Council Annual Report of the RFDS and subsequent Annual Reports (*RFDS Australia Council Annual Report, 1994*). What do the outputs really say about health outcomes? And how do we know if the impressive statistics relating to numbers of patients seen and evacuated make any contribution toward improving the health status of people living in Outback Australia (Barclay 1995b).

The health care needs of RFDS clients are as diverse as their backgrounds (Barclay, 1995b). Sickness relating to lack of clean water, poor living conditions, harsh climate, trauma, infections and infectious diseases were commonplace prior to the advent of the RFDS (Hill, 1947). It can be argued that these conditions, and the incidence of disease, have not improved for some Aboriginal communities since that time, and have been further compounded by substance abuse. Writing in 1986, Thomson warned that, unless the health of the Aboriginal people were to be addressed and be taken as the number one priority, Aboriginal health would still be described as a national calamity in the year 2000 (Thomson, 1986). In 2003, despite some Aboriginal health initiatives, Thomson's prediction seems all too prophetic.

Boredom, racial tension and alcohol abuse not uncommonly result in violence (Alcorn, 1993). Further, an RFDS flight nurse (Harris, 1991) claims that remote-area nurses all over Australia dread pension day and its *sequelae* in rural and remote communities. Drugs and alcohol, accompanied by unemployment and lack of motivation to become productively active, culminate in assaults (often using broken beer bottles), child neglect, abandonment and domestic violence with alarming regularity (Harris, 1991, p. 25).

A nurse in one Aboriginal community in Central Australia attributes seven of the fifteen deaths experienced by the community over a six-month period to being a direct result of substance abuse. Four community members died as a result of stabbing, and 33% of the entire community had to be evacuated for emergencies, a large number of these due to alcohol-related injuries and accidents (Alcorn, 1993). While these outcomes may be viewed as symptoms of underlying causes, they do have direct implications regarding the subsequent evacuation of those people who need further care, as well as indirect implications for the RFDS as part of the larger health care system.

Another example of such implications for the RFDS as part of the health care system comes from Percival (1986), who reports a turnover of nursing staff at several remote centres in the Pilbara and Kimberley regions of Western Australia as high as 300% at the time of writing. Cramer (1989), a remote area nurse, claims that, in view of the studies and reports of experiences of remote area nurses, the revered '*mantle of safety*' for Australia's remote population is illusory. A major discrepancy appears to have developed between the claim of some that remote populations are well supported by the RFDS, and the reality claimed to be experienced by others (Lonsdale and Holmes, 1981; Holmes, 1985; Humphreys, 1990b, cited in Humphreys and Rolley, 1991).

While allegations of racist elements within the RFDS lie outside the scope of this thesis such allegations have been made from time to time, and it must be acknowledged that statements with tones of outright racism have been become problematic for the organization. Thomson (1986) warns of the problems that could arise from racist views being taken out of the context of their time. It is

important to note that, by 1933, when the first constitution of the AAMS was prepared, it was an inclusive document with no distinctions made between people of different race, economic status or political persuasion.<sup>4</sup>

This is not to say that there were no elements within the AIM and AAMS presenting racist views from time to time, despite the constitution. An AIM nurse<sup>5</sup> who served at Birdsville from 1936-38 documented openly racist remarks by a member of the Birdsville AIM Board regarding separate health care delivery areas in the proposed new Birdsville AIM hospital. However with respect to the health care service providers, that is, the AIM nurses, she categorically states that their charter was to provide health care to all, regardless of 'colour, race or creed'. This view is also supported by Myra Blanch, the first flight nurse appointed at Broken Hill base, in her diaries of 1945-54.

Thomas (1993) has asserted that the RFDS should acknowledge its 'racist' past. But Langford (1993) and Smythe (1993), respectively current and past RFDS doctors, are clear that in their experience in the service, they have not encountered discrimination at the service delivery level.

Despite intermittent controversy, the RFDS continues as an integral part of rural and remote health care.

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<sup>4</sup> AAMS Letters of Articles of Association can be found in the Australian National Archives, Canberra, ACT.

<sup>5</sup> Lillian Stevenson, interviewed by the author, 9<sup>th</sup> April 1998, tape and transcript deposited at the J.D. Sommerville Collection, Mortlock Library, Adelaide, South Australia. Lillian Stevenson was an AIM nurse at Birdsville in the 1936. She married and remained in the bush at Durham Downs until 1952, when her husband died tragically in a fire, the result of their kerosene refrigerator exploding. She returned to live at Broken Hill with her three small children and opened a boarding hostel for children of the bush, near to the Broken Hill High School.

### *Diseases in Outback Australia*

The disease pattern of Outback Australia has largely influenced and continues to influence the work of the RFDS. Added to the fact that injuries are incurred at a higher rate in remote areas, usually associated with high risk-taking activities and/or substance abuse, the health history of the Outback includes epidemic and endemic disease outbreaks (Humphreys et al, 1992).

From 1873 until 1962, malaria was a problem in the 'Top End' or northern part of Australia. Typhoid outbreaks have been reported periodically from 1887 to 1969. Encephalitis occurred in isolated cases after the 1917-18 outbreak, and then recurred in endemic proportions in the early nineteen fifties. Tuberculosis was noted in the late nineteen thirties and throughout the forties. For the next twenty years, tuberculosis threatened Aboriginal communities, though it was controlled in the white population. In 1948 there was a serious measles epidemic, followed by poliomyelitis in 1951. Trachoma, despite health education efforts and various screening programs, continues to plague the Aboriginal communities, along with the causative organism *Chlamydia* and other sexually transmitted diseases such as *Granuloma inguinale* (Donovaniasis). Diarrhoea, especially among the children, has remained an ongoing problem in some Aboriginal communities (Kettle, 1991).

Superimposed on the health background of the Australian Outback have been times of economic hardship that fluctuate for some and remain constant for others. Socio-economic status and health status are directly linked (Davis and George, 1993). Typically, the most disadvantaged groups, such as people living in a non-metropolitan area and/or Aborigines and Torres Strait Islanders, experience poorer health, make more use of primary and secondary health services and less use of preventative services (Geddes, Bott and Burgan, 1993).

### *Health care initiatives*

Disadvantaged groups comprise a significant proportion of the RFDS clientele. The *Best for the Bush* document (1992) provides strategies to address primary health care initiatives, targeting disadvantaged groups in an endeavour to increase the RFDS 'mantle of safety' in the area of non-emergency health care. The RFDS

*Australia Council Annual Report (1997-8)* outlines the advances in primary health care initiatives, made by the service, which have been quite significant. National and Sectional Annual Reports have continued to provide overviews of significant advances made by the RFDS in relation to primary health care, and reinforce the importance of the strategic alliances that now exist between the Sections and University Research Centres for Rural and Remote Health.

The context within which the RFDS works as an aeromedical organization continues to be confronting. As detailed above, the health care challenges that Outback Australia presents have always been there in various shapes and forms. Indeed, it was to address these challenges that the concept of flight nurses was first presented to John Flynn in 1936 by the South Australian Women's Centenary Council. Whilst it must also be recognised as an integral part of a much larger and complex health care system, the RFDS has taken a major role in providing all levels of health care delivery to Outback Australia.

## Royal Flying Doctor Service and Health Department Flight Nurses

### *Material Published by the Royal Flying Doctor Service*

#### *History*

The publication *Royal Flying Doctor Service of Australia 1928—1978 Golden Jubilee* reports that from 1928, registered nurses have been transported to isolated outposts to care for patients who could not be moved. Conversely, on some occasions, nurses have flown in medical aircraft in the Outback to assess and care for patients. Certainly they have made a contribution to the second component of Flynn's 'mantle of safety' which has not been widely recognised (*Royal Flying Doctor Service 1928-1978 Golden Jubilee*, 1978, p. 55).

It is recorded that Health Department doctors and nurses staffed the FDS plane in 1939, in Alice Springs. Not all patients required the service of a doctor and so, on occasions, nurses would, for example, transport women in labour, as sole

practitioners (Kettle, 1991, p. 182). So why, 49 years later, does the 1986 Federal Council 50th Anniversary Yearbook claim that isolated people require the skills that only a doctor can provide (*1986 Federal Council 50<sup>th</sup> Anniversary Yearbook*, p. 55). It would appear that isolated people have had their health care needs met by flight nurses as well as doctors for many years.

In 1936, Adelaide Miethke, president of the pioneer Women's Memorial Trust, persuaded Flynn that the Flying Doctor Service should employ 'flying nurses'. In 1945, the New South Wales Section employed Myra Blanch, who had also worked for the Australian Inland Mission before serving in the Second World War. Her nine-year contribution to the new role as a flight nurse and a community nurse was briefly acknowledged in 1978 (*Royal Flying Doctor Service 1928-1978 Golden Jubilee*, 1978, p. 55).

The Western Australian Health Department appointed Sister Lucy Garlick as the first Flying Infant Welfare Sister in Derby between 1948 and 1953 (Johnstone, 1986). During that time she designed the human body chart still used in Outback medical chests to describe anatomical areas of the body during clinical consultation by radio or telephone. However there is no mention of Lucy Garlick in some publications about the RFDS, while others fail to recognise that she actually designed this valuable diagnostic tool.

Further, the Golden Jubilee publication reports that it was not until the nineteen sixties that the total value of flight sisters was recognised. This recognition resulted in the Western Australian Department of Health appointing a full time sister to flight duties in the Kimberley, under the control of the Victorian Section which for administrative purposes took responsibility for that region (*Royal Flying Doctor Service 1928-1978 Golden Jubilee*, 1978, p. 55).

In January 1989, Sister Cathy Haney left the Kimberley after ten years of service as a flight nurse with the Western Australian Health Department. She is recognised in the RFDS Bulletin for her valued service to the Kimberley community and to the RFDS. Further acknowledgment is given of her advice on medical outfits for

aircraft and an action plan for transferring Health Department flight nurses to employment with the RFDS (*RFDS Bulletin, Victorian Section, 1989, p. 2*).

By 1990, all RFDS Sections had employed their own flight nurses, with the exception of the Queensland Section and Alice Springs Base of the Central Section. In 1993 the RFDS Australia Council Annual Report advised that all sections should employ their own flight nurses. The advice was heeded, and the RFDS flight nurse population nationally, in 2002, numbers one hundred and sixteen (*RFDS National Report, 2001–2002*).

Flight nurses have been active members of the RFDS since its inception and have worked as sole practitioners on aircraft. These facts are not evidenced readily in RFDS literature or in the general literature written about the RFDS. Further, only a very small minority of flight nurses have published papers internally and/or externally, in relation to their place in the history of the RFDS, Outback Australia and the nursing profession.

#### *Work role*

The internal RFDS Sections' Bulletins/newsletters, Annual Reports and Symposiums include articles about the work role of RFDS flight nurse.

One article in an RFDS Western Australian Section publication provides a chronological account of the evolving work role of a Health Department nurse in the Kimberley, for example:

1938—Duties at Wyndham included general and midwifery nursing ... routine flights to native mission stations regularly to inspect natives, carry out immunisation, surgery or dental work. Flights ... with the medical officer, or alone, if the doctor was away (document from RFDS Western Australian Section, undated).

*The Flying Doctor*, the official journal of the NSW FDS Section, from 1946 until 1954 includes items relating to the first flight nurse. Her groundwork and aerial medical work are described, as she developed the new role of a flight nurse. Myra Blanch herself also contributed to this in-house publication, with regular advice for

the Outback women on health, child health and the contents of the FDS medical chests held at most station homesteads. The segment was called 'Home Nursing Hints'.

An RFDS Victoria Section Bulletin tells the story of Lucy Garlick in the Kimberley in the nineteen forties. Her work role ranged from infant welfare and relieving in the hospital at Wyndham when required, to accompanying the flying doctor on clinic flights (*RFDS Vic Section Bulletin, 1986*, pp. 10-12). For a period of ten months, she consistently accompanied the Flying Doctor plane, as the doctor appointed to the area not only disliked flying but refused to fly. Apart from her other duties, she carried out the doctor's role for ten months (Johnstone, undated). This was clearly a very significant contribution to the RFDS by a 'flying nurse'.

The claim that Sister Garlick may have travelled around the Kimberley by plane in 1952 could be viewed as something of an understatement (Bilton, 1961, p. 225). One could ask in whose interest it is that this information has not been cited in any general publications about the RFDS. Was her work unknown, or is this simply a further example of the assumed role of 'subservient carer', namely, a nurse?

The Central Section of the RFDS acknowledged that health talks to mothers by a Sister speaking from the RFDS Base had proved to be successful (*Air Doctor, 1950*, p. 17). This acknowledgment refers to part of the work role of Myra Blanch, NSW Section, Broken Hill Base.

As the first FDS employed flight nurse, Myra Blanch's job description included:

1. To engage in home nursing;
2. To relieve nursing staff in emergency cases in hospitals within the area of the Flying Doctor Service (FDS);
3. To give advice and help on matters of public health and prevention of disease; also medical advice when necessary. Also to dispense ante- and post-natal advice;
4. To broadcast talks over the Network on subjects of FDS interest in times to be arranged; also talks and visits to the schools;

5. To perform medical surveys and immunise children within the area;
6. It is intended that the nurse should, in the course of time, visit every homestead within the area, particularly those without radio or telephone communications (Malone, 1990).

Marie Osborn, the first Western Australian Health Department nurse appointed to full-time flying duties with the Victorian RFDS Section, reflects on her employment:

I was thrilled to become the first full time flying sister in the Kimberley, even if it did shatter some of my cherished ideas. I had visions of dare devil pilots, flying by the 'seats of their pants', through dust storms and cyclones, landing on flooded airstrips and crash landing without batting an eyelid. The dashing, suntanned doctors, of course, succoured the sick and flew them to hospital. Here hovered ministering angels with radiant faces and crisp white uniforms and veils (Osborn 1979, pp 55-58).

Of the reality she wrote:

Our pilot I found to be a cautious character, who preferred radar to flying by the 'seat of his pants' and had a definite dislike of dust storms ... and I was relieved to find that he didn't crash land just because it was a dull Sunday afternoon. Our dashing doctor was often pale under his suntan from operating all night, and expected his staff to work like carthorses too. The faces of the ministering angels were certainly radiant in temperatures of 100 degrees or so, and their uniforms hung damply with perspiration. I found my work grimy, gritty, sweaty and fascinating (Osborn 1979, pp. 55-58).

And of her work role:

As a flying sister I found I assisted doctor as nurse, secretary, disher-upper of meals, disposer of paper bags and 'chief dogsbody'. Radio sessions were attended to give advice and answer queries, calling doctor as necessary (Osborn 1979, pp. 55-58).

This could be viewed as a further example of the equation 'woman = nurse = attendant = medical helpmate' (Versluyen cited in Davies, 1986, p. 182).

*The Inland Story*, a 1980 RFDS booklet publication, includes a brief overview of the RFDS flight nurse's work role at Port Augusta Base in that period. The flight nurse describes her work as 'being part of a very special team', assisting the doctor on clinic flights, working in the hospital while on call for RFDS evacuations, cleaning the interior of the aircraft and restocking it after use (RFDS, 1980, p. 97).

The lack of recognition of the RFDS flight nurses and their role is further evident in the 1986 *RFDS Federal Council 50th Anniversary Yearbook*. This publication claims that, despite improvements in communication, isolated people still suffer from illness and injury and require the services only a doctor can provide (*RFDS Federal Council 50th Anniversary Yearbook*, p. 36).

According to the *RFDS WA Section Review* (1991), the unique and challenging work of the RFDS flight nurses takes its toll: the average term of employment for a flight nurse was reported as 12 to 14 months, with no-one staying longer than two years, because the long hours and stress created a high rate of 'burnout'.

Consequently, according to the RFDS Eastern Goldfields Section, none of the flight nurses was married and certainly motherhood would be impossible (*RFDS WA Section Review 1991*)

Interestingly, at the time of this article, the senior flight nurse of the WA Section of the RFDS was indeed married and a mother of two children. The author of the article is not acknowledged. This comment could be viewed as a generalisation about flight nurses, rather than an attempt to explain 'the rules' of flight nursing or deliberately to maintain the stereotype.

The 1990 *Royal Flying Doctor Service Federal Council Annual Report* gives a brief history in its introduction and claims that Outback people know the flying doctor can reach them within 90 minutes, day or night, even though they live in one of the remotest areas of the world. It is only in the Service's objectives, where mention is made of the availability of medical, nursing and other services, that the reader discovers the RFDS is more than a doctor service (*RFDS Federal Council Annual Report, 1990*).

The *Review of the Royal Flying Doctor Service in Western Australia, Final Report* (1991), conversely, describes the term 'Flying Doctor' as a misnomer. It explains that doctors accompany less than 18% of the total number of flights undertaken by the three Sections (in Western Australia), and that flight nurses attend all medical transports. In Derby, Carnarvon and Port Hedland, the flight nurses are involved in planning and coordinating flights within their sections. Further, the report states that the flight nurses in the Eastern Goldfields Section work 118% of their rostered time, and that the position of the flight nurse is viewed by the majority of the medical practitioners interviewed as most necessary (*Review of the Royal Flying Doctor Service in Western Australia, Final Report*, (1991, pp. 118,119).

In the *RFDS Central Section 59th Annual Report 1994 -1995*, the president of the Central Section Council reports that he was recently able to accompany the RFDS doctor on a flight to an Aboriginal community and witness the results being achieved. While the recent employment of flight nurses at Adelaide base is included in that report, there is no mention of the flight nurses' work role, even in relation to the aforementioned Aboriginal community. However, there are several photographs of flight nurses in action, which clearly provides a visual image of their work role in the two situations pictured; unfortunately, there is no supporting text to these images (*RFDS Central Section 59th Annual Report 1994—1995*).

Annual Reports have continued to insert photographs of flight nurses with minimal descriptive text.

It is important to complete this review of RFDS literature by noting that John Behr compiled many volumes of historical data about the RFDS in 1984. Two volumes contain some information about RFDS flight nurses. One is entitled *Women of the RFDS* and the other *The Medical History of the RFDS*. An unfortunate deficiency in all of the volumes relates to lack of referencing and hence detracts from the reliability of much that Behr has recorded. Certainly Behr's work recognises the contribution of flight nurses more than do most other RFDS accounts, but the volumes remain unpublished (Behr, 1984, unpublished).

Stories of the RFDS flight nurses, centred around their diverse area of clinical practice, would appear to make extremely interesting and exciting reading for

general publication and, very importantly, essential documentation for RFDS, Australian nursing history and knowledge. However it would seem that most of this information remains within the organization. RFDS Section publications are sent only to members of the organization, and so one can conclude that the story has never been revealed to a wider audience.

### *Material Commissioned by the Royal Flying Doctor Service*

Over the years the Royal Flying Doctor Service has commissioned a variety of publications, and actively encouraged or willingly collaborated in a number of others where the degree of detachment is unclear. For present purposes a representative sample will suffice.

In his book *The Royal Flying Doctor Service of Australia*, commissioned by the Federal Council of the RFDS, Bilton (1961) speaks briefly of the work of the first FDS employed flight nurse, Myra Blanch, as does Page (1978) in *The Flying Doctor Story 1928–78*. Page expands on the first flight nurse's work role, and records one opinion of the professionalism and personality of Blanch, expressed by a past AIM nurse, who was also a client of the Broken Hill RFDS Base.

She was a tall, strong, dark featured woman ... she was a very reserved person and some people thought she was abrupt or arrogant but I think this was mainly shyness. When you got to know her she had a heart of gold ... no show about her at all and never wore a hat, and she had to borrow one to be presented to the Queen—but she was an efficient nurse and very conscious of the importance of her profession. She was very concerned about the Outback children, especially when she found that most of them were underweight for their ages ... this led her into a particular interest in preventative medicine (Page, 1978, p. 245).

Bilton presents the notion of a 'flying sister' in the Kimberley region in 1946, supported by the Western Australian Health Department, but also claims that there is no documented evidence sufficient to establish whether this did in fact occur (Bilton, 1961). However, he has documented that, by 1950, a Sister Lucy Garlick was attached to the Western Australian Health Department as a 'flying sister' in the Kimberley, and that arrangements could be made for her to intermittently visit

outposts on the [flying] doctor's round. He then reverts to the 'flying doctor' stories and makes no more mention of nurses.

In the most recently commissioned RFDS general publication (Woldendorp and McDonald, 1994), the reader is briefly introduced to the history of the RFDS and a summarising statement claims:

John Flynn's idea was simple—to bring the remote bush what amounted to a flying general practitioner service combined with a simple flying casualty room (Woldendorp and McDonald, 1994, p. 10).

While recognising the professional services offered by the RFDS in the 1990s, and including interesting statistics which reveal that eighty percent of the RFDS aeromedical evacuations are made by the flight nurses as sole practitioners in the aircraft, the text goes on to tell 'flying doctor stories'.

The publication is entitled *Australia's Flying Doctors*. In an attempt to justify their choice of title, they explain:

Around the flying doctor network it is sometimes said that the name Royal Flying Doctor Service (with its emphasis on *Doctor*) does not accurately reflect the input of the other people to the Service, especially the flight nurses. So what do we mean, exactly, by choosing the phrase flying doctor in the title of our book and using it through the text? At one level it means the entire organization. And then something more. It is a phrase that feels alive because of its widespread current use. 'What's that plane?' people say. 'It's the flying doctor'—indicating not so much an aeroplane as an evocation of a special activity inseparable with Outback life. The flying doctor spirit ... the phrase won't go away, the usage of the Outback demands that we stick to it (Woldendorp and McDonald, 1994, p. 11).

Moreover, no research is cited to support this claim. The reader is left asking whether this is an anecdotal view held by the authors, or a true representation of the Outback community's view.

Further, although the authors recognise that flight nurses are the sole practitioners in the majority of medical evacuations, they tell no stories relating to these sole

evacuations. As noted earlier, the 'stories' are about the doctor, and if the flight nurse is mentioned, it relates to working with the doctor.

As previously noted, photographs of flight nurses in action are included in Woldendorp and McDonald (1994). It is of interest to read one caption from this publication, under a photograph of a nurse and a doctor attending to a patient in a clinic room. It states:

... at clinics the nurses are the most familiar faces, carrying the knowledge of patients from year to year (Woldendorp and McDonald, 1994, p. 76).

Once again the reader is left to wonder. What does this caption indicate? Is it saying something about the way the community views nurses? Furthermore, does the nurse contribute to community health care? Is the contribution facilitated by an intimate knowledge of the community? Do RFDS nurses have a low attrition rate? Certainly many questions raised by the photograph and its caption are not dealt with in the text.

It could be said that Woldendorp and McDonald have been influenced by the words of Florence Nightingale:

To be a good nurse one must be a good woman, attendants on the Wants of the Sick—helpers in carrying out Doctor's orders (Garnarnikow cited in Kuhn and Wolpe, 1978, p. 115).

### *Material Published Independently*

This section discusses the literature that has emanated from outside the RFDS since the inception of the RFDS and its flight nurses. It will be seen that Myra Blanch received some attention in the literature (as did those who followed her). However the published work is hardly commensurate with the groundbreaking contribution she and her successors made to the new nursing speciality of flight nursing.

While publications have been released on the AMS, AAMS, FDS and RFDS, there has been scant mention of the nurses or their supporting work role in various aspects of the service's operations. Malone (1990), a past RFDS flight nurse,

provides a brief but informative article about the history and the work life of RFDS flight nurses. She describes the employment conditions of the first RFDS flight nurse in 1945 and the gradual employment of other flight nurses in the RFDS nationally. She states that in 1938, a Sister Dorothy Arthur was employed by the Department of Health at Wyndham to work in the hospital and assist the Flying Doctor. During that time she was required to accompany the doctor on emergency flights within the Kimberley region, or sometimes to work alone if the doctor was not available. Included in her duties were routine flights to the Aboriginal communities to administer immunisations and inspect their general health (Malone, 1990).

Megan Machin, a journalist, wrote three articles relating to Myra Blanch's work as the first flight nurse. These were published in a popular female magazine, *Woman*, in 1946, 1949 and 1954. On each occasion, she accompanied Myra Blanch on one of her regular health care journeys to communities within the NSW FDS network. The stories present the Outback community and the preventative and sometimes curative health care she provided.

Myra Blanch was like a travelling clinic here, giving pre-natal advice, looking down throats, examining ears and eyes (Machin, 1949, p. 27).

Children from Lake Pimpara are photographed to illustrate the text in the article. The photograph shows them waiting for their turn, while one child, seated on a one-hundred-litre drum in the yard, is being inspected by Myra Blanch.

Much has been written about the services that RFDS doctors have provided since its beginnings in 1928. Hill (1947) recounts stories of the flying doctors' work role in the nineteen forties, and the following is indicative of her admiration for their service:

... but all of this lonely land—now under the merciful wing of seven Flying Doctors—the miles and the years have far too much for me to tell (Hill, 1947, p. 27).

Peachment (1983) portrays the story of John Flynn for school children. He states that the RFDS has a number of aircraft and 'each plane is manned by a pilot and a

doctor'. The story continues around the doctor, with no mention at all, in the book, of RFDS flight nurses or any Health Department nurses supporting either the doctor or the service (Peachment, 1983, p. 15).

Publications have continued across the decades, each recalling heroic events about the flying doctor dealing with Outback emergencies, for example:

A woman owes her life to the swift action of a flying doctor during an obstetrical emergency (Vicker, *AMJ*, Feb, 1958).

Further, the RFDS, is reported to be a national organization which provides medical attention, at a distance, via radio to patients widely scattered throughout rural and remote Australia. One is left to assume that a doctor provides medical attention, but no clue of the existence of a flight nurse is given. Cresswell, in describing the RFDS, talks about the base doctors providing daily radio clinics and emergency treatment, as well as periodical specialist visits, dental care and other care required to meet the needs of the Aboriginal population. He notes that Bush Nursing Centres (staffed by remote area nurses) and hospitals are in the RFDS network. However, the other work of the RFDS, that is its huge aeromedical evacuation component, mainly staffed by RFDS flight nurses, has been omitted (Cresswell, 1991).

By 1952, Health Department nurses were working on FDS aircraft in Alice Springs. The medical superintendent of the Alice Springs Hospital and an off-duty sister staffed RFDS emergency flights. This was a most unsatisfactory arrangement, as no one was responsible for maintaining the medical records or restocking the emergency medical kit. However the constant plea for a nurse to be dedicated to flying in RFDS aircraft was rejected by the Public Service Board prior to 1959. In 1960 the Board finally agreed to three flight nurse positions, but stipulated that they must be classified at the lowest level (Kettle, 1991). Evidently no reason was given for this stipulation.

The flight nurses' stories from Alice Springs were a combination of endless dramas and routine transport and clinic work. Emergency flights relating to injury and childbirth, and clinic flights for immunisation, health screening and child health

were all part of the role of the flight nurse. Another Aerial Medical Service had developed out of Darwin and, by the nineteen sixties, flight nurses worked on the aircraft under similar employment conditions to those in Alice Springs (Kettle, 1991).

While Wilson (1993), like Cresswell, does not mention the work role of flight nurses, he does include several photographs of flight nurses in their work situation. He recognises that the first one employed by the RFDS Broken Hill Base in 1945 was Myra Blanch (Wilson, 1993). However he fails to include Lucy Garlick (nee Johnstone), who flew on RFDS aircraft in the Kimberley region in the 1950s. She designed the first version of the body chart that is still used in medical chests throughout Outback Australia today.<sup>6</sup>

In the nineteen sixties, the RFDS employed as a pilot Robin Miller, a registered nurse. It is hardly surprising that she was generally known as the 'flying nurse'. She records in her diary (7th April, 1975) that she had to collect a woman in labour. As pilot of the aircraft, she colourfully describes the efficiency and skill exhibited by the flight nurse in performing a delivery in flight. The mother had previously lost two babies during birth but the aircraft delivery resulted in a successful outcome for mother and baby (Miller, 1979, p. 160). This is one of the few great stories recorded in a general publication of a flying sister working with the RFDS.

An article by Gillian Burn, an English nurse who decided to 'travel down under' describes her employment as a flight sister in the RFDS, Kalgoorlie. She concludes her exciting and colourful account of the work role, extending from clinic work to evacuation and emergency teamwork, by referring to her experiences as unique, worthwhile and challenging (Burn, 1984, p. 50).

The nursing responsibilities of transferring patients at altitude and working in a restrictive cabin environment are extensive:

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<sup>6</sup> The original drawing of the body chart and notation on its use is archived at the RFDS Australia Council Office, York St, Sydney, NSW.

Flight nurses play a major role in medical evacuation flights, hence the reputation of the RFDS rests heavily on its nurses and the care they give. The high percentage of patients aeromedically transported over distances up to 2,000 kms who are tended by a nurse alone is a testament to the nurses' expertise. Despite frequently working in professional isolation ... flight nurses find their work satisfying, rewarding and professionally stimulating and enjoy making a considerable contribution to an honourable part of Australia's heritage (Edwards, 1992, p. 24)

The absolute minimum qualifications required to be a flight nurse are certificates in general and midwifery nursing, with a minimum of five years post-basic experience. While requirements vary from base to base, it is generally expected that the flight nurse should have experience in critical care, remote area nursing, child health and Aboriginal health care. The role of the flight nurse in many ways has not changed over time; however, technology and techniques have changed. While it is recognised that the nursing section of the RFDS is not a high profile section, the nurses actually undertake eighty five percent of the aeromedical evacuation work alone (Malone, 1990). This could be attributed to the fact that the RFDS has, historically, the culture of a traditional, medically oriented health care/emergency service, and nurses are viewed, traditionally, as being in a secondary, subservient position in relation to the doctors (Barclay, 1995b, p. 5).

Marshall, in the magazine *New Idea* records a very interesting interview with Sue Dunford, a flight nurse, RFDS Alice Springs Base. She concludes that, when there is no doctor readily available, the nurse has to deal with the problem at hand. The work of flight nurses requires a strong character, and glamour is not on the agenda (Marshall, 1995, p. 18). This is hardly the traditional secondary, subservient feminine stereotype that history would have the general population believe about nurses.

In their previously cited publication, Woldendorp and McDonald quote Sir Robert Menzies, the longest-serving Australian Prime Minister:

... inside Australia we have long since recognised that the Flying Doctor represents perhaps the greatest contribution to the effective settlement of the far

distant country than we have witnessed in our time (Woldendorp and McDonald, 1994, p. 3).

Wilson endorses the sentiment but qualifies it, alluding to other health professionals in the RFDS:

Flynn's greatest dreams woke up a nation to the Outback's potential. And people are alive and well today thanks to Flynn's flying docs and their teams (Wilson, 1993, pp. 150-3).

The Women of the Year Luncheon is an annual national event that supports the Royal Flying Doctor Service. In the publication for the 1995 luncheon, the number of flight nurses employed by the RFDS is documented. Contrarily, it found that the doctors were responsible for all the aeromedical work, clinics and telephone/radio consultations. 'While the flying doctors could not function without aircraft or radio, they are, by the very nature of their work, the cornerstone of the RFDS'.<sup>7</sup>

Barclay, in an address to the RFDS National Symposium, challenges this statement:

Let me remind you of the statistics that RFDS flight nurses solely evacuated 11,900 clients (of the 14,000 evacuated) in 1994, as well as being involved in clinic and team evacuation work. It would appear that more than one cornerstone exists in this service! (Barclay, 1995b, p. 6)

In one critical observation:

the equation woman = nurse = attendant = medical helpmate has dominated society's view of the position and roles of women in the healing process (Versluyen cited in Davies, 1986, p. 182).

Further, it could be argued that the 1904 view, 'we want to stop nurses thinking they are anything more than they are, namely the faithful carriers-out of the doctor's orders', is persistent some ninety years later (HMSO, 1904, p. 37 cited in Dingwell, Rafferty and Webster, 1988).

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<sup>7</sup> The Women of the Year Luncheon, 1995, p 33

By contrast, a recently published article in a peer reviewed international journal, describes a phenomenological study of WA RFDS flight nurses' clinical decision-making in emergency situations in which they were the sole health professionals:

The flight nurse's scope of practice addresses both the medical needs of patients and the alleviation of life-threatening problems. It is not unusual for the flight nurse to perform lifesaving interventions independent of direct medical orders and beyond the purview of general nurse practice ... the flight nurse must be skilled in clinical decision-making (Pugh, 2002, p. 28).

The most recent publication about Australian Outback nurses devotes one chapter to flight nurses. Unfortunately, the first sentence in the chapter is incorrect, as it claims the first recorded flight by a nurse, Meg McKay, was to Boulia, in 1939, to help a flying doctor. To date, the first recorded flight by a nurse with the flying doctor was in the Kimberley in 1938. The chapter does make mention of Myra Blanch as the first officially employed flight nurse, but it states that her role was to support women in the bush.

She worked independently and was not part of a team of doctor/pilot/nurse (Rudolph, 2002, p. 171)

Importantly it recognises her contribution to the practice of preventative medicine, and indicates that the RFDS now supports the principles of preventative medicine that she suggested over fifty years ago (Rudolph, 2002).

Interestingly, the flight nurses, predominantly women, have been recorded historically in one of three ways: in some instances they appear in a photograph but not in the accompanying text; in other publications they may be mentioned briefly but certainly not thoroughly; many have been omitted completely. It would appear that Edward's comment relating to photographs and anthropology could also be true of photographs and flight nurses.

Photographs became ... marginal to the process of explanation rather than becoming part of a centrally conceived resource ... a technique perceived as recording surface rather than depth (Edwards cited in Denzin and Lincoln, 1994, p. 403)

Unfortunately, apart from internal publication, the RFDS flight nurse role, as described by an RFDS flight nurse, has only ever been published in the *Nursing Times*, the *Australian Nurses Journal*, by Burn (1984), Malone (1992) Edwards (1994) and Pugh (2002). This is a group of predominantly female workers, very few with university education prior to 1990 and so unfamiliar or lacking confidence in a publication culture. In part it could be said that the flight nurses themselves have perpetuated the myth of the doctor doing all the aeromedical work by not publishing articles about their own work role and so maintaining their invisibility. And yet they have worked as sole practitioners or health team members and have done so either as Health Department employees working on RFDS aircraft or as RFDS employees, since 1938 and 1945, respectively.

### *Other Flight Nurses*

#### *Material from Australian Sources*

A limited number of publications relate to the aeromedical work of non-RFDS flight nurses in Australia. This is consistent with the international situation in general, and the US situation prior to the last decade.

Barbour relays her story as a nurse in the Royal Australian Air Force during the immediate post World War II era. As a member of the Medical Air Evacuation Transport, accompanied by a medical orderly, she was involved in evacuating former prisoners of war from Pakenbarea to Singapore.

Besides our usual medical supplies, oxygen and Red Cross comforts, we had milk fluids for the patients ... we were thankful for a short journey, because the patients' weak condition made it more exhausting for them than normally (Barbour cited in McNair, 1989, p. 83).

Robin Miller, 'the flying nurse' earlier referred to, was employed by the Western Australian Department of Health in the nineteen sixties to fly to country centres, Outback stations and camps to administer Sabin (oral) poliomyelitis vaccine. At the completion of her job she records:

The final round of vaccinations completed, I handed in my files ... 37,000 doses of vaccine administered, and about 43,000 miles of flying. ... I sensed a certain atmosphere of relief in the department at its being rid of such an odd-woman-out (Miller, 1971, p. 199).

Here was another Australian nurse who did not fit the stereotype. She was affectionately known by the Outback children as 'the sugarbird lady' because she flew into the camps and administered sugar lumps soaked in oral vaccine.

Kathryn Henderson, a registered nurse, was employed for a period in the early 1960s as a pilot in the Outback. During that time she suggested organising a system of 'flying nurses' to operate between cattle stations and missions, and so overcome the shortage of nursing staff (Stitchberry, 1972). There is no further mention of this proposed service in the literature cited.

As a result of experience gained during Australian involvement in overseas conflict in Korea, and prompted by developments in Vietnam, in 1969 the Royal Australian Air Force (RAAF) established the Medical Operational Support Unit to deal with casualties from the Vietnam War. With the withdrawal of Australia from Vietnam in 1973, the Medical Operational Support Unit, an aeromedical unit, was disbanded (Underwood, 1978). However the RAAF and the 5th Aviation Regiment of the Royal Australian Regiment (Army) have continued to develop expertise in aeromedical evacuation and have been involved in civilian aeromedical evacuations. They attended Darwin after cyclone Tracey, Rabaul following a major earthquake, Papua New Guinea after a tidal wave, and the disastrous flooding of Katherine in the Northern Territory of Australia. However the most recent utilisation of RAAF aeromedical expertise has been demonstrated to the world through the media during Operation Bali Assist, following the October 2002 bombing of a nightclub in Bali, Indonesia. It is appropriate to include here a quote that applies twenty-five years after it was first written:

The expertise of the RAAF medical teams comes from knowledge and practice. Practice begins with qualified nursing officers and trained medical orderlies (Underwood, 1978, p. 4).

An article in the 1996 *Nursing Review* (Witham) profiles the flight nurses of the New South Wales Air Ambulance. The author writes that one would not normally expect to find the odour of aviation fuel in a nursing environment. This is an extraordinary comment when one considers that Australia has had 'flying nurses' since the nineteen thirties, however, the paucity of literature relating to flight nurses could explain the ignorance in which that statement was made. Statistics presented in this article reveal that despite the New South Wales Air Ambulance Service transporting more than 5,000 patients a year, the doctor is only present on approximately 9% of all flights: '... the nurses are pivotal, because they are constant.' (Witham, 1995, p. 240).

Depending on particular circumstances, in Australia fixed-wing aeromedical evacuations are conducted typically by a nurse, sometimes by a doctor or a paramedic, or by two-person teams of a doctor and/or a nurse and/or a paramedic. (The paramedics might be described as flying ambulance officers with life-support-system training and experience.)

While there is debate in the United States of America, in Australia the flight nurse is recognised as the mainstay of the fixed wing aeromedical team. Organizations such as the RFDS, the Northern Territory Aerial Medical Service (NTAMS) and NSW Air Ambulance employ flight nurses rather than paramedics. Flight Nurses Australia was founded as a professional association in 1995, and it produces a regular newsletter. Flight nurses have contributed some very useful articles in this newsletter, but again the historical aspects of the specialty have not received attention. Additionally, with the scant amount of published literature available, further exploration of the history and work role of the flight nurses is inhibited. This issue needs to be addressed urgently: the core business of the nurses employed by the RFDS and the NTAMS is flight nursing. This differs from the US scene where most flight nurses work in critical care and/or emergency departments and never work as sole practitioners in aeromedical evacuation. Valuable knowledge and expertise is yet to be revealed to the professional world of flight nursing.

### *Material from International Sources*

Flight nurses are involved in aeromedical work throughout the world; however, the limited publications that are available mostly relate to flight nurses in the United States of America. Genell Lee, editor of the first edition of a flight nurse textbook, claims that flight nurses have been used in the United States of America since the nineteen thirties. A civilian, Laurette Schimmoler, had the foresight to organise nurses in aeromedical transport in 1933. By 1936 they had become the Aerial Nursing Corps of America. However, events of World War II, and the need for military personnel, eventually overtook the Corps. In 1940, Schimmoler convinced the US air force of the value of using flight nurses in aeromedical transport, and Brigadier General David N.W. Grant, first Air Surgeon, supported the stand, claiming nurses were the most highly qualified medical personal available for such sorties. Despite the Surgeon General of the Army opposing the concept, eventually, in 1942, the military agreed to develop a flight-nurse training program. Schimmoler's vision and foresight was officially acknowledged twenty-three years later by the United States Air Force. (Lee, 1988, p. 212).

Lee claims that in United States of America there is insufficient information about flight nurses in the literature. She emphasises that 'without a thorough understanding of our history and evolution we cannot provide adequate direction for flight nurses, military and civilian, of the future' (Lee, 1987, p. 218).

However, since that time, there has been a dramatic increase in publications by and about flight nurses in the USA. Civilian flight nurses belong to the Air and Surface Transport Nurses Association. This US national organization has combined with the Air Medical Physician Association of Air Medical Services and the National Flight Paramedics Association to publish a bi-monthly editorial board reviewed journal, *Air Medical Journal*. But still, Lee's (1987) complaint has not been addressed. While there are many publications about patient management in the air, and on the debate concerning whether flight nurses or paramedics make the best crewing configuration, there little attention has been given to the historical roots of the specialty of flight nursing.

The unique role of flight nursing as a functional extension of the hospital's emergency and critical-care services involves an autonomous, responsible and independent decision-making position. Flight nursing is a relatively new and evolving specialty ... [it] dates back to the 1930s, but little has been written about the speciality. In 1943 the military recognised the importance and began its first training ... in 1972, the first civilian-based flight program began. (Bader, Terhorst, Heilman and DePalma (1995, p. 214).

Despite extensive literature searches, information relating to the concept of the Aerial Nursing Corp in the 1930s, as reported by Lee (1987), has been elusive. Certainly there have been several publications about the military flight nurse role in aeromedical evacuations during more recent conflicts such as Vietnam (Janelli and Jarmuz, 1987; Kowal, 1990; Ravella, 1994 and 1995) and Operation Desert Shield/Desert Storm (Howell and Brannon, 2000). Yet again, the historical aspects of the role are not in the published literature.

### *Summary*

It could be concluded that the wonderful reputation that the RFDS enjoys internationally as a provider of excellence in aeromedical care can be largely attributed to the RFDS flight nurses (Barclay, 1995b). But their valuable contributions to the RFDS, particularly those of the pioneer flight nurses, have not been widely known or recognised in publications about the RFDS. Perhaps this is unsurprising, as it is still recent history, and other early Australia nurses' contributions have seldom been recognised in their time (Godfrey, 1991). Sadly, the international scene is not very different.

This literature review confirms that in Australia, prior to the first RFDS flight nurse being employed in 1945, some other Outback Health Department nurses flew with the flying doctor when requested. However the first nurse to fly as a sole practitioner, a pioneer in civilian aviation nursing, was Myra Blanch.

The sole practitioner work role of the first flight nurse and those who have followed demonstrates that they do not 'fit' the subservient, feminine stereotype of a nurse, nor that of a traditional woman for whom men make all the decisions (Davies,

1986). Their recognition in the general and professional literature relating to the RFDS, Australia and the nursing profession is long overdue.

Over the last seventy years, the developing role of flight nurse within the RFDS has been influenced by changing socio-economic factors, disease patterns and communication systems, and by dynamic variations within and among the different geographical regions served by the RFDS.

Internationally, Schimmoler in the United States proposed the notion of flight nurses at much the same time, but their proposed work role was more that of secondary transport, rather than aeromedical work and community health.

While the work of some other Australian flight nurse pioneers has re-emerged in the literature review, it is clear that the first full-time RFDS-employed flight nurse, Myra Blanch, led the way in establishing the foundations for the new speciality of flight nursing. However, attention to her role within and her contribution to the RFDS, Outback people and the nursing profession has been minimal. The job description she wrote (had to write) for herself has been published and there have been a small number of mentions in stories about the RFDS, and in three women's magazine articles.

Myra Blanch broke new ground: she tackled the new technical problems inherent in nursing at altitude in unpressurised aircraft. She was also ahead of her time: she actively promoted preventative medicine and primary health care thirty three years before the Declaration of Health for All, at Alma Ata in 1978.<sup>8</sup> The story of Myra Blanch, a visionary, courageous and professional flight nurse, deserves to be told.

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<sup>8</sup> At the International Conference on Primary Health Care, held in 1978 at Alma Ata, participants from 134 countries identified primary health care as the best way to achieve the World Health Organization's goals of Health For All by the Year 2000. Primary health care was described as 'Essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self determination. It is the first level of contact of individuals, the family and

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community with the national health system, bringing health care as close as possible to where the people live and work, and constitutes the first element of a continuing health care process' (WHO, UNICEF 1978).

## CHAPTER THREE: RESEARCH METHODOLOGY

*The qualitative researcher is like the choreographer, who creates a dance to make a statement. For the researcher, the story told is the dance in all its complexity, context, originality, and passion (Valerie Janesick, cited in Denzin & Lincoln, 1994, p. 218).*

This chapter describes the research methodology employed in this study. The rationale for qualitative research is argued, and the various methods used here are explained. It is viewed as important to the thesis to enter into a brief discussion about history and its meaning. Secondary and primary sources are discussed, the oral history process is outlined and the researcher's possible bias is declared. The value of using oral history in this study is discussed and supported by citation of other research endeavours that have successfully used the oral history process. There follows a discussion of the ethical issues surrounding the thesis and the processes undertaken for formal ethics approval. The chapter concludes with reflections on the research methodology, in particular, the collecting of oral histories.

### Qualitative Research Methodology

The difficulty in finding real data in the early stages of this study has largely driven the methodology. Not only is there a deficiency in the published literature about RFDS flight nurses, particularly the first RFDS employed flight nurse, but archival searches also revealed scant information. To have relied on a single methodological approach to this research would have greatly diminished the chance of gaining an in-depth understanding of the reasons behind the apparent 'invisibility' of RFDS flight nurses. It became obvious that the rigour, breadth and depth of the investigation would depend on multi-method qualitative research (Flick, 1992, p. 94).

Qualitative research is difficult to define, there being no distinct theory or paradigm, no preferred methodology: it could be seen as a collection of interpretive

practices (Denzin and Lincoln, 1994). It is an interactive process, shaped by the researcher's

... personal history, biography, gender, social class, race and ethnicity ... (to create) a bricolage [as it were 'a fortuitous conjunction'], a complex, dense reflexive, collage-like creation that represents the researcher's images, understandings, and interpretations of the world or phenomenon under analysis (Denzin and Lincoln, 1994, p. 3).

The qualitative researcher becomes part of the study by drawing upon personal experiences as a resource, along with reflection, history and biographies, endeavouring to make connections between the lived experiences of others and the context of the social world, then and now. Biography in particular has the power to seek out meaning, and while searching for one solution unearths others (Smith cited in Denzin and Lincoln, 1994, p. 302). Moreover, claims have been made that qualitative research has the power to reinstate passion into inquiry, a passion for communicating and understanding people (Janesick, 1994).

Yet from this passion come issues surrounding notions of value-laden or value-free research, and bias. Qualitative researchers accept the fact that research is ideologically driven and acknowledge their particular biases from the outset. Further, there is no attempt to pretend that the research is value-free (Janesick, 1994).

Research design and strategies are largely driven by the qualitative researcher's endeavour to disclose the meaningful associations that are operating or have operated in the situations and social worlds being studied.

Janesick (1994) provides a very comprehensive listing of what qualitative research design and strategies may include. With particular reference to this study, qualitative research design includes: looking at the larger picture; examining relationships within a system or culture; referring to the personal, face-to-face, and immediate; understanding a social setting; using informed consent and adhering to ethical considerations; acknowledging the researcher's biases, and an ongoing analysis of data (Janesick, 1994, p. 212). Strategies for qualitative research include: oral history; case study; narrative research; historiography; identification of the

researcher's biases and ideology; and identification of appropriate informed consent procedures and a willingness to deal with ethical issues.

### *Historiography*

There is much debate among historians and sociologists about the purpose of and the methods appropriate in historical study, with implications for this project.

History can be defined as:

The past as we know it [or, if a more cautious phrasing is preferred, 'what we know of the past'] from the interpretations of historians based on the critical study of the widest possible range of relevant sources, every effort having been made to challenge and avoid the perpetuation of myth' (Marwick, 1989, p. 13).

History can also be viewed as a continuous dialogue between the past and the present: the historian situated in the present, influenced by the present, attempts to interpret the past.

When reading any history, it is important to bear in mind who wrote it and when it was written (Carr, 1963). This would seem to make Lewis's (1979) advice to 'tell it like it was' somewhat problematical. While Lewis recognises that people have a tendency to tell it like they would have liked it to be, and that what is recalled and recovered often differs between people, he omits to acknowledge explicitly the influence of different orientations and philosophical stances. The claim of Windshuttle (1994), that a range of theorists have moved in on history and have begun not only to create their own version of it but also to promulgate the traditional discipline of history as lethally defective, is interesting. He also believes that some traditional historians have actually 'jumped ship' and are no longer holding true the traditional methodology of history. Further he challenges dominant theorists of the nineteen nineties, referring to them as the 'Paris Labels' who claim it is impossible to base history on objectivity and that there is no distinction between history and myth or between history and fiction. He vigorously defends the scientific endeavour of traditional history.

Carr (1989, p. 3) would appear to support Windshuttle's view of history as a serious labour to filter out myth and fable, as against the claims of Derrida, Althusser and others who have challenged traditional historical methodology. White (1978) is convinced that the desire of historians to get the story correct means that there is no regard for the relationship that exists between story and fact. Jenkins (1992) asserts that conventional historians are obsessed with historical methodology and have little regard for issues such as theory, epistemology and ontology. The debate continues over objectivity and subjectivity, and value-free and value-laden historical endeavours.

Regardless of whether a historical endeavour is undertaken by an historian or a social scientist, the chronicler will have an underlying point of view. The subject of the endeavour needs to be understood in its historical context using an interpretive framework to capture some notion of its meaning (Tuchman, 1994).

But what does history mean? For historians this is a perennial subject of debate, along with issues of theory, periods to be studied, historical narratives and the question of whether there is a grand narrative (Coonntz, 1992). Further, historical writings can be viewed as having no single meaning but as multi-focal with a range of potential meanings (Mukerji and Schudson, 1991). The past is more than the sequenced journey remembered through time; it actually has enduring significance for the present. Both historians and sociologists acknowledge that research is an interpretive endeavour, but they differ in their views of what that means (Tuchman, 1994).

In the attempts of historians to intertwine ideas and story, it becomes difficult to decipher what the issues are. Knowing the date of an event is little help in determining its meaning (Tuchman, 1994). History, as constructed by historians, is inherently political; it reflects and invents power relations (Scott, 1989). It could thus be concluded that the question of the meaning of history is posited in one's own ontological, epistemological and methodological view of the world. Ultimate truthfulness is elusive (Guba and Lincoln, 1989).

Jenkins, in *'Rethinking History'*, offers this advice:

... select a version of the past and the way of appropriating it that has effects; that aligns you with some readings (readers) and against others. The point is this: that those who claim to know what history is ... have always carried out an act of interpretation (Jenkins, 1992, p. 70).

### *Research Design*

As a qualitative researcher, it is essential at this point to acknowledge that the design of the research has been developed in recognition that its reality is a constructed reality. Those whose reality is different may challenge my reality. As discussed in the introduction to this thesis, I have had 12 years involvement as an RFDS councillor, in 'a men's organization'<sup>1</sup> whose dominant culture has changed little since the inception of the Australian Aerial Medical Service. This has influenced my interpretation of the story.

When challenging aspects of the system, the *status quo* in regard to medical practices and concomitant discontent reported by flight nurses in connection with their professional duties, I have on more than one occasion been told by senior management that 'nurses are dispensable, doctors are not'. Situations where gender balance is equal but power balance is not, and where 'boys' do deals outside the boardroom, have all been part of my experience. Acknowledging my bias, I have endeavoured to use a research design that will give a balanced view of the research questions, and I would like to believe an attempt has been made to create a value-sensitive view, recognising the context of time and place.

We have come to see that the biographies of men and women, the kinds of individuals they variously become, cannot be understood without reference to the historical structures in which the milieux of their everyday life are organised (Mills, 1959, p. 158).

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<sup>1</sup> Fred McKay, 1998, p. 8.

## Primary Sources: Archives

Archives have been described as new worlds of information which challenge the usual methods of data-finding and collecting

[They are] storehouses of rare, often unique materials that were created over time by individuals, organizations and social movements (Hill, 1993, p. 2).

Materials of this kind can include documents, personal and organisational records, diaries, unpublished papers, newspaper clippings and photographs. In a process that may be likened to detective work, unique, non-circulating primary sources that have been hidden from public gaze, in some cases, for years, were disclosed during this investigation.

The term *archives* suggests a degree of homogeneity at odds with the reality. National and state archives provide databases in which to search for required materials. The archives are maintained in optimal conditions and although one has to use logic, intuition and perseverance to unearth the data, there is a sense of order and gravity as files are brought forward for perusal. Strict guidelines for archival viewing and supervision are the norm.

By contrast, the RFDS Sections' archives are commonly housed in outbuildings or, in the case of the New South Wales Section, two rooms created in the roof of the hangar at Broken Hill Base. As this research was largely centred at this base, it was encouraging to witness the emergence of valuable archival materials from stacks of cartons scattered randomly about the floors, and their transition into a logical, ordered and carefully catalogued archive. Although the ordering of these archives is still in transition, certainly the value of my archival searching in the roof of the hangar has been enhanced by the superb efforts of a recently employed archivist.

Far from the controlled, air-conditioned environments of the national and state archives, the precious contents of the NSW RFDS archives have had to endure extremes of temperature that must be experienced to be believed. In summer, temperatures frequently soar beyond 40 degrees Celsius, while at the other extreme, in winter, early morning temperatures can occasionally fall below

freezing. Both hyperthermia and hypothermia create hazards for document preservation, as well as for the unsuspecting researcher.

Archival strategies and techniques are very important for eliciting the data, but even experienced researchers recognise that discussions centred around archive strategies and materials are 'knotty socio-historical riddles, that can so easily define, if not consume, entire scholarly careers' (Hill, 1993, p1). Hill also refers to archives as 'black boxes', not to be delved into, but rather to be dealt with using a methodical process to extract useful data. However he does recognise that there are situations where journeys into 'black boxes' are unavoidable. Certainly that has been the experience of this researcher.

National and state archives provided little information that was useful for this study; in some cases the 30-year rule applied and so some files were inaccessible. However, in establishing the context of time and place, boxes stored in the National Library and catalogued under *Aerial Medical Service* and *Australian Inland Mission*, were very informative (Appendix D).

Information unearthed in the Broken Hill RFDS base archives took the form of newsletters, letters, transcripts of radio broadcasts, minutes of meetings, pamphlets and a small number of photographs. Newspaper clippings, often undated, had been stuck in a book, using Sellotape that had yellowed and lifted portions of the print. However, after several visits to this archive, just three years after the first such visit, new material came to light. This material was of the first importance: a complete photocopied set of the professional diaries of the first employed FDS flight nurse was found. In her own handwriting, Myra Blanch had noted several significant stages in her diaries, and explanations as to when continuity of the diaries was disturbed, and why. Several other notes confirmed the authenticity of these photocopies and suggested that she had photocopied her diaries, and forwarded them to RFDS for their records, in the same year as her death. The original diaries have not so far come to light, and there is some uncertainty within her extended family as to whether or not they are extant.

As this is a study of recent history, it has been useful, wherever possible, to speak with people who have some local knowledge about the documents discovered in the archives. This has provided an 'insider' perspective to the interpretation of documents, as opposed to that of an 'outsider' for whom the document is from an entirely 'other' time and place. These multiple interpretations, through different perspectives, allowed the research to take on a different shape and meaning (see Hodder, 1994, p. 393).

The newspaper clippings contain text and, in some cases, photographs. Interpretation of a photograph can provide a system of meaning to what is being said in the text. Single images can become part of a more complex assertion. (Harper, 1994). However single images of Myra Blanch and other flight nurses in action have been very difficult to locate, mainly because they have worked as sole nurse practitioners for the majority of their aeromedical hours, and so there was no-one actually available to photograph them in action. While visual ethnographies and monographs have been very useful in a number of archeological studies such as Bateson and Mead (1942), Gardner and Heider (1968) Danforth and Tsiaris (1982), the few photographs relating to flight nurses provide a tantalising and somewhat frustrating glimpse of a rich work history, now lost. Fortunately the photographs that have been located provide another dimension to the study and widen the possibilities of interpretation (Harper 1994, 411).

It is interesting to refer to Hill's (1993) view of 'front stage data' and 'back stage data'. He regards publications and official press releases, 'front stage' material, as the visible points of 'back stage' processes. This suggestion has certainly proved valid in the present case and has been extremely useful in informing this thesis. No assumption is made about any piece of 'data' that it is natural, or true, but rather that its truth may well be obscured by layers of interpretation (Tuchman, 1994). As texts are re-read in different contexts, new meanings are found, sometimes supportive and at other times contradictory, but always socially rooted (Derrida, 1978). Archival work has led to the discovery of archival sources of previously inaccessible original and intuitive data, contributing to an inclusive thesis.

## Secondary Sources

A review of secondary sources in the form of RFDS books, journal articles, RFDS commissioned reports and history was conducted at the outset of the study. This critical review of secondary sources enabled me to formulate an argument and, although not numerous, these sources have proved to be crucial in demonstrating the pressing need for this research.

With the need established, I conducted a critical review of the literature pertaining to nurses, women, particularly rural and Outback women, medical dominance and male dominant management culture. Searches for the appropriate literature were made in library catalogues and databases relating to social sciences, health, rural health, arts and humanities.

Once located, the value to the thesis of each item was ascertained using criteria outlined by Tuchman (1994, p. 319). I then determined the points made in the literature, whether they were supported or disputed by other authors, and of what relevance their argument was to the thesis. Directing my attention to references and footnotes used by the authors added a further dimension to this process.

## Oral History

Relatively little having been gleaned from primary sources in the early stages of the study, oral history seemed to offer a methodological tool that would inform the research and provide another interpretation of the apparent 'invisibility' of flight nurses. Discursive conversations with nurses who have shaped the history of flight nursing, and with others who worked with the flight nurses or were serviced by them, has uncovered a wide range of interpretations. Further, by establishing rapport and trust with participants in the oral history data collection, a stronger position emerged from which to interpret implied meaning as their stories were told. (Janesick, 1994). In speaking to other people as well as to flight nurses, corroboration of data has strengthened the historical research endeavour (Tuchman, 1994).

Oral history is not a new tradition, rather is it one of the oldest traditions used to hand down important stories relating to living communities. In the literate world, however, only in the 1970s did oral history begin to be recognised as a means of bringing to light histories of ignored and often socially neglected groups, challenging underlying assumptions of traditional historical processes. (Thompson, 1988). Oral history can provide a powerful tool for revealing how people make sense of their past through memory. Memory viewed in this manner is a reliable interpretation of the social context of the period under investigation, and how that relates to the present (Fisch, 1979).

The methodological and theoretical issues relating to oral history were fiercely contested in the late 1970s between traditional historians and those of the newly emerging discipline, as discussed at the beginning of this chapter. This led to an influx of more sociologists/social historians into the debate. At this stage oral historians needed to take a more serious approach to the rigorous treatment of oral data (Grele, 1975). Some notable works of oral history emerged during this challenging period, consolidating the academic validity of the discipline.

Terkel's book *Hard Times*, based on oral history interviews of people who lived through the Great Depression in America, disclosed the depth of its impact on individual lives, and by extension on the society in which they lived, to a level that had not been reached before. One historian believes that the time lag of thirty years between the Depression and book's publication was long enough for the people to have cast aside all but the salient features of their individual experience, a kind of distillation process, its end product free of the emotional 'noise' inevitable in such circumstances (Fisch, 1979).

In the 1980s O'Farrell was highly critical of the upsurge in oral history works. He expressed his concerns in a review of Thompson's *The Voice of the Past* and Lowenstein's *Weevils in the Flour* centring his argument not so much on oral history as a method but on the neglect, as he saw it, by oral historians to put the spoken word (their raw data) in its proper context (the culture of the time).

Defend his stance at an oral history conference, O'Farrell said that oral history was easy to do poorly, without informed and sensitive analysis of the data collected before and during presentation. Further:

The challenges it [oral history] offers to do something outstanding, the potential, in theory, to do something intellectually exciting and professionally first-rate, remain (O'Farrell, 1987, p. 9).

In the defence of oral history as a methodology to be accepted for a thesis in a Master of Education degree, Vine argues in support of Thompson's view that oral history is a history constructed around people. As such, it promulgates energy and life into the history. By broadening the very scope of history, it allows for the stories of the unknown majority, not just the leaders, to be revealed (Thompson, 1988). Oral history of women has become a very popular way of including those who have been traditionally and historically left out. Oral history can give back to the interviewees a primary place within their experienced history (Thompson, 1988).

The Frontier Nursing Service oral history project, 1978, began as a project to define the history of that organization and its efforts to provide health care in remote areas of the mountains in Kentucky, but its end result was the discovery of a rich tapestry of Appalachian life from the 1920s until the current day (Allen and Birdswistle, 1987). The stories of these nurse-midwives, sole nurse practitioners in remote mountain country, show many similarities to those of the early FDS flight nurses.

Some historical societies have been accused of taking for granted that 'the past' has been 'a somewhat better place', making no attempt to forge a connection between past and present. The end result has been a deficiency in social understandings of how that past took shape and a loss of potential for disclosing contentions within a community (Griffith, 1987).

Writing in favour of the oral history method, Shields (1988) claims that in Australia many Labor-orientated historians have been unable to capture the working life experiences of the Australian people. They have continued to rely on sources such as union journals, newspaper articles, government reports, tribunals and statistics,

without consulting oral evidence. And yet it is the struggle between organised workforce and capital that is the very essence of Labor history, and where the potential for oral history as a method is greatest for disclosing the people's stories. Lessons from pioneers in this method can be taken from the works of Lowenstein (1978), Hills (1982), Adam-Smith (1982), McCalman (1984) and Healy (1985).

The history of women has been neglected over time, with their voice virtually silenced in some historical discourses (Allen, 1986). While government health statistics provide useful quantitative data for health planning and mapping, the real experience of the people who comprise the statistics is very rarely sought. Selby (1990) demonstrated this fact by using oral history to disclose women's experiences of the maternal and infant welfare facilities in Queensland in the 1920s and 1930s. This new evidence challenged the previously documented evidence, based as it was on a more accurate knowledge of what actually happened. Claims that child health clinics contributed to the decline in the infant mortality of that era in Queensland could hardly be substantiated when women said that in fact the clinics were of limited use to them and that at times they had deliberately avoided them (Selby, 1990, cited in Cooney, 1994, p101).

From the experiences of these oral history projects, in particular those relating to women, inferences can be drawn about the historiography of flight nurses in the Royal Flying Doctor Service. Where Selby (1990) had statistics to draw upon, however, as in the case of many other histories there no reasonable statistics pertaining to RFDS flight nurses.

The apparent inability of society to recognise that Australian civilian women, as well as military women, were actively involved during the Vietnam War, including working in the combat zone, is another classic example of the all-too-common invisibility of women in history. Through the meticulously researched oral history work of McHugh (1993), the stories of these women, their constant exposure to the stress of war, and their unfailing availability to the troops as a comforting and normalizing presence, have been documented. The extraordinary everyday experiences of female journalists, entertainers, consular staff, nurses and others have provided a rich interpretation of a history in which women were ignored.

So often, traditional historians have legitimated the dominant culture in their documentation and interpretation of the past (Johnson, 1985). Oral history methodology has the potential to pass beyond the dominant culture and provide a new interpretation of the past. It can give back to the people a sense of the historical significance of their own lives, and make the practice of history more exciting and available to all (Humphries, 1984).

## The Oral History Process

The oral history process requires a systematic approach to ensure the integrity of both the research and the interviewee is maintained throughout.

### *Selecting interviewees*

In any set of interviews it is important to select interviewees who can bring understanding to the topic at hand because of their special interest or involvement, as well as interviewees who provide a broader societal view (Slim, Thompson, Bennett and Cross, 1993). It is important to note that older people are likely to be more frank about difficult issues than younger ones who may fear recrimination (Thompson, 1982-83).

Decisions regarding who should be interviewed for this thesis were influenced by issues such as the employment and location of the first flight nurse at the Broken Hill Base of the FDS, and the impact of this on the two other sections contributing funding for the experiment (South Australia and Victoria). The interviewee selection base was widened on the basis that flight nurse experiences should be explored not only through their own stories, but through those who worked with them and those for whom they provided health care.

The response from the people selected to be part of the thesis was overwhelming, as was their eagerness to ensure contact was made with others who they thought would be of value to the story. Past and current flight nurses, clients of the RFDS, peers, pilots and management, males and females ranging in age from the mid-thirties to one of ninety-one years of age, were unfailingly enthusiastic participants,

desperately wanting the history told of the first RFDS flight nurse and others who followed.

### *Gaining Access to and Trust of Interviewees*

Interviewers must accept the culture of each interviewee and some have gone to great lengths to ensure that they have been accepted, in order to gain access: disrobing in order to interview nudists (Douglas and Rasmussen, 1977), and frequenting seedy bars to interview members of a bikies group (Thompson, 1988). Learning to talk in engineering terms was one of the challenges of the researcher in a NSW literary award-winning oral history project on the Snowy Scheme (McHugh, 1995). The importance of understanding the ambient culture is not to be underestimated.

As a nurse, I have accumulated many flying hours with flight nurses, and I am a member of the Central Operations, RFDS Board of Directors. The culture of nursing, the RFDS and some of the culture of Outback Australia was familiar to me from the outset of this study. This was a distinct advantage when it came to gaining access to interviewees and others who felt they had a contribution to make.

This background facilitated an understanding of the conceptual and cultural dimensions of the interview, the 'speak' of the people, and the special events that had shaped their story (Briggs, 1986). The interviewer can never be completely sure of the rapport developed with the interviewees, and Thompson's unfortunate beating at the closing stage of his study of the Hell's Angels bikie group is a stern reminder that one needs good balance to walk such a tightrope (Thompson, 1988).

### *Pre-Interview Preparation*

Initially, telephone contact was made with each intended interviewee, as a means of introduction and a first step towards gaining consent. If the person agreed to take part in the research, a Confirmation of Interview form (Appendix E), was sent to them by post, giving also a brief background to the study. The interviewees were asked to look through any relevant photographs they might have and select a few to talk over before or after the interview as a useful means of jogging the memory.

(Slim, Thompson, Bennett and Cross, 1993). The Confirmation of Copyright form was also sent to ensure that each interviewee had sufficient time to peruse this information before the actual interview (Appendix F). Interviewees were also informed that they had the right to terminate the interview at any stage.

Several of the nineteen interviews had to be made via telephone, on account of travelling, time or other unavoidable constraints. However, despite not being immersed in the environment from which the interviewee was talking, once rapport was established, the distance and lack of face-to-face interaction did not appear to detract from the quality of the interview. (Many Outback people, after all, rely on the telephone for most contacts outside their immediate family.)

### *Interviewing: Collecting Oral Histories*

Oral history collection is a matter of framing questions to get useful answers and recording the process on tape. While the process seems simple enough, many of its aspects can be highly problematic. The process can be a powerful way of obtaining information about and an understanding of human beings and their past. But issues such as culture, gender and power, interviewer skills, and the place of the interview, its context and the degree of structuring of its format all impact on the outcomes (Fontana and Frey, 1994).

Advice on interviewing from the 1970s is still pertinent to the process today. The importance of thorough preparation, establishing rapport with the interviewee, developing an ability to listen carefully and ask open-ended questions, being comfortable with pauses and deliberations of speech are all very much part of the process (Morrissey, 1970). The need to establish an understanding between the interviewer and the interviewee is paramount. There must be a genuine desire for both parties to be part of the interview and no power imbalance should be allowed to intrude, at least for the duration of the interview (Benney & Hughes, 1956).

### *Form of Interview*

While the interviews for this study were not about the interviewees' individual life histories *per se*, the topic in question was of significance in their life history and it

was clearly important to conduct private, one-to-one interviews (Slim, Thompson, Bennett and Cross, 1993). Another historian writes, 'Interviewers need to be sensitive to the feelings of interviewees and not dismiss other areas of their lives they may consider relevant to the interviewer's questions' (Ritchie, 1995, p. 29).

There is an issue concerning how much an interviewer should contribute by responding to the interviewee's questions or actively entering the conversation. Problems can arise from a conversational interview, particularly when later attempting to process the data (Durdin, 1987). However, where an interviewer does not become involved as an active participant, there is potential for this detachment to detract from the genuineness and sincerity of the interview, and a good result depends on maintaining a good balance. (Fontana and Frey, 1994). Certainly, maintaining a low profile throughout the recording provides a considerable challenge for the interviewer.

Structured interviews require the interviewee to answer a set of previously determined questions, and all interviewees are asked the same questions in the same order wherever possible. Unstructured interviews generally use open-ended questions and allow for a greater comprehensiveness in the responses than do structured interviews (Fontana and Frey, 1994).

A combination of loosely structured and unstructured interviews was used in this study (Appendix G).

The loosely structured questions gleaned key information from each of the participants, whilst allowing them to talk naturally.

The unstructured questions provided depth and breadth to the study in terms of the social context of the period.

### *Interpreting the Interviews*

The researcher is not a detached, invisible data collector in the process of oral history interviewing. On the contrary, the bias of the researcher or interviewer influences the interpretation of the interview, and the reader also learns more about the interviewer as well as the interviewee as the story unfolds. (Fontana and

Frey, 1994). The technique of directly quoting the interviewee can reduce some of the bias and introduce a fresh way of looking at things. This also exposes the reader to the spoken word of the interviewees without it being sanitised, although one must remember that selecting, as much an editorial tool as paraphrasing or summarising, can also show bias. Themes arising from the interviews were used to guide the interpretation and presentation of the oral histories (Fontana and Frey, 1994).

### *Transcripts*

Problems arise when tapes are edited, for the original intent of the speaker may become distorted. The integrity of the tape must be maintained in order for it to be archived for future historians to study, as well as maintaining good faith with the intent of the interviewee (Samuel, 1998).

The original tapes of the oral history interviews were copied at the Mortlock Library in Adelaide, and copies were returned to the interviewees to keep. Tapes were transcribed, and the transcriptions were returned to the interviewees for verification: some suggested minor changes or an added word or two by way of clarification. Once this process was complete, the tapes and the transcripts, unedited, were archived in the Mortlock Library's J.D. Sommerville Oral History Collection, in Adelaide, South Australia.

### *Ethical Considerations*

In any research, there are complex issues around the gaining of informed consent. Using oral history is no exception. While a range of strategies can be used, from structured questions where the interviewer's intentions are uppermost, to the unstructured interview where the participant's intentions are uppermost, extreme care must be taken to avoid harm to the participants.

Traditionally, social scientists conducting research have agreed on the goals of informed consent, right to privacy and protection from harm. However, there is controversy about ethical issues relating to more covert types of fieldwork,

including the surreptitious use of tape-recorders (Denzin and Lincoln, 1994). Punch (1986) recognises two schools of thought on this issue. While Douglas (1986) argues that the covert use of tape-recordings mirrors the deceitfulness of life in the real world, others like Erickson (1982) are strongly opposed to their use.

It would appear from anecdotes that, in an effort to protect subjects from supporters of Douglas's argument, some university ethics committees have viewed oral history as placing research subjects at risk of this sort of methodology. One of the problems with oral histories is that people sometimes say things without thinking them through and then want to retract them. Issues such as informed consent, established ownership of the transcript, date of usage and rights to publish must all be clearly demonstrated before ethics approval can be granted. Further, where cultural differences exist between the researcher/ interviewer and the interviewee, it is important for the researcher to ensure that there has been a written exchange with an agent or individual who is respected in the interviewee's community and will act in their best interest.<sup>2</sup>

A successful application was made to the Alice Springs Institutional Ethics Committee, a joint committee of the Menzies School of Health Research (University of Sydney) and the Alice Springs Hospital (Appendix H). The application described the research method, and the Confirmation of Interview Arrangements and the Conditions of Use of Oral History Interview (Assignment of Copyright) forms to be used were appended (Appendices E, F).

Menzies School of Health Research is located in Central Australia. Because of the nature of many of its research projects involving Aboriginal people, the University of Sydney's Ethics Committee has a process requiring the ethics application to be sent also to a representative Aboriginal group for approval, with the aim of ensuring that cultural sensitivities are properly addressed by the researcher. This process adds a further dimension to the ethics approval process, but is essential if

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<sup>2</sup> Dr John Hepworth in discussion of University of South Australia Ethics Committee stance on oral history research, 1997.

the researcher is to gain access to Aboriginal subjects in the research. (In this case one subject was Aboriginal.

The impact of the university's Ethics Committee on this research was positive: in regard to oral history, far from impeding the work, the Committee's process strengthened the interaction between the interviewer and interviewee, helping create an atmosphere wherein the interviewees felt able often to ask for the recording to be temporarily suspended, while some 'off the record' information was given. While this was frustrating, as it was often valuable data thus interdicted, the wishes of the interviewees were respected.

Notwithstanding the existence of a signed consent form, an oral historian is morally obliged to respect the informant's wishes not to reveal those things they do not wish to be revealed in public, and to refrain from using information that may harm people. This ethical obligation is wider than laws of libel. It is about respecting people's confidences and private sensitivities to the third party implicated (Alves, 1994, p. 84).

Further, ethics approval reinforces the view that common sense and moral responsibility must be uttermost in the mind of the field worker undertaking interviews, and that these two notions must be applied to 'our subjects first, to the study next, and ourselves last' (Punch, 1986, p. 373).

### *Reflections on Oral History Process*

While I have already noted my reflections relating to the excitement of unearthing copies of Myra Blanch's professional diaries, it may also be interesting to share some reflections about the oral history process.

This interviewing process worked extremely well, although locating interviewees in the Outback can present challenges: 'My house is opposite the pine tree in the street leading to the hospital'; or 'Turn left off the highway, 2 km before you reach a certain roadhouse, head across the railway line, 6 km up a dirt track through 2 creek beds and you'll see the homestead'. My mode of transport ranged from a regular 1.6-litre car or a four-wheel-drive vehicle, to an RFDS *Pilatus PC 12* turboprop aircraft.

The oral history interviews generated excitement, reward, exhilaration and frustration during their collection. Central among these experiences has been the feeling of privilege, talking on equal terms with unassuming people with remarkable professional and personal achievements to their names.

My memories include an elderly woman who talked about her early life as a remote area nurse in Outback Australia. Her thought-provoking reflection on the 'blacks down at the river' reflected the context of the time. Two elderly pilots who flew many hours with the first employed FDS flight nurse retained absolute respect to this woman who forged new frontiers in nursing practice in Australia.

A nurse who had just recently retired after a long and distinguished career in the profession was in tears while recalling the most horrific flight in her flight nurse career. In this story, insistence on male medical dominance combined with a personality conflict threatened the survival of a critically ill trauma patient. Thirty years later, to recall this experience was still acutely painful for this retired nurse. Current flight nurses still struggle with a dominant male management culture while pursuing professional excellence and a better way for the future.

Some stories were too sensitive to record on tape, but the interviewees wanted them told off-tape. It was as if I was to be the keeper of these stories until the time was safe for them to be told; I was being given permission to use the stories with discretion when appropriate. A number of the stories related to Myra Blanch and her total professionalism in the face of adversity.

Although these and other experiences during the interviewing process cannot be recounted here in detail, they remain firmly imprinted on my memory.

## Summary

The research methodology described was chosen as likely to be the best way to achieve the aim of the project: to disclose the story of the first employed RFDS flight nurse, and remove the cloak of invisibility masking her contribution to the RFDS, the nursing profession and the health of Outback people. Using a qualitative approach, I have been able to seek out rich data to inform the study from a range of

perspectives, thus facilitating an in-depth understanding of the topic. Primary sources, secondary sources and oral histories have enabled triangulation of the research data. This multi-method approach has also reduced the possibility of undue bias in telling the story of the first RFDS employed flight nurse, and in going some way towards ameliorating the apparent 'invisibility' of other RFDS flight nurses in the records of this iconic institution.

## CHAPTER THREE: RESEARCH METHODOLOGY

*The qualitative researcher is like the choreographer, who creates a dance to make a statement. For the researcher, the story told is the dance in all its complexity, context, originality, and passion (Valerie Janesick, cited in Denzin & Lincoln, 1994, p. 218).*

This chapter describes the research methodology employed in this study. The rationale for qualitative research is argued, and the various methods used here are explained. It is viewed as important to the thesis to enter into a brief discussion about history and its meaning. Secondary and primary sources are discussed, the oral history process is outlined and the researcher's possible bias is declared. The value of using oral history in this study is discussed and supported by citation of other research endeavours that have successfully used the oral history process. There follows a discussion of the ethical issues surrounding the thesis and the processes undertaken for formal ethics approval. The chapter concludes with reflections on the research methodology, in particular, the collecting of oral histories.

### Qualitative Research Methodology

The difficulty in finding real data in the early stages of this study has largely driven the methodology. Not only is there a deficiency in the published literature about RFDS flight nurses, particularly the first RFDS employed flight nurse, but archival searches also revealed scant information. To have relied on a single methodological approach to this research would have greatly diminished the chance of gaining an in-depth understanding of the reasons behind the apparent 'invisibility' of RFDS flight nurses. It became obvious that the rigour, breadth and depth of the investigation would depend on multi-method qualitative research (Flick, 1992, p. 94).

Qualitative research is difficult to define, there being no distinct theory or paradigm, no preferred methodology: it could be seen as a collection of interpretive

practices (Denzin and Lincoln, 1994). It is an interactive process, shaped by the researcher's

... personal history, biography, gender, social class, race and ethnicity ... (to create) a bricolage [as it were 'a fortuitous conjunction'], a complex, dense reflexive, collage-like creation that represents the researcher's images, understandings, and interpretations of the world or phenomenon under analysis (Denzin and Lincoln, 1994, p. 3).

The qualitative researcher becomes part of the study by drawing upon personal experiences as a resource, along with reflection, history and biographies, endeavouring to make connections between the lived experiences of others and the context of the social world, then and now. Biography in particular has the power to seek out meaning, and while searching for one solution unearths others (Smith cited in Denzin and Lincoln, 1994, p. 302). Moreover, claims have been made that qualitative research has the power to reinstate passion into inquiry, a passion for communicating and understanding people (Janesick, 1994).

Yet from this passion come issues surrounding notions of value-laden or value-free research, and bias. Qualitative researchers accept the fact that research is ideologically driven and acknowledge their particular biases from the outset. Further, there is no attempt to pretend that the research is value-free (Janesick, 1994).

Research design and strategies are largely driven by the qualitative researcher's endeavour to disclose the meaningful associations that are operating or have operated in the situations and social worlds being studied.

Janesick (1994) provides a very comprehensive listing of what qualitative research design and strategies may include. With particular reference to this study, qualitative research design includes: looking at the larger picture; examining relationships within a system or culture; referring to the personal, face-to-face, and immediate; understanding a social setting; using informed consent and adhering to ethical considerations; acknowledging the researcher's biases, and an ongoing analysis of data (Janesick, 1994, p. 212). Strategies for qualitative research include: oral history; case study; narrative research; historiography; identification of the

researcher's biases and ideology; and identification of appropriate informed consent procedures and a willingness to deal with ethical issues.

### *Historiography*

There is much debate among historians and sociologists about the purpose of and the methods appropriate in historical study, with implications for this project.

History can be defined as:

The past as we know it [or, if a more cautious phrasing is preferred, 'what we know of the past'] from the interpretations of historians based on the critical study of the widest possible range of relevant sources, every effort having been made to challenge and avoid the perpetuation of myth' (Marwick, 1989, p. 13).

History can also be viewed as a continuous dialogue between the past and the present: the historian situated in the present, influenced by the present, attempts to interpret the past.

When reading any history, it is important to bear in mind who wrote it and when it was written (Carr, 1963). This would seem to make Lewis's (1979) advice to 'tell it like it was' somewhat problematical. While Lewis recognises that people have a tendency to tell it like they would have liked it to be, and that what is recalled and recovered often differs between people, he omits to acknowledge explicitly the influence of different orientations and philosophical stances. The claim of Windshuttle (1994), that a range of theorists have moved in on history and have begun not only to create their own version of it but also to promulgate the traditional discipline of history as lethally defective, is interesting. He also believes that some traditional historians have actually 'jumped ship' and are no longer holding true the traditional methodology of history. Further he challenges dominant theorists of the nineteen nineties, referring to them as the 'Paris Labels' who claim it is impossible to base history on objectivity and that there is no distinction between history and myth or between history and fiction. He vigorously defends the scientific endeavour of traditional history.

Carr (1989, p. 3) would appear to support Windshuttle's view of history as a serious labour to filter out myth and fable, as against the claims of Derrida, Althusser and others who have challenged traditional historical methodology. White (1978) is convinced that the desire of historians to get the story correct means that there is no regard for the relationship that exists between story and fact. Jenkins (1992) asserts that conventional historians are obsessed with historical methodology and have little regard for issues such as theory, epistemology and ontology. The debate continues over objectivity and subjectivity, and value-free and value-laden historical endeavours.

Regardless of whether a historical endeavour is undertaken by an historian or a social scientist, the chronicler will have an underlying point of view. The subject of the endeavour needs to be understood in its historical context using an interpretive framework to capture some notion of its meaning (Tuchman, 1994).

But what does history mean? For historians this is a perennial subject of debate, along with issues of theory, periods to be studied, historical narratives and the question of whether there is a grand narrative (Coonntz, 1992). Further, historical writings can be viewed as having no single meaning but as multi-focal with a range of potential meanings (Mukerji and Schudson, 1991). The past is more than the sequenced journey remembered through time; it actually has enduring significance for the present. Both historians and sociologists acknowledge that research is an interpretive endeavour, but they differ in their views of what that means (Tuchman, 1994).

In the attempts of historians to intertwine ideas and story, it becomes difficult to decipher what the issues are. Knowing the date of an event is little help in determining its meaning (Tuchman, 1994). History, as constructed by historians, is inherently political; it reflects and invents power relations (Scott, 1989). It could thus be concluded that the question of the meaning of history is posited in one's own ontological, epistemological and methodological view of the world. Ultimate truthfulness is elusive (Guba and Lincoln, 1989).

Jenkins, in *'Rethinking History'*, offers this advice:

... select a version of the past and the way of appropriating it that has effects; that aligns you with some readings (readers) and against others. The point is this: that those who claim to know what history is ... have always carried out an act of interpretation (Jenkins, 1992, p. 70).

### *Research Design*

As a qualitative researcher, it is essential at this point to acknowledge that the design of the research has been developed in recognition that its reality is a constructed reality. Those whose reality is different may challenge my reality. As discussed in the introduction to this thesis, I have had 12 years involvement as an RFDS councillor, in 'a men's organization'<sup>1</sup> whose dominant culture has changed little since the inception of the Australian Aerial Medical Service. This has influenced my interpretation of the story.

When challenging aspects of the system, the *status quo* in regard to medical practices and concomitant discontent reported by flight nurses in connection with their professional duties, I have on more than one occasion been told by senior management that 'nurses are dispensable, doctors are not'. Situations where gender balance is equal but power balance is not, and where 'boys' do deals outside the boardroom, have all been part of my experience. Acknowledging my bias, I have endeavoured to use a research design that will give a balanced view of the research questions, and I would like to believe an attempt has been made to create a value-sensitive view, recognising the context of time and place.

We have come to see that the biographies of men and women, the kinds of individuals they variously become, cannot be understood without reference to the historical structures in which the milieu of their everyday life are organised (Mills, 1959, p. 158).

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<sup>1</sup> Fred McKay, 1998, p. 8.

## Primary Sources: Archives

Archives have been described as new worlds of information which challenge the usual methods of data-finding and collecting

[They are] storehouses of rare, often unique materials that were created over time by individuals, organizations and social movements (Hill, 1993, p. 2).

Materials of this kind can include documents, personal and organisational records, diaries, unpublished papers, newspaper clippings and photographs. In a process that may be likened to detective work, unique, non-circulating primary sources that have been hidden from public gaze, in some cases, for years, were disclosed during this investigation.

The term *archives* suggests a degree of homogeneity at odds with the reality. National and state archives provide databases in which to search for required materials. The archives are maintained in optimal conditions and although one has to use logic, intuition and perseverance to unearth the data, there is a sense of order and gravity as files are brought forward for perusal. Strict guidelines for archival viewing and supervision are the norm.

By contrast, the RFDS Sections' archives are commonly housed in outbuildings or, in the case of the New South Wales Section, two rooms created in the roof of the hangar at Broken Hill Base. As this research was largely centred at this base, it was encouraging to witness the emergence of valuable archival materials from stacks of cartons scattered randomly about the floors, and their transition into a logical, ordered and carefully catalogued archive. Although the ordering of these archives is still in transition, certainly the value of my archival searching in the roof of the hangar has been enhanced by the superb efforts of a recently employed archivist.

Far from the controlled, air-conditioned environments of the national and state archives, the precious contents of the NSW RFDS archives have had to endure extremes of temperature that must be experienced to be believed. In summer, temperatures frequently soar beyond 40 degrees Celsius, while at the other extreme, in winter, early morning temperatures can occasionally fall below

freezing. Both hyperthermia and hypothermia create hazards for document preservation, as well as for the unsuspecting researcher.

Archival strategies and techniques are very important for eliciting the data, but even experienced researchers recognise that discussions centred around archive strategies and materials are 'knotty socio-historical riddles, that can so easily define, if not consume, entire scholarly careers' (Hill, 1993, p1). Hill also refers to archives as 'black boxes', not to be delved into, but rather to be dealt with using a methodical process to extract useful data. However he does recognise that there are situations where journeys into 'black boxes' are unavoidable. Certainly that has been the experience of this researcher.

National and state archives provided little information that was useful for this study; in some cases the 30-year rule applied and so some files were inaccessible. However, in establishing the context of time and place, boxes stored in the National Library and catalogued under *Aerial Medical Service* and *Australian Inland Mission*, were very informative (Appendix D).

Information unearthed in the Broken Hill RFDS base archives took the form of newsletters, letters, transcripts of radio broadcasts, minutes of meetings, pamphlets and a small number of photographs. Newspaper clippings, often undated, had been stuck in a book, using Sellotape that had yellowed and lifted portions of the print. However, after several visits to this archive, just three years after the first such visit, new material came to light. This material was of the first importance: a complete photocopied set of the professional diaries of the first employed FDS flight nurse was found. In her own handwriting, Myra Blanch had noted several significant stages in her diaries, and explanations as to when continuity of the diaries was disturbed, and why. Several other notes confirmed the authenticity of these photocopies and suggested that she had photocopied her diaries, and forwarded them to RFDS for their records, in the same year as her death. The original diaries have not so far come to light, and there is some uncertainty within her extended family as to whether or not they are extant.

As this is a study of recent history, it has been useful, wherever possible, to speak with people who have some local knowledge about the documents discovered in the archives. This has provided an 'insider' perspective to the interpretation of documents, as opposed to that of an 'outsider' for whom the document is from an entirely 'other' time and place. These multiple interpretations, through different perspectives, allowed the research to take on a different shape and meaning (see Hodder, 1994, p. 393).

The newspaper clippings contain text and, in some cases, photographs. Interpretation of a photograph can provide a system of meaning to what is being said in the text. Single images can become part of a more complex assertion. (Harper, 1994). However single images of Myra Blanch and other flight nurses in action have been very difficult to locate, mainly because they have worked as sole nurse practitioners for the majority of their aeromedical hours, and so there was no-one actually available to photograph them in action. While visual ethnographies and monographs have been very useful in a number of archeological studies such as Bateson and Mead (1942), Gardner and Heider (1968) Danforth and Tsiaris (1982), the few photographs relating to flight nurses provide a tantalising and somewhat frustrating glimpse of a rich work history, now lost. Fortunately the photographs that have been located provide another dimension to the study and widen the possibilities of interpretation (Harper 1994, 411).

It is interesting to refer to Hill's (1993) view of 'front stage data' and 'back stage data'. He regards publications and official press releases, 'front stage' material, as the visible points of 'back stage' processes. This suggestion has certainly proved valid in the present case and has been extremely useful in informing this thesis. No assumption is made about any piece of 'data' that it is natural, or true, but rather that its truth may well be obscured by layers of interpretation (Tuchman, 1994). As texts are re-read in different contexts, new meanings are found, sometimes supportive and at other times contradictory, but always socially rooted (Derrida, 1978). Archival work has led to the discovery of archival sources of previously inaccessible original and intuitive data, contributing to an inclusive thesis.

## Secondary Sources

A review of secondary sources in the form of RFDS books, journal articles, RFDS commissioned reports and history was conducted at the outset of the study. This critical review of secondary sources enabled me to formulate an argument and, although not numerous, these sources have proved to be crucial in demonstrating the pressing need for this research.

With the need established, I conducted a critical review of the literature pertaining to nurses, women, particularly rural and Outback women, medical dominance and male dominant management culture. Searches for the appropriate literature were made in library catalogues and databases relating to social sciences, health, rural health, arts and humanities.

Once located, the value to the thesis of each item was ascertained using criteria outlined by Tuchman (1994, p. 319). I then determined the points made in the literature, whether they were supported or disputed by other authors, and of what relevance their argument was to the thesis. Directing my attention to references and footnotes used by the authors added a further dimension to this process.

## Oral History

Relatively little having been gleaned from primary sources in the early stages of the study, oral history seemed to offer a methodological tool that would inform the research and provide another interpretation of the apparent 'invisibility' of flight nurses. Discursive conversations with nurses who have shaped the history of flight nursing, and with others who worked with the flight nurses or were serviced by them, has uncovered a wide range of interpretations. Further, by establishing rapport and trust with participants in the oral history data collection, a stronger position emerged from which to interpret implied meaning as their stories were told. (Janesick, 1994). In speaking to other people as well as to flight nurses, corroboration of data has strengthened the historical research endeavour (Tuchman, 1994).

Oral history is not a new tradition, rather is it one of the oldest traditions used to hand down important stories relating to living communities. In the literate world, however, only in the 1970s did oral history begin to be recognised as a means of bringing to light histories of ignored and often socially neglected groups, challenging underlying assumptions of traditional historical processes. (Thompson, 1988). Oral history can provide a powerful tool for revealing how people make sense of their past through memory. Memory viewed in this manner is a reliable interpretation of the social context of the period under investigation, and how that relates to the present (Fisch, 1979).

The methodological and theoretical issues relating to oral history were fiercely contested in the late 1970s between traditional historians and those of the newly emerging discipline, as discussed at the beginning of this chapter. This led to an influx of more sociologists/social historians into the debate. At this stage oral historians needed to take a more serious approach to the rigorous treatment of oral data (Grele, 1975). Some notable works of oral history emerged during this challenging period, consolidating the academic validity of the discipline.

Terkel's book *Hard Times*, based on oral history interviews of people who lived through the Great Depression in America, disclosed the depth of its impact on individual lives, and by extension on the society in which they lived, to a level that had not been reached before. One historian believes that the time lag of thirty years between the Depression and book's publication was long enough for the people to have cast aside all but the salient features of their individual experience, a kind of distillation process, its end product free of the emotional 'noise' inevitable in such circumstances (Fisch, 1979).

In the 1980s O'Farrell was highly critical of the upsurge in oral history works. He expressed his concerns in a review of Thompson's *The Voice of the Past* and Lowenstein's *Weevils in the Flour* centring his argument not so much on oral history as a method but on the neglect, as he saw it, by oral historians to put the spoken word (their raw data) in its proper context (the culture of the time).

Defend his stance at an oral history conference, O'Farrell said that oral history was easy to do poorly, without informed and sensitive analysis of the data collected before and during presentation. Further:

The challenges it [oral history] offers to do something outstanding, the potential, in theory, to do something intellectually exciting and professionally first-rate, remain (O'Farrell, 1987, p. 9).

In the defence of oral history as a methodology to be accepted for a thesis in a Master of Education degree, Vine argues in support of Thompson's view that oral history is a history constructed around people. As such, it promulgates energy and life into the history. By broadening the very scope of history, it allows for the stories of the unknown majority, not just the leaders, to be revealed (Thompson, 1988). Oral history of women has become a very popular way of including those who have been traditionally and historically left out. Oral history can give back to the interviewees a primary place within their experienced history (Thompson, 1988).

The Frontier Nursing Service oral history project, 1978, began as a project to define the history of that organization and its efforts to provide health care in remote areas of the mountains in Kentucky, but its end result was the discovery of a rich tapestry of Appalachian life from the 1920s until the current day (Allen and Birdswistle, 1987). The stories of these nurse-midwives, sole nurse practitioners in remote mountain country, show many similarities to those of the early FDS flight nurses.

Some historical societies have been accused of taking for granted that 'the past' has been 'a somewhat better place', making no attempt to forge a connection between past and present. The end result has been a deficiency in social understandings of how that past took shape and a loss of potential for disclosing contentions within a community (Griffith, 1987).

Writing in favour of the oral history method, Shields (1988) claims that in Australia many Labor-orientated historians have been unable to capture the working life experiences of the Australian people. They have continued to rely on sources such as union journals, newspaper articles, government reports, tribunals and statistics,

without consulting oral evidence. And yet it is the struggle between organised workforce and capital that is the very essence of Labor history, and where the potential for oral history as a method is greatest for disclosing the people's stories. Lessons from pioneers in this method can be taken from the works of Lowenstein (1978), Hills (1982), Adam-Smith (1982), McCalman (1984) and Healy (1985).

The history of women has been neglected over time, with their voice virtually silenced in some historical discourses (Allen, 1986). While government health statistics provide useful quantitative data for health planning and mapping, the real experience of the people who comprise the statistics is very rarely sought. Selby (1990) demonstrated this fact by using oral history to disclose women's experiences of the maternal and infant welfare facilities in Queensland in the 1920s and 1930s. This new evidence challenged the previously documented evidence, based as it was on a more accurate knowledge of what actually happened. Claims that child health clinics contributed to the decline in the infant mortality of that era in Queensland could hardly be substantiated when women said that in fact the clinics were of limited use to them and that at times they had deliberately avoided them (Selby, 1990, cited in Cooney, 1994, p101).

From the experiences of these oral history projects, in particular those relating to women, inferences can be drawn about the historiography of flight nurses in the Royal Flying Doctor Service. Where Selby (1990) had statistics to draw upon, however, as in the case of many other histories there no reasonable statistics pertaining to RFDS flight nurses.

The apparent inability of society to recognise that Australian civilian women, as well as military women, were actively involved during the Vietnam War, including working in the combat zone, is another classic example of the all-too-common invisibility of women in history. Through the meticulously researched oral history work of McHugh (1993), the stories of these women, their constant exposure to the stress of war, and their unfailing availability to the troops as a comforting and normalizing presence, have been documented. The extraordinary everyday experiences of female journalists, entertainers, consular staff, nurses and others have provided a rich interpretation of a history in which women were ignored.

So often, traditional historians have legitimated the dominant culture in their documentation and interpretation of the past (Johnson, 1985). Oral history methodology has the potential to pass beyond the dominant culture and provide a new interpretation of the past. It can give back to the people a sense of the historical significance of their own lives, and make the practice of history more exciting and available to all (Humphries, 1984).

## The Oral History Process

The oral history process requires a systematic approach to ensure the integrity of both the research and the interviewee is maintained throughout.

### *Selecting interviewees*

In any set of interviews it is important to select interviewees who can bring understanding to the topic at hand because of their special interest or involvement, as well as interviewees who provide a broader societal view (Slim, Thompson, Bennett and Cross, 1993). It is important to note that older people are likely to be more frank about difficult issues than younger ones who may fear recrimination (Thompson, 1982-83).

Decisions regarding who should be interviewed for this thesis were influenced by issues such as the employment and location of the first flight nurse at the Broken Hill Base of the FDS, and the impact of this on the two other sections contributing funding for the experiment (South Australia and Victoria). The interviewee selection base was widened on the basis that flight nurse experiences should be explored not only through their own stories, but through those who worked with them and those for whom they provided health care.

The response from the people selected to be part of the thesis was overwhelming, as was their eagerness to ensure contact was made with others who they thought would be of value to the story. Past and current flight nurses, clients of the RFDS, peers, pilots and management, males and females ranging in age from the mid-thirties to one of ninety-one years of age, were unfailingly enthusiastic participants,

desperately wanting the history told of the first RFDS flight nurse and others who followed.

### *Gaining Access to and Trust of Interviewees*

Interviewers must accept the culture of each interviewee and some have gone to great lengths to ensure that they have been accepted, in order to gain access: disrobing in order to interview nudists (Douglas and Rasmussen, 1977), and frequenting seedy bars to interview members of a bikies group (Thompson, 1988). Learning to talk in engineering terms was one of the challenges of the researcher in a NSW literary award-winning oral history project on the Snowy Scheme (McHugh, 1995). The importance of understanding the ambient culture is not to be underestimated.

As a nurse, I have accumulated many flying hours with flight nurses, and I am a member of the Central Operations, RFDS Board of Directors. The culture of nursing, the RFDS and some of the culture of Outback Australia was familiar to me from the outset of this study. This was a distinct advantage when it came to gaining access to interviewees and others who felt they had a contribution to make.

This background facilitated an understanding of the conceptual and cultural dimensions of the interview, the 'speak' of the people, and the special events that had shaped their story (Briggs, 1986). The interviewer can never be completely sure of the rapport developed with the interviewees, and Thompson's unfortunate beating at the closing stage of his study of the Hell's Angels bikie group is a stern reminder that one needs good balance to walk such a tightrope (Thompson, 1988).

### *Pre-Interview Preparation*

Initially, telephone contact was made with each intended interviewee, as a means of introduction and a first step towards gaining consent. If the person agreed to take part in the research, a Confirmation of Interview form (Appendix E), was sent to them by post, giving also a brief background to the study. The interviewees were asked to look through any relevant photographs they might have and select a few to talk over before or after the interview as a useful means of jogging the memory.

(Slim, Thompson, Bennett and Cross, 1993). The Confirmation of Copyright form was also sent to ensure that each interviewee had sufficient time to peruse this information before the actual interview (Appendix F). Interviewees were also informed that they had the right to terminate the interview at any stage.

Several of the nineteen interviews had to be made via telephone, on account of travelling, time or other unavoidable constraints. However, despite not being immersed in the environment from which the interviewee was talking, once rapport was established, the distance and lack of face-to-face interaction did not appear to detract from the quality of the interview. (Many Outback people, after all, rely on the telephone for most contacts outside their immediate family.)

### *Interviewing: Collecting Oral Histories*

Oral history collection is a matter of framing questions to get useful answers and recording the process on tape. While the process seems simple enough, many of its aspects can be highly problematic. The process can be a powerful way of obtaining information about and an understanding of human beings and their past. But issues such as culture, gender and power, interviewer skills, and the place of the interview, its context and the degree of structuring of its format all impact on the outcomes (Fontana and Frey, 1994).

Advice on interviewing from the 1970s is still pertinent to the process today. The importance of thorough preparation, establishing rapport with the interviewee, developing an ability to listen carefully and ask open-ended questions, being comfortable with pauses and deliberations of speech are all very much part of the process (Morissey, 1970). The need to establish an understanding between the interviewer and the interviewee is paramount. There must be a genuine desire for both parties to be part of the interview and no power imbalance should be allowed to intrude, at least for the duration of the interview (Benney & Hughes, 1956).

### *Form of Interview*

While the interviews for this study were not about the interviewees' individual life histories *per se*, the topic in question was of significance in their life history and it

was clearly important to conduct private, one-to-one interviews (Slim, Thompson, Bennett and Cross, 1993). Another historian writes, 'Interviewers need to be sensitive to the feelings of interviewees and not dismiss other areas of their lives they may consider relevant to the interviewer's questions' (Ritchie, 1995, p. 29).

There is an issue concerning how much an interviewer should contribute by responding to the interviewee's questions or actively entering the conversation. Problems can arise from a conversational interview, particularly when later attempting to process the data (Durdin, 1987). However, where an interviewer does not become involved as an active participant, there is potential for this detachment to detract from the genuineness and sincerity of the interview, and a good result depends on maintaining a good balance. (Fontana and Frey, 1994). Certainly, maintaining a low profile throughout the recording provides a considerable challenge for the interviewer.

Structured interviews require the interviewee to answer a set of previously determined questions, and all interviewees are asked the same questions in the same order wherever possible. Unstructured interviews generally use open-ended questions and allow for a greater comprehensiveness in the responses than do structured interviews (Fontana and Frey, 1994).

A combination of loosely structured and unstructured interviews was used in this study (Appendix G).

The loosely structured questions gleaned key information from each of the participants, whilst allowing them to talk naturally.

The unstructured questions provided depth and breadth to the study in terms of the social context of the period.

### *Interpreting the Interviews*

The researcher is not a detached, invisible data collector in the process of oral history interviewing. On the contrary, the bias of the researcher or interviewer influences the interpretation of the interview, and the reader also learns more about the interviewer as well as the interviewee as the story unfolds. (Fontana and

Frey, 1994). The technique of directly quoting the interviewee can reduce some of the bias and introduce a fresh way of looking at things. This also exposes the reader to the spoken word of the interviewees without it being sanitised, although one must remember that selecting, as much an editorial tool as paraphrasing or summarising, can also show bias. Themes arising from the interviews were used to guide the interpretation and presentation of the oral histories (Fontana and Frey, 1994).

### *Transcripts*

Problems arise when tapes are edited, for the original intent of the speaker may become distorted. The integrity of the tape must be maintained in order for it to be archived for future historians to study, as well as maintaining good faith with the intent of the interviewee (Samuel, 1998).

The original tapes of the oral history interviews were copied at the Mortlock Library in Adelaide, and copies were returned to the interviewees to keep. Tapes were transcribed, and the transcriptions were returned to the interviewees for verification: some suggested minor changes or an added word or two by way of clarification. Once this process was complete, the tapes and the transcripts, unedited, were archived in the Mortlock Library's J.D. Sommerville Oral History Collection, in Adelaide, South Australia.

### *Ethical Considerations*

In any research, there are complex issues around the gaining of informed consent. Using oral history is no exception. While a range of strategies can be used, from structured questions where the interviewer's intentions are uppermost, to the unstructured interview where the participant's intentions are uppermost, extreme care must be taken to avoid harm to the participants.

Traditionally, social scientists conducting research have agreed on the goals of informed consent, right to privacy and protection from harm. However, there is controversy about ethical issues relating to more covert types of fieldwork,

including the surreptitious use of tape-recorders (Denzin and Lincoln, 1994). Punch (1986) recognises two schools of thought on this issue. While Douglas (1986) argues that the covert use of tape-recordings mirrors the deceitfulness of life in the real world, others like Erickson (1982) are strongly opposed to their use.

It would appear from anecdotes that, in an effort to protect subjects from supporters of Douglas's argument, some university ethics committees have viewed oral history as placing research subjects at risk of this sort of methodology. One of the problems with oral histories is that people sometimes say things without thinking them through and then want to retract them. Issues such as informed consent, established ownership of the transcript, date of usage and rights to publish must all be clearly demonstrated before ethics approval can be granted. Further, where cultural differences exist between the researcher/ interviewer and the interviewee, it is important for the researcher to ensure that there has been a written exchange with an agent or individual who is respected in the interviewee's community and will act in their best interest.<sup>2</sup>

A successful application was made to the Alice Springs Institutional Ethics Committee, a joint committee of the Menzies School of Health Research (University of Sydney) and the Alice Springs Hospital (Appendix H). The application described the research method, and the Confirmation of Interview Arrangements and the Conditions of Use of Oral History Interview (Assignment of Copyright) forms to be used were appended (Appendices E, F).

Menzies School of Health Research is located in Central Australia. Because of the nature of many of its research projects involving Aboriginal people, the University of Sydney's Ethics Committee has a process requiring the ethics application to be sent also to a representative Aboriginal group for approval, with the aim of ensuring that cultural sensitivities are properly addressed by the researcher. This process adds a further dimension to the ethics approval process, but is essential if

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<sup>2</sup> Dr John Hepworth in discussion of University of South Australia Ethics Committee stance on oral history research, 1997.

the researcher is to gain access to Aboriginal subjects in the research. (In this case one subject was Aboriginal.

The impact of the university's Ethics Committee on this research was positive: in regard to oral history, far from impeding the work, the Committee's process strengthened the interaction between the interviewer and interviewee, helping create an atmosphere wherein the interviewees felt able often to ask for the recording to be temporarily suspended, while some 'off the record' information was given. While this was frustrating, as it was often valuable data thus interdicted, the wishes of the interviewees were respected.

Notwithstanding the existence of a signed consent form, an oral historian is morally obliged to respect the informant's wishes not to reveal those things they do not wish to be revealed in public, and to refrain from using information that may harm people. This ethical obligation is wider than laws of libel. It is about respecting people's confidences and private sensitivities to the third party implicated (Alves, 1994, p. 84).

Further, ethics approval reinforces the view that common sense and moral responsibility must be uttermost in the mind of the field worker undertaking interviews, and that these two notions must be applied to 'our subjects first, to the study next, and ourselves last' (Punch, 1986, p. 373).

### *Reflections on Oral History Process*

While I have already noted my reflections relating to the excitement of unearthing copies of Myra Blanch's professional diaries, it may also be interesting to share some reflections about the oral history process.

This interviewing process worked extremely well, although locating interviewees in the Outback can present challenges: 'My house is opposite the pine tree in the street leading to the hospital'; or 'Turn left off the highway, 2 km before you reach a certain roadhouse, head across the railway line, 6 km up a dirt track through 2 creek beds and you'll see the homestead'. My mode of transport ranged from a regular 1.6-litre car or a four-wheel-drive vehicle, to an RFDS *Pilatus* PC 12 turboprop aircraft.

The oral history interviews generated excitement, reward, exhilaration and frustration during their collection. Central among these experiences has been the feeling of privilege, talking on equal terms with unassuming people with remarkable professional and personal achievements to their names.

My memories include an elderly woman who talked about her early life as a remote area nurse in Outback Australia. Her thought-provoking reflection on the 'blacks down at the river' reflected the context of the time. Two elderly pilots who flew many hours with the first employed FDS flight nurse retained absolute respect to this woman who forged new frontiers in nursing practice in Australia.

A nurse who had just recently retired after a long and distinguished career in the profession was in tears while recalling the most horrific flight in her flight nurse career. In this story, insistence on male medical dominance combined with a personality conflict threatened the survival of a critically ill trauma patient. Thirty years later, to recall this experience was still acutely painful for this retired nurse. Current flight nurses still struggle with a dominant male management culture while pursuing professional excellence and a better way for the future.

Some stories were too sensitive to record on tape, but the interviewees wanted them told off-tape. It was as if I was to be the keeper of these stories until the time was safe for them to be told; I was being given permission to use the stories with discretion when appropriate. A number of the stories related to Myra Blanch and her total professionalism in the face of adversity.

Although these and other experiences during the interviewing process cannot be recounted here in detail, they remain firmly imprinted on my memory.

## Summary

The research methodology described was chosen as likely to be the best way to achieve the aim of the project: to disclose the story of the first employed RFDS flight nurse, and remove the cloak of invisibility masking her contribution to the RFDS, the nursing profession and the health of Outback people. Using a qualitative approach, I have been able to seek out rich data to inform the study from a range of

perspectives, thus facilitating an in-depth understanding of the topic. Primary sources, secondary sources and oral histories have enabled triangulation of the research data. This multi-method approach has also reduced the possibility of undue bias in telling the story of the first RFDS employed flight nurse, and in going some way towards ameliorating the apparent 'invisibility' of other RFDS flight nurses in the records of this iconic institution.

## CHAPTER FOUR: THE STORY OF MYRA BLANCH

This chapter examines the background to the visionary concept of 'flying sisters' in 1936, and the subsequent adoption of the concept by the FDS at its Broken Hill Base, NSW, in 1945. It explores the type of person required to take up the challenge of the first flying nurse position in the FDS of Australia. Examples are given of Myra Blanch's professionalism, courage and passionate desire to improve the health of clients in the isolated Outback network of the NSW Section. Her personal and professional relationships during that time are discussed.

Oral evidence from the two pilots who flew with Myra Blanch, the base radio operator, and a female client of that period provide a colourful portrait.

One Outback myth was that her title, 'flying nurse', was a misnomer. The myth is debunked by the oral evidence of the two pilots and her diaries and various media releases and contemporaneous articles from *Flying Doctor*, the official journal of the Flying Doctor Service of Australia (NSW Section).

The chapter concludes with an overview of Myra Blanch's professional life, from when she left her position with the FDS in 1954 until her retirement in 1979. Her seeking out professional development opportunities to ensure that she was capable of the ultimate achievement during her professional career are noted and serve as a testament to the calibre of this pioneering woman. Indeed, she appears to have been the first flight nurse employed by any civilian aeromedical organization in the world, and these claims are considered in this chapter.

### The Concept of the 'Flying Nurse'

The Pioneer Women's Memorial Trust was established in 1936 in Adelaide, during South Australia's Centenary year. The aim of the trust was to ensure that contributions made by pioneer women in the first 100 years of the state of South Australia would be recognised and celebrated in such a manner that the early history would not be lost. Adelaide Miethke, a school teacher, later an inspector of schools, president of the Australian National Council of Women and the South Australian Chapter of that Council, was appointed chair of the five member trust. The Women's Centenary Council, the body which appointed the

Trust, was established one year before the Centenary, and had commenced fund-raising towards the celebration before the Trust began its deliberations as to how it would convert monies raised into a fitting memorial to pioneer women.

Adelaide Miethke reported that the meetings of the Women's Centenary Council were very lively but all agreed that whatever the tribute would be, it should be dedicated to the early women settlers who endured so much hardship and isolation in those early days of the state's history. The National Centenary Council was a representative body of over 100 different societies and, while they agreed unanimously on the intent of the memorial, there were various interpretations of what it should be. There was strong support for a Women's Institute to be built. The Federation of Women Voters were emphatic that whatever was decided upon it should not be a 'colour-' or 'race-' distinctive memorial but rather culturally inclusive, recognising the 'natives' who were the original owners of the land. Others offered alternative views.

Gradually the impassioned view of the early Outback days permeated the minds and thoughts of the women charged with making the recommendations for the memorial. A scheme emerged:

'Flying Sisters'—kindly, friendly homely women should go into the various outposts, spend such time as circumstances dictated to bring a feeling of companionship to the mother, advice re the health of her family, books, handicrafts and news and gossip from the outside world—the breakdown of isolation—something for the white women at an outlying station to look forward to.<sup>1</sup>

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<sup>1</sup> Taken from a paper written by Adelaide Miethke, dated 1961, entitled 'The Pioneer Garden of Remembrance', from a collection of papers relating to the topic, held by one of the Pioneer Women's Memorial Trust current trustees, Mrs. Barbara Hardy. The paper outlines the formation of the Pioneer Women's Trust, deliberations and discussions between the women of collective groups who raised the monies. Descriptions of their ongoing role until the dedication of the Alice Springs Base and Pioneer Women's Garden in 1941, provide insight into the vision, strength and humour of these women. The content of the time capsule interred at the site, for the women of South Australia to open in 2036, is also included.

The plan was for the 'flying sister' base to be established at Port Augusta, in South Australia, to serve the northern areas of the Inland. However, the committee had barely begun its investigations when the Reverend John Flynn arrived to meet with the Trust and implore them to donate the funds to establish a flying doctor base at Alice Springs, in the middle of the vast central region. Flynn carefully explained the logistics of working within an already established aerial medical system as compared to initiating and providing ongoing support for a new service. He also acknowledged that at a later date, a flying nurse scheme could be considered as part of the flying doctor service rather than as a stand-alone service. At that time the South Australian Section of the Flying Doctor Service was assisting with the funding of the New South Wales Section base at Broken Hill. With a base at Alice Springs, the South Australian Section would then have its own area on which to concentrate activities.

In 1938, the Alice Springs base of the Royal Flying Doctor Service commenced operations and, in 1941, the Pioneer Women's Garden was opened in Adelaide, in parklands behind the grounds of Government House. The Alice Springs base was established with a donation of five thousand pounds, and the Pioneer Women's Garden with a donation of eighteen hundred pounds, both donations coming from the monies raised by women's organizations in South Australia, in support of the Pioneer Women's Memorial Trust. The Flying Doctor Service provided an aerial health and emergency service to all those living and travelling in the central region of Australia. Both Aboriginal and non-Aboriginal people were to be clients. This decision no doubt satisfied the Federation of Women's Voters in providing a culturally inclusive memorial in Alice Springs while the need to recognise the 'white' women pioneers was addressed in the Pioneer Women's Garden.<sup>2</sup>

Eight years after Adelaide Miethke had discussed the concept of a flying nurse base with the Reverend John Flynn, she still remained convinced that the

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<sup>2</sup> The debate about the Flying Doctor Service being a 'black' man's taxi and a 'white' man's taxi has been ongoing, but for those who provide the service, all people in need of medical care are treated, regardless of cultural origins. In Central Australia a larger percentage of flying doctor patients are Aboriginal people compared to those treated through the Pt Augusta and Adelaide bases of RFDS Central Section.

concept warranted an experiment. She lobbied Flynn until the issue was raised at the Federal Council meeting of the Flying Doctor Service in June, 1944. It was suggested at that meeting that the appointment of a nursing sister be at the discretion of individual bases. However, it added that it might be of value to actually establish a flying nurse service experiment at one base, to test the value of including nurses in the service. The Victorian Section offered a substantial contribution towards the cost of the experiment and Broken Hill was suggested as a suitable base. The New South Wales Section, responsible for the Broken Hill base agreed to adopt the experiment and the South Australian Section also offered funding. The report of the Victorian Section Council meeting in July 1944 records that the position would be occupied as soon as a suitable candidate was recruited (*RFDS 11th Annual Report, 1944-45*). It was apparent that the decision to establish a nursing position was questioned by some members of the New South Wales Section Council in August 1944 and a report on the advantages and disadvantages of a 'flying sister' was presented by a doctor, Councillor Rossell (Bilton, 1961; Page, 1978). Unfortunately, the Council minutes do not record this report or any discourse relating to it. To assume that the report must have been positive would be mere conjecture. However, the opinion/consensus of the Council must have been in favour of the flight nurse experiment, as the position was advertised and an appointment subsequently made.

It speaks volumes for the initiative and love of work, which inspires the nursing service, when it is reported that when applications were called for a flying nurse, numerous applicants with high honours in the nursing profession and including matrons and sub-matrons responded to the call. The task of selection was difficult in view of the high standards of those applying for the post, but one was selected and we now anxiously await her release from the Defence Forces in order that this service may immediately be undertaken at Broken Hill. We feel confident that the experiment will demonstrate the advisability of such appointments at some other Flying Doctor bases (*RFDS Victorian Section, 11th Annual Report*)

## Myra Blanch

Sister Myra Blanch was appointed as the Flying Doctors Service's (and Australia's) first flying nurse in November 1945. It is important at this stage to

reflect on her background and on the influence her earlier professional career had on her approach to this pioneering role.

Myra Blanch was born in 1911 in Nambour, not far from the coast just north of Brisbane and then a small farming town. She began her nursing career as a trainee nurse at the Nambour General Hospital. From the outset she sought challenges far beyond the confines of her home town in Queensland. She attained her midwifery qualification and nursed at the Epworth Hospital in Victoria before taking up the challenge of Outback Australia. In 1939, when war was declared, she was classified as 'B Class', meaning that she was required for home service, and so decided to 'go bush'. She joined the Australian Inland Mission (AIM) and worked as one of a two-nurse team at the AIM hostel at the Outback settlement of Innamincka in South Australia, 860 kilometres north-west of Broken Hill. There was no doctor for hundreds of kilometres, and contact with medical help and the outside world was by pedal radio. The other nurse at Innamincka during this time was Hilda Foster. Together they provided health care for people living and working on cattle stations in the area around the town. Innamincka at that time boasted a nursing hostel, a hotel-store and a police station; its nearest neighbouring town, Birdsville, is 400 kilometres away.

During her employment at Innamincka Myra Blanch became very interested in the work of the Flying Doctor Service. However, by 1942, with the Japanese advancing close to Australian shores, her sense of nationalism prompted her to join the war effort as a nursing officer in the Royal Australian Regiment (RAR). She worked at Greenslopes Repatriation Hospital, Queensland, and in 1944 was deployed to a hospital in the Solomon Islands with 1RAR and then to Bougainville (annexed to New Guinea), for the final six months of her military career. Her release from the military was negotiated through the manpower authority and she commenced duty with the Broken Hill base of the FDS in November, 1945.

Myra Blanch remained a dynamic, career-focussed, single woman throughout her life. Her family affectionately referred to her as 'Auntie Jonnie'.

Photographs show her as tall, brunette and strong-featured, and a friend of hers in the Broken Hill FDS network remembers her being called 'Big Jim'. In RFDS

publications, the most common photograph of their first flight nurse shows her in the uniform of an Australian Army Nurse.

## Life in Flying Doctor Service

In the 1940s, nurses commonly wore white uniforms, red capes and white veils. Myra Blanch did not fit the female nursing stereotype and this was evidenced throughout her employment with the FDS:

Air nurse works in slacks and shirt ... seldom wears the traditional veil and starched white uniform of her profession (*Sydney Sun*, 7 April, 1954)

It appears she paid less attention to tradition than to the practicalities of working in Outback Australia as an itinerant community nurse and an emergency aerial medical nurse. The uniform she adopted for the work was similar to that of the military nurse in Bougainville. Khaki pants and shirt were far more appropriate in the aviation environment and the harsh climatic extremes of Outback Australia than a white veil and a white starched dress. Another photograph shows her visiting families at Fortsville, an Outback settlement along the 'dog fence', dressed in a dark military-style uniform jacket and skirt (FDS publication, 1946). Apart from this photograph, slacks and shirt were the uniform of preference. She once commented:

I'm sure that if the Outback patients saw a white uniformed sister stepping out of a Flying Doctor's plane they'd have to be convinced that it was me before they'd believe it (*Sun*, 7 April, 1954)

A small booklet entitled *The Flying Doctor Service* (1950) outlines Myra Blanch's work as a flying sister and shows a photograph of her and the doctor crossing floodwaters between an aircraft landing strip and the homestead. Her slacks are rolled up above the knees (Appendix I).

The aircraft was not Myra Blanch's only means of travel. In the first year of her employment she used any available transport to get to the various Outback communities in the NSW FDS network. In a 1946 article entitled 'Flying Sister Hitch-hikes to Cases', the journalist reported her as saying her title, 'Flying Sister', 'is a misnomer', as she does most of her travelling in utility vehicles or the mail truck. The article goes on to relate that on one occasion, she visited the patient on horseback and then later, on foot (Machin, 1946).

A letter of appreciation from the station people and the boundary rider relating to this occasion was published in the NSW FDS journal.<sup>3</sup>

We accepted the services of Sister Blanch during an epidemic of the flu which made itself at home here and attacked the complete household. This is how it all worked out. Sister arrived here on Saturday May 11th in the midst of a sick household and in to a house full of dust, a storm having raged the day before. She immediately took charge and after attending the patients took to cleaning up the dust and without flinching turned to cooking in no uncertain manner. Another patient on the border fence 2 miles away was confined to his bed with the same complaint and Sister Blanch attended him on horseback each day until an urgent request for her service which came from a northern South Australian station took her by surprise. As the plane was due here early next morning, she would not leave without securing her border fence patient and as there was no one there to drive a car and the horses were gone (this by the way all happened in the dark) but with her courage still undaunted she took out on foot at 8pm returning at about 10.30pm none the worse for her walk. To our sorrow Sister Blanch left here about 8am on Tuesday May 21st but we knew it was to attend more deserving cases which I am sure she would be very much appreciated.

A letter of appreciation has also been received on behalf of the border-fence patient, Mr. McClusky (*Flying Doctor, July, 1946.*)

As an itinerant nurse, Myra Blanch had a room allocated to her at Tibooburra District Hospital. She used this room as a second base, 200 miles from the Broken Hill FDS Base. Apart from these two bases, she commented, 'for the most part HQ for me now is under my hat' (Machin, 1946).

By 1949, the NSW Section of the FDS had issued her with a utility truck, allowing her far more independence. She no longer had to rely on the mail truck or the assistance of Outback people for transport. The utility truck was equipped with a two-way transmitter set enabling her to both transmit and receive messages. However, when her assistance was required by the doctor for aerial

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<sup>3</sup> Individual Sections of the Flying Doctor service developed their own newsletters or journals. The *Flying Doctor* was the official journal of the NSW Flying Doctor Service Section.

ambulance work, the FDS aircraft would collect her as before and then return her to the vehicle, once the mission was accomplished (*Flying Doctor*, 1949).

Selwyn Woolcocks, the FDS pilot who flew with Her from 1945 – 1949, fitted the utility truck with its radio transmitter and taught her how to drive. He recalls the story:

She had to have a utility, of which I had to get and fit long-range fuel and water tanks and also teach her to drive. She couldn't drive a motorcar. So I set out and I taught her, and in those days the police issued driver's licences without anything. They'd come and test you. So when I went in and saw the police they said, 'Can she drive?' I said, 'Oh well, I consider she's all right but if she can't drive now, she will when she gets back'. He said, 'What is she doing?' I said, 'She's got a two-thousand mile trip in the bush to do'. He wrote out the licence. He said, 'You're right. She'll be able to drive when she gets back' [*laughs*].

But of course she had radio in the vehicle, two-way radio, and she was never more than forty or fifty miles from a radio station. If she moved, the bush would follow her on the radio and if she passed some place and didn't get to the next one, they'd all be out looking for her.

Oh there were floods.

Oh the roads could be bad but you didn't travel on those roads. You waited until the roads were all right ... summer time dusty and dry, there'd be potholes but you don't have the accidents out there that you have in town. You watch the road and drive accordingly. But I taught her in the bush—I taught her on the dirt roads.<sup>4</sup>

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<sup>4</sup> Selwyn Woolcocks, interviewed by the author, 6 April 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Selwyn Woolcocks was born and grew up in Broken Hill, NSW. He was a flying instructor for the Royal Australia Air Force during World War II. At the conclusion of the war he was employed as a flying instructor with the Aeroclub and a pilot with the FDS, both at Broken Hill, NSW. He soon realised that he could not manage the demands of the two positions and chose to work for the FDS only. He did so until 1948. Originally a fitter and turner by trade, he learned 'the radio' and was able to provide a radio maintenance service for the people in the NSW FDS network when required (p. 2).

As time progressed, Myra Blanch's nursing skills were utilised more with the aerial ambulance. Vic Cover, the FDS pilot who flew with her from 1949 to 1954, claimed that she did a good deal of flight work in that period.

Oh well one of the biggest problems we had in those days ... was to keep doctors on the job. It was so difficult to get medicos that the council came to an arrangement, mainly through Dr Rose who was at a Sydney hospital, and we used some of their residents and they stayed for a period of time ... four and five months, and then there was a break and some more would come when they could get hold of them. During that time Myra used to fill in ... we did quite a lot of flights together and picking up patients and bringing them back. The policy of the New South Wales section was a doctor was supposed to fly with the aeroplane on every occasion and then he'd take the flight nurse as well on some occasions and into some clinics. But she could quite capably fill the post for any break in the doctors' continuity.<sup>5</sup>

Myra Blanch noted the medical flights without the doctor in her diaries. She recorded that when she flew in place of a doctor she would fill out a Medical Flight Form, as opposed to the Nursing Flight Form when she assisted the doctor. When there was no doctor at the base, she also undertook the radio medical consultations.

Myra Blanch's in-depth knowledge of the land, as a direct result of her frequent road trips, was valued by the pilots:

We used to arrange to pick her up and she did a lot of flight work. One thing I can remember with Myra was ... The maps weren't too accurate but she knew more about the ground area than I did and the doctor, and Myra and I, we did a few exploratory flights around through the bush and we corrected the old ... charts we

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<sup>5</sup> Vic Cover, interviewed by the author, 22 August 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. He was born in Roseward, Queensland and grew up in a semi-rural community. He was a pilot with the Royal Australia Air Force during World War II. From 1946 to 1948 he was a pilot for the Dutch Airlines and flew in the Dutch East Indies. He replaced Selwyn Woolcocks as the FDS pilot at Broken Hill Base, commencing work on 1 January 1949 and retiring from that position thirty-four years later. During that time he contributed greatly to the FDS, not only in the areas of sound pilot practice, aerial mapping, air strip development/auditing and radio repairs, but in the area of dental health, by securing the services of a dentist for the FDS network (p. 2).

had – where homesteads were and where there were airstrip sites and such as that. We did quite a bit of that in the beginning because with the dust and what have you there, it was a pretty difficult area to navigate in ...<sup>6</sup>

Both pilots described her as a very intelligent woman with a good sense of humour and they had obviously established a very good working relationship with her.

... we were in Innamincka and the sand flies were bad and I was scratching. She told me not to scratch so I asked her what she did for sand fly bites. She said, 'Scratch them like hell'.<sup>7</sup>

When help was scarce, the pilots would become her assistants. Working closely with her they came to admire and respect her for her level of professionalism in all facets of her FDS work.

She'd be able to do anything within her scope. She was a fully trained double-certificate sister ... I don't think we'd ever had to go out with the doctor to pull her out of bother.

Although she was a very professional nurse, if people were in dire straits she'd buck in and help them in the house for a day or so. But her main thing was producing medicine for the bush. She was a defender of modern-day health care.<sup>8</sup>

However, Myra Blanch's position was far more than that of a defender of modern health care. In a very pragmatic and, once again, professional and visionary manner, she designed her own job description as a flying nurse:

1. To engage in home nursing
2. To relieve nursing staff in emergency cases in hospitals within the area of the Flying Doctor Service (FDS).
3. To give advice and help on matters of public health and prevention of disease; also medical advice when necessary. Also to dispense ante and post-natal advice.

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<sup>6</sup> Ibid., p. 2.

<sup>7</sup> Woolcocks, p. 3.

<sup>8</sup> Cover, p. 2.

4. To broadcast talks over the Network on subjects of FDS interest in times to be arranged; also talks and visits to the schools.
5. To perform medical surveys and immunise children within the area.
6. It is intended that the nurse should, in the course of time, visit every homestead within the area, particularly those without radio or telephone communications (Malone, 1990, p. 6).

Lillian Stevenson, formerly an AIM nurse, was living on Durham Downs Station when Myra Blanch was appointed to the flying nurse position:

She was a very capable, very capable, and very conscientious, but not an easy person to know ... she was a very capable woman, extremely so, and didn't stand any nonsense. She was tall and they called her Long Jim and she set someone's leg up there and did a mighty job of it. They were very glad to have her.<sup>9</sup>

Don Sandercock, the FDS NSW Section radio operator, recalls Myra Blanch's professionalism:

Oh I think she was responsible for quite a large contribution to the betterment of health in the bush, both the children and adults. She had had experience before the war with the Australian Inland Mission at Innamincka. She was in charge there for at least a couple of years that I know of. She was quite efficient in her job, very knowledgeable, and at times, abrupt. That was in the period when we only had one doctor and if the doctor went on leave or was caught out of time on calls, or aircraft problems, couldn't get back and out of touch, she could actually do the medical sessions. She was very efficient, whereas say Beth Pattinson (who replaced her while she was on study leave in the UK) sort of wasn't so keen. While she could

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<sup>9</sup> Lillian Stevenson, interviewed by the author, 9 April 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Lillian Stevenson was an AIM nurse at Birdsville in 1936. She married and remained in the bush at Durham Downs until 1952, when her husband died tragically in a fire, the result of their kerosene refrigerator exploding. She returned to live at Broken Hill with her three small children and opened a boarding hostel for children of the bush, near to the Broken Hill High School.

answer the normal nursing questions, she didn't want to sort of take up some of the doctor's jurisdictions.<sup>10</sup>

Further evidence of Myra Blanch's professionalism and commitment to those in her care was provided by the pilots. One recalls a particular incident:

Well she was highly intelligent, very capable – very capable woman in the medical field. She had a lot of concern for the welfare of her patients. We had one bad time when we landed at a place on dark. It was an airstrip that you shouldn't have landed on anyway. It was nothing more than a bike track. She told me to go to bed and have a sleep because I had to fly the aeroplane, and she sat up with this patient and we ended up ... in the morning taking her to Burke. The patient eventually died. The medico in Burke said, 'You wouldn't have made any difference'. The delay didn't cause any problem with the patient and she'd been well looked after. He said she would have died anyway, so we felt comfortable about that. Myra was obviously upset – she was very upset – but she realised that we couldn't have taken off. We just couldn't risk the life of three people as against one person who shouldn't have been in the bush anyway.<sup>11</sup>

A good deal of Myra Blanch's work involved baby/child health care and preventative health measures such as immunisation, health/hygiene promotion and population health surveys. Recognising these two areas as a deficiency in her nursing education, she undertook a 'Karitane Course' (Mothers and Babies Welfare) in Sydney, NSW, and a preventative medicine course in the United Kingdom. During that time she surveyed the Highland and Island Ambulance Scheme on the Scottish West Coast and was able to draw useful comparisons between the FDS and this scheme. She returned to the FDS in 1953 after eighteen months leave, and set about preparing a health survey of the FDS network.

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<sup>10</sup> Don Sandercock, interviewed by the author, 7 April 1998, tape and transcript deposited at the J D Sommerville Collection, Mortlock Library, Adelaide, South Australia. Don Sandercock was a Royal Australian Air Force radio and maintenance mechanic. At the end of World War II he joined the FDS as assistant to the Officer in Charge of the Radio Base. He continued in that role for twenty years and then for a further eighteen years as the Officer in Charge of the Radio Base.

<sup>11</sup> Vic Cover, p. 3.

Vic Cover claims that the NSW FDS Council did not know the value of her health survey document and just filed it away. Further he stated that after she had left the service, a new doctor was appointed to the NSW FDS Council. On reading the health survey, he remarked it was the most professional health survey he had seen and the Council at the time should have taken advantage of the information provided. When questioned as to why they thought the Council had not capitalised on the health survey, both the pilot and the radio operator believed it was due to a doctor/nurse issue - the doctors were not likely to listen to the advice of a nurse. And yet, such was Myra Blanch's professionalism, that her nursing diaries contain no record of any disharmony between herself and any medical officer.

Other recordings of her work were frequently made in the *Flying Doctor*. This was a monthly journal and excerpts from Myra Blanch's diary were often included, as well as a regular feature entitled 'Nursing Hints'. In this section she would give women of the network health information/hints about caring for the sick and injured at home and preventative advice such as wearing face nets to keep the flies out of the children's eyes, thus reducing the incidence of conjunctivitis.

Outside of the FDS journal there were occasional Sydney newspaper articles promoting the work of the first flying sister and, of course, promoting the FDS, which relied on public donations for non-operational costs such as aircraft replacement. *Woman*, a popular women's magazine of that era published two articles on Myra Blanch's work. The journalist, Megan Machin, accompanied her on occasions in the Outback. The articles entitled 'The Family in Their Homes Outback' (21 March, 1949) and 'Two Women, a Truck and the Outback' (7 March, 1954) both relay the family health care and social health aspects of the enormous contribution Myra Blanch made to the NSW FDS Outback health network. The latter article also conveys the importance of the radio sessions she conducted, focussing on baby/child health specific for Outback living conditions.

Between 1948 and 1953, regular radio broadcasts were made on various radio stations promoting the work of the NSW FDS Section. Station 2GZ, a Sydney radio station, made regular broadcasts between 1948 and 1951. The majority of

the broadcasts were made by Mrs. Florence Muscio who always included the latest news on Myra Blanch and her work. It is interesting to note in passing that Mrs Muscio was remarkably well-educated for a woman of her generation, having completed a Master of Arts degree in 1905. She was a well-known feminist and held senior positions in a large number of organizations, including the University of Sydney and the National Council of Women. Of particular interest to her was child and social welfare, having served on the Commonwealth Royal Commission into child endowment in 1927, and being a foundation member of the Board of Social Work and Training. She had also been involved with the Australian Aerial Medical Service, renamed FDS in 1942. Her background in promoting child welfare and the interests of women no doubt contributed to her keen, in-depth reporting of the ground-breaking work of Australia's first flying nurse in the Outback.

Myra Blanch's contribution to Outback health became well known during her time and in 1953 she was awarded a Queen's Coronation Medal for her services to health. She later met Queen Elizabeth when she visited the Broken Hill Base in 1954. She had the ability to address people across diverse cultural and socio-economic backgrounds and seek out those who might be interested in furthering the cause of the FDS in NSW. She addressed women's groups who were influential in the FDS fund-raising arena and had significant input into the establishment of the FDS Women's Auxiliary at Broken Hill.

Myra Blanch was known as a very forthright person who left nobody in any doubt of what she thought.

Of course she was a very efficient woman. You know, she didn't muck around. A spade was a spade and that was it. <sup>12</sup>

I think she was shy but very authoritative and probably scared a lot ... never heard anyone in the bush who could put it over any of the men. They were always scared of Myra Blanch. <sup>13</sup>

And yet the two pilots who worked so closely with her said they had enjoyed her sense of humour and team spirit.

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<sup>12</sup> Woolcocks, p. 7.

<sup>13</sup> Sandercock, p. 4.

Nobody disputed the professionalism Myra Blanch exhibited during her time with the NSW FDS. However, on her resignation, Council minutes indicate merely that she had been asked to document in writing her intention to leave the service, without further comment. The other FDS sections supporting the position had already seen the value of a flight nurse and had lobbied their respective state governments for the secondment of Health Department nurses to their FDS sections. But why were the Council minutes silent? And why, when she had made such an enormous contribution was she not even accorded a vote of thanks?

The answer to this may well lie in the fact that Myra Blanch was a very assertive, independent and extremely capable woman, at a time when popular women's magazines throughout Western society were promoting the importance of women as diligent housewives, reminding them to prepare themselves for their husbands' homecoming 'from the office' by putting on a clean, pretty frock and lipstick. One advised that a wife ought not make conversation with her husband until he was ready to do so, because he might have had a tiresome day at the office (*Women's Weekly*, July 1955).

From today's viewpoint, some of the advice seems even more bizarre:

- Listen to him ... remember, his topics of conversation are more important than yours.
- Don't ask him questions about his actions or question his judgement or integrity. You have no right to question him.
- A good wife always knows her place.<sup>14</sup>

In 1954 Broken Hill was a mining town. It was totally male-dominated. Married women were not allowed to work in paid employment, and they had minimal input into the political life of the town. The FDS, by its name alone, implied that only a doctor provided the service. And yet during Myra Blanch's time, on many occasions, she was responsible for maintaining continuity in the service during the doctors' absences. Was it professional jealousy in an organization

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<sup>14</sup> *Housekeeping Monthly*, May 1955. (Women's magazine - U.S.A.)

dominated by doctors, all of them men, that failed to recognise her work, or was it more? Lillian Stevenson and Vic Cover offer differing views.

Well I think she didn't get on in the bush. That was the consensus I got ... there wouldn't have been a great scope for her capabilities. She'd probably decided she'd had enough. She was very capable, very capable, and very conscientious, but not an easy person to know ... didn't stand any nonsense. <sup>15</sup>

Everything in my era was doctor-orientated and nobody else counted and that's where the failing in recording the history is in regards to what Myra Blanch did. Anything that she did was the doctor's prerogative to say ... Myra went out on her own ... A lot of bush nurses were the same—they were treated exactly the same, ignored by the medical profession. <sup>16</sup>

And yet Myra Blanch sought the opinion of medical specialists in regard to child eye health problems and was obviously highly regarded by senior medicos. In among her diaries were letters from medical specialists; one in particular, a professor, requested information on the cases of eye infections in her network, and asked for her advice on treatment. As she documented all patients attended, and maintained accurate statistics, significant people in the medical profession valued her input. She had worked with the people of the NSW FDS network for 9 years, and her final contribution was a health survey of the people living in an area of over 250,000 square miles. She had conducted earlier surveys of parts of the region, and so finally had a comparative study on which to base her own unique contribution of nine years' work. One newspaper clipping, undated and with no indication of its source, suggested 'Myra Blanch felt that the job she had set out to do had been completed ... she needed a period of rehabilitation'. The rehabilitation she apparently had in mind was a change of professional direction, a return to hospital-based nursing and administration rather than a period of rest and recreation.

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<sup>15</sup> Stevenson, pp. 2, 3.

<sup>16</sup> Cover, p. 5.

## Life after Flying Doctor Service

The first nursing position Myra Blanch accepted after resigning from the Service was as a midwife at the public hospital in Tamworth, a large town in New England in rural NSW. Shortly after starting in this employment, she was appointed acting deputy-matron. From there she helped establish the public hospital in Guyra, a small town further north in New England, where she became the matron. Following a short period of employment as the charge nurse of the obstetric department at Penrith Hospital in NSW, she won a scholarship to study nursing administration at the NSW College of Nursing. On completing the course in 1960 she took up the position of Matron of the public hospital in Wollongong, a city on the NSW coast south of Sydney and then became the Superintendent of Nursing at that same hospital. In 1966 she moved back to her home state, Queensland, to become the first Director of Nursing at the newly established St. Andrew's Hospital, Toowoomba, where she remained until her retirement, thirteen years later, in 1979.

Myra Blanch was active in many professional organizations, including the Queensland Nursing Association, the NSW College of Nursing, the Royal Australian Nurses Federation, the University of the Third Age, Quota International and the Darling Downs Institute of Advanced Education. She received the British Empire Medal in 1989 for community service.

In 1992, Myra Blanch died, after a lifetime of contribution to the nursing profession and to the health of so many Australians. Hers was a career of distinction – Australia's first flying nurse.

## Summary

The FDS was the first civilian aeromedical organization in the world. Extensive searches amongst the documents of overseas civilian aeromedical evacuation organizations found no mention of employing a flying nurse in the early stages of their establishment. On the evidence, Myra Blanch was indeed the first civilian-employed flying nurse in the world.

It was apparent from the outset that Myra Blanch did not fit the popular, subservient, city female stereotype.

Clearly, there is a stark contrast between the role model of the housewife portrayed in popular literature of the time, and that of a professional, courageous, independent and authoritative woman, who left no one in any doubt of her views. She was very much the patient advocate and cared greatly about the health of those in her care. The next chapter will address her contribution in detail.

## CHAPTER FIVE: A SIGNIFICANT CONTRIBUTION.

*One of the most remarkable jobs held down by a woman in Australia...*

*Nightingale of the Outback* (Machin, 21 March 1949, p. 26).

This chapter and the next discuss the professional contribution made by Myra Blanch during her term of employment as the first flying nurse with the FDS, from 1945 until 1954. This chapter is predominantly a descriptive account of her contribution; the next will essay an analytical interpretation.

This chapter, a comprehensive record of Myra Blanch's work during her time with the FDS, is divided into five sections, examining her contribution through different perspectives, and creating a collage of images and interpretations her professional contribution.

Myra Blanch's work as portrayed in FDS publications is described in the first section, in the second as portrayed in local and national print media.

The third section discusses the content of the radio broadcasts on various local and national radio stations. These regular, informative broadcasts were part of the fund-raising and promotional strategy of the NSW Section of the FDS, but seem to have given an accurate view of what was happening at the time.

The fourth section is based on the rich primary source of Myra Blanch's professional diaries, diligently and meticulously compiled throughout the nine years of her employment with the FDS. Collectively, they combine to create an impressive record of her groundbreaking work.

The fifth section describes the content of the final health survey she undertook during the last eighteen months of her employment with the FDS.

This is the first comprehensive record of Myra Blanch's outstanding contribution to Outback health, fifty-eight years after she began duty as the first FDS flight nurse, and fifty years after being awarded the Queen's Coronation Medal in recognition of that service.

## Section One: *Flying Nurse* in FDS Publications

This section cites official accounts of the activities of Myra Blanch in the FDS journal, and other FDS sectional and national publications. The journals and other FDS publications were distributed to the supporters of the Organization, both locally and nationally. They begin with the first mention of the flight nurse, in 1946, shortly after she commenced employment with the NSW FDS Section. A chronological sequence of the publications is used to tell the story of her working life, as portrayed through the perspective of FDS management and staff. The section concludes with publications that made reference to her resignation from the FDS in 1954.

### *Appointment*

A note in *Flying Doctor* (April 1946, p. 29) reports that Sister Myra Blanch was appointed in November 1945 to the position of the flying nurse, and that the experiment was judged a success. It also noted that there should be consideration of flying nurses at other bases where practical.

### *Pioneering Years: 1946–1950*

#### *Work Role*

FDS management received letters of appreciation, in recognition of the excellent work of Sister Myra Blanch. In particular was published a letter from Binerah Downs via Tibooburra, demonstrating her ability to care for a household during a flu epidemic (*Flying Doctor*, July 1946, p. 44).

'Australia's First Flying Nurse' reported briefly the visit of Myra Blanch to the homestead people of Fortville. It noted that Myra Blanch brought fresh fruit with her to reward the children after she had immunised them, and that she had said face nets for fly protection were a necessity for Outback children (FDS publication, 1946). The accompanying photographs provide the only record of Myra Blanch in a uniform skirt during the entire period of her employment with the FDS.

The Duke of Gloucester visited Broken Hill Base during this period. The Duke apparently made a broadcast on the FDS radio and it was reported that Sister Blanch replied from Monolong Station. She extended greetings to him from the people of the Outback and expressed gratitude for his visit and the broadcast over the FDS network. She finally wished him a happy term of office as Governor General and the broadcast ended (*Flying Doctor*, September 1946, p. 1).

It was reported that 'Dr. Woods, the FDS doctor, was ably assisted by Sister Myra Blanch'. The article continued to inform the reader that Myra Blanch had been appointed to the staff earlier in the year. She was the first flying sister to be actively engaged in the FDS, her surveys and reports on areas out of the reach of the aircraft had been invaluable and the quality of her work had amply justified her appointment (*Flying Doctor*, October 1946, p. 75).

The *Annual Report* of the Victorian Section of the Flying Doctor Service for the year ended June 30<sup>th</sup> 1946, reported that the idea of employing the flying nurse seemed to have been most appropriate and had justified the attachment of a nursing sister to the FDS. Also reported was the intention of the Victorian Section Council to actively pursue the possibility of an appointment of a Sister to their own base in Wyndham, Western Australia. The article states:

The assistance which a qualified nurse can give is well known and appreciated by all of us, and how much more must this be realised by the people of the Outback where distance between neighbours is so great. The nurse can never take the place of the Doctor, but she can and does fill a very important place in the set up of adequate medical services. (*Victorian Section FDS Annual Report*, 1946, p. 75)

It was reported that Myra Blanch extracted a child's tooth and the child actually paid her a penny for doing so. During that Outback journey she expressed her joy at actually being able to reach 'the corner', that is, the area where New South Wales, Queensland and South Australia meet. She implied that she enjoyed the Outback travel entailed in her job (*Flying Doctor*, April 1947, p. 39).

### *FDS Client-Patient Education*

Myra Blanch also wrote 'Home Nursing Hints', which were published regularly in *Flying Doctor*. The first segment noted was in the July 1947 edition. She began by saying:

The Doctor gives his instructions regarding the treatment of the patient and it is the nurses' duty to see that these instructions are carried out. This could be called the 'a' in the a.b.c. of nursing. Most of the patients about whom the Flying Doctor is consulted if not removed to the hospital are nursed by the womenfolk of the Outback, sometimes under very trying conditions. These hints are intended for you, it is hoped that the notes that appear in these pages from time to time to give you benefit of practical experience to pass on to you some tips as to how 'the Doctor's instructions' may be carried out with the minimum of trouble to yourself and maximum benefit to your patient (*Flying Doctor*, July 1947, p. 54).

The 'tips' in this first edition related to drugs number 17 and number 18 in the FDS standard medical chest<sup>1</sup>. She gave advice on how best to take the large sulphonamide tablets. For example: simple instructions of crushing the tablets, taking them with a small quantity of milk or water with the addition of a teaspoon of baking powder. Further she placed emphasis on the importance of consuming an adequate fluid intake while taking the medications.

### *The Success of the Flight Nurse Experiment*

In the October 1947 *Flying Doctor Journal* there was a note from the NSW FDS as part of an address to the people of Tibooburra.

The appointment of Sister Blanch as the flying nurse was in the nature of an experiment. Sister Blanch was the only flying nurse in Australia and she has a difficult job. When she left Sydney it was without instructions and she was

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<sup>1</sup> Medical chests were kept at Outback stations and homesteads. They contained emergency medications. Each medication was numbered, so that direction as to which medication to use was very simple, when the FDS doctor was prescribing over the radio. The medical chests are still used in conjunction with the RFDS today.

merely told to go out there and make a job of it. However, the Service has received good reports about her work (*Flying Doctor*, October 1947, p. 6).

In the same edition of *Flying Doctor* it was reported that Sister Blanch's principle duty was to cooperate with the then Flying Doctor (Dr Woods) as far as circumstances permitted. She was to make preliminary medical surveys for the Doctor and to give specialised nursing to the patients, as required by the Doctor.

The *Annual Report* of the Victoria Section of the Royal Flying Doctor Service (1947) recorded that the Victorian FDS Section Council actually met with Myra Blanch. They were very impressed by her attitude to the work that she had been undertaking and they believed she was filling a long overdue want in health care for the people of Outback Australia in the NSW FDS network. The Council noted that it intended to pursue a similar function with the appointment of a flying nurse at Wyndham, in Western Australia.

Distances between neighbours in the Outback are great and the valuable assistance which she gives is added to the companionship engendered by her visit. The nurse cannot take the place of the Doctor but she forms a very important link in the medical service (*Annual Report Victorian Section FDS*, 1947).

### *Indigenous Health Care*

Myra Blanch had visited Nepabunna in the Flinders Ranges to assess ways in which the Aboriginal community could improve their health, and to check on the water supply at their mission settlement. She reported:

All black people love 'med'cin', their initial shyness and distrust having worn off they were just at the stage of coming to ask the Sister for medicine for all manner of real and imaginary ills when I left Nepabunna (excerpt from Myra Blanch's report, October 1947, in *Flying Doctor*, January 1948, p. 6).

### *Continuing Client-Patient Education*

Myra Blanch's 'Home Nursing Hints' in *Flying Doctor* became an important health education segment. In the middle of the summer season, she published an explanation of the importance not only of having fluids in the body, but of having

fluids that had an acid-base balance. She discussed the significance of acid additives, as well as sweetened drinks and alkaline drinks. 'Home Nursing Hints' was a health education segment through which Myra Blanch could reach the women, the carers for Outback families and communities. In this same edition she attempted to educate the Outback constituents of the importance of maintaining fluid balance in the body, for the prevention of dehydration and acidosis, 'lethal enemies' (*Flying Doctor*, January 1948, p. 10) in the dry Outback summer conditions. She also mentioned the fluid and nutritional value of soups, broths, vegemite drinks, barley water and milk drinks.

### *Utility Truck*

The transportation difficulties experienced by Myra Blanch in the first 18 months of service were reported to have been overcome by providing her with a utility truck fitted with a radio transceiver. On long and often lonely trips she was to have a woman companion, experienced as both driver and mechanic (*Flying Doctor*, April 1948, p. 2). It is interesting to note that at this stage only an occasional reference was made to this companion, suggesting that Myra Blanch did most of the trips by herself. Certainly, when questioned about this issue, the pilot, Selwyn Woolcocks, who acquired the vehicle and taught her to drive, confirmed this assumption.<sup>2</sup>

Myra Blanch commented in regard to her vehicle:

...a neat job with a red Plimsoll line around the body and 'The Flying Doctor Service of Australia, 27 Hunter Street, Sydney' on the side. This meant that if I got lost the bush folks would know exactly what address to return me to (*Flying Doctor*, July 1948, p. 6).

### *Effect of Heat on Aircraft Lift*

The same edition of *Flying Doctor* mentioned that, in March, Myra Blanch had returned from a medical survey of parts of South Australia. On departing from Bulgunnia, halfway across South Australia, she said that taking off in the heat with

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<sup>2</sup> Selwyn Woolcocks, interviewed by the author, 6th April 1998.

very little breeze from the landing strip hedged in with mulga trees was a somewhat hazardous event.

The pilot of the Aerial Ambulance, Mr. Selwyn Wilcox, however overcame the danger with characteristic confidence, even though I did think for a second or two that he wanted to pick moley apples from the mulga trees before he went up (*Flying Doctor*, July 1948, p. 6).

### *Infective Disease*

It was also reported that Myra Blanch visited the Finnis Springs Aboriginal Station in South Australia. Due to exceedingly high temperatures for more than a week, the whole station at Finnis Springs had been afflicted with a one-day sickness. The sickness was characterised by vomiting and diarrhoea, which she attributed to the water supply. On her recommendation, all water was boiled and the symptoms disappeared rapidly.

In April, 1948, an outbreak of measles and flu was reported. The outbreak appeared to be concentrated at Sanpah Station, just over the South Australian border. Myra Blanch noted:

... it was a real nightmare for the first few days until they were sorted out, the sick and the well. Three adults on the sick list and one baby not very sick and five other children from a toddler of two years to a lad of about 14 years (*Flying Doctor*, July 1948, p. 7).

She had also arranged with the FDS doctor for the pilot Selwyn Woolcocks to bring the Aerial Ambulance to Westwood Downs, the nearest landing strip to Sanpah. From there, the FDS aircraft was able to fly Mrs. Evans and the children, accompanied by the flight nurse, to Mount Aronsmith, where they lived. She added that, once the family were all home, they improved after a couple of nights' good rest.

### *Vehicle Driving Competency*

*Flying Doctor* in October 1948 reported on her competency as a truck driver. Such comments continued throughout her employment. This was an era when few city

women drove any type of motor vehicle at all. The article commented that on her first patrol she travelled 3,000 miles. Extra fuel tanks had been fitted, a water tank and the latest type of transceiver so she could keep in touch with the Broken Hill Base. She had also prepared special medical kits to take with her on the journey. In this edition, she relays the interesting experience of transporting some women and a sick child in the bush.

We went as far as Milparinka in an old car. Four women and a child and no room to grumble. Had one puncture and the hydraulic jack refused to work so we had to end up by digging a hole under the wheel. In due course we arrived at our destination. The patient, the child, had travelled well, but we were all tired and dirty and looking forward to hot baths, but no such luck. The lad who had been left to look after the place reported that something was wrong with the windmill and it would not pump the water. Well we all went to bed dirty for surely no one could be expected to go carting water from the dam at that time of night to fill the bathroom tank. The windmill was made to work the next morning by the combined efforts of four women and no, I was not one of the four as I am no windmill expert, there were no men on the Station. The place is run by two women with the aid of a young lad and occasionally one of the lasses from an adjoining Station comes and lends a hand (*Flying Doctor*, October 1948, p. 69).

#### *Maternal and Infant Welfare Education*

Excerpts from the 12<sup>th</sup> Annual Report of the NSW FDS noted that Sister Myra Blanch was the staff member in the field, and that, during the past twelve months, she had been granted leave of absence to obtain her Obstetrics Certificate. (On further investigation the nature of the certificate quoted proved to have been incorrect: it was in fact a Maternal and Infant Welfare Certificate). The article continued to describe the broad scope of her work: weekly radio talks (much appreciated by the Outback women) and a rudimentary lending library service (she obtained books from well-wishers throughout the State). The experiment of employing the flying nurse was working.

It would appear that during Myra Blanch's visits to the Outback stations she would always attempt to include educative/instructional discussions with the women on

health matters, in an endeavour to improve the circumstances in which they were living. Often the problem related to the lack of clean water and/or the short supply of water available to the homesteads.

### *Community Spirit*

In the January 1949 edition of *Flying Doctor* an article, 'Sister Blanch's Experiences', highlights life in the Outback. It refers to her as the truck driver, and remarks on her ability to get to places in close proximity to someone in need of medical aid. This important ability was compared to that of the doctor, who on many occasions was unable to reach the patient due to failing daylight, as the aircraft did not fly at night. And so, the article reported, from time to time Myra Blanch would undertake the initial assessment of the patient, stabilise his or her condition and remain with them until the morning, when the doctor could fly in. The article included interesting excerpts from her diary:

Up early next morning to help get the Harveys away on their 140-mile drive with three young children to look after on the way back to their mother. I did not envy them. Again I was glad that they had felt that they knew me well enough and I know the run of the place well enough to be of some real assistance. We bathed young Jillian and made up enough feeds to last her throughout the day and then having fed and watered the fowls, milked the cows and turned the calves loose with them, turned off the windmill and goodness knows how many other things, the Harveys scooted off with a cot and a couple of swags, a drum of petrol and several other etc's plus three dogs in the back of their utility truck. The dogs were not going all the way but were to be dropped off at a neighbour's homestead. They left us to lock up and clean up the kitchen which we did then got ourselves some lunch and took ourselves off also. Stayed overnight at Yancannia going on to McCallum's Park in the morning. Chatted with Mrs. Larkin who had six girls, no sons, the eldest being 18. The two eldest go to school at Wilcannia. Mr. Kerr of Yancannia had given me a large carton of fruit to take with me for children on the way, so I left the fruit with Mrs. Larkin and was rewarded by seeing the delighted children as they tucked into the oranges and mandarins. Went on to Pulchra that afternoon where lives Mrs. Bowden and her two fine young sons. Mrs. Bowden had not been well. She could do with some help about the home

but has not been able to secure any. The boys are very handy fellows however. Stayed overnight at Pulchra and in the morning received a memo through the base in Broken Hill from George Harvey at Katalpha stating that they could not get home that night and if we were returning through Katalpha would we mind feeding and watering the fowls. Who could disregard such a plea so we went back through Katalpha and Lonsdale to Kayrunnera. These Stations being all fairly close together, the total distance being only 31 miles (*Flying Doctor*, January 1949, pp. 7-8).

Sister Blanch loathed camels and refused to use them as a means of transport, even though the woman travelling with her was experienced in handling camel teams. She referred to them as 'loathsome beasts' (*Flying Doctor*, January, 1949, p. 9).

It was well known that Myra Blanch drove a truck throughout the Flying Doctor area. Moreover, she was always grateful for the assistance received from male truck drivers, and others, in the case of minor mishaps and other troubles with the truck (*Flying Doctor*, April 1949, p. 30).

Myra herself reported:

The truck ensures the continuity of contract with the transceiver set owners in the vast area and instead of long periods between visits I am able to travel to various places much more easily and more frequently than before I was supplied with the truck. It is a big improvement for me and I am sure will give the members of the network better service (*Flying Doctor*, April, 1949, p. 30).

Myra did make it clear however that the truck was not going to be used in the case of long distance emergency calls and that the Aerial Ambulance would be available for that purpose when she was required. She preferred to transport the patient in the aircraft rather than on the truck.

She ensured that she visited homes that were not part of the Flying Doctor network, to assess their health and give nursing advice where necessary. She referred to the fence near Queensland, calling it the border fence, where the

boundary riders are responsible for keeping the fence in order.<sup>3</sup> She claimed in 1949 that there seemed to be an influx of people associated with the maintenance of the fence. She recalled a birthday trip she made in that year.

We left Broken Hill at 7.30 am and should have gone into Tibooburra about 3 pm but things did not turn out as planned. Just at noon we found ourselves with a broken back spring. We were carrying spares or rather one spare mainly so we limped on for about 4 miles to Palgamurtie Tank but there was no-one there. Apparently the Nicholls' family had gone on the promised birthday. However, there were several units of the road gang's equipment there and the man in charge was able to collect sufficient heavy tools to enable them to take out the broken spring and put in the new main leaf. Then we found further trouble with the generator and it was a case of push the car along carefully and gently so we limped into Tibooburra at 12.45 am and that was how I spent my birthday' (Flying Doctor, December 1949, p. 56).

The January 1950 Edition of *Flying Doctor* highlights some of Myra Blanch's journeys, as told by her. On one journey she found a man on a stretcher in a tin hut. He was quite ill with acute abdominal pain and an elevated body temperature. She notified the Doctor, who was already en route to another medical case, so she decided to do what she could with the patient at that point in time and transport him by road over 200 miles to the Bourke Hospital. Eventually she was able to contact the Doctor by radio and he gave the order for an injection of morphine. The patient travelled most of the distance quite well. She was able to hand him over to another vehicle that was going to Bourke, as he was safe to travel the remainder of the trip without her escort.

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<sup>3</sup>The border fence was also referred to as the boundary fence, the dog fence and the rabbit fence. It was indeed all of those. It extended from South Australia through to Queensland and its purpose was to keep dingoes and rabbits out of the sheep and cattle grazing areas of the states. The boundary riders with their wives and children formed a unique community of approximately 15 families. A single wire telephone line provided the means of communication for the community. There were relay stations at every 60-mile point along

During that trip she also treated a baby with severe tonsillitis. She administered sulphadiazine by injection and later reported that the baby's temperature had been reduced and recovery was in progress.

She also reported that she was late arriving at Katapua and, as she arrived, was very encouraged to hear that George Harvey from Katapua was at the point of getting into his jeep to search for her. He had kept his radio on air in case she called, as she was quite overdue. She recorded her appreciation to him and commented that she felt secure knowing that people were keeping a watch out for her.

#### *Aeromedical Evacuation*

It was reported that, once back at the home base, Broken Hill, Myra Blanch was called out to collect a man who was sick at Silver City, Norseman. The doctor at the time was Dr. Alderman. He was already in South Australia with the Dragon Aircraft. So she went with pilot Alan Polkinghorn to collect him. They landed the aircraft on the Broken Hill to Tibooburra road, 3 miles from the camp where the patient was. She commented that it was a much better way to get to the patient after travelling on the rough road in her truck, which always seemed to need repairs (*Flying Doctor*, January 1950, p. 18).

In the October 1950 edition of *Flying Doctor*, Myra Blanch records in detail the questions that one needs to ask if somebody presents with abdominal pain, so that there can be some differential diagnosis as to the causes of the pain. Hopefully, she remarked, that can then expedite the process if the diagnosis is acute appendicitis.

#### *FDS Doctor-Nurse Team*

In a publication by the National Office of the FDS in 1950, one entire page is devoted to the flying sister. There are two photographs, one of Dr. Woods and Sister Blanch crossing the floodwaters between an aircraft landing strip and a homestead, and the other contrasting two modes of transport in Outback Australia.

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the line. The line was not always reliable, but it was very important to the well-being of the community, and their only means of making medical/emergency calls.

One mode is the FDS aircraft and the other, a camel train, which was transporting the aircraft fuel (Appendix I).

### *The subsequent years: 1951–1954*

Scant reference was made to Myra Blanch's activities after 1950 in *Flying Doctor*. It was noted that she took eighteen months study leave in the United Kingdom during 1952–1953, to undertake a preventative medicine course, and that she was replaced by Sister Beth Pattinson. Also, by that time, the Victorian Section of FDS had seconded the services of WA Health Department nurses to work on their aircraft, and the SA Section were negotiating a similar agreement with the SA government.

In the 17<sup>th</sup> *Annual Report* of the NSW FDS, it was mentioned that Myra Blanch had returned and had been asked by the Council to devote her energies to making a comprehensive health survey<sup>4</sup> of the network area. The rationale for the tasking was to gain important information regarding the population distribution and the medical and nursing needs of the area. Special emphasis had been placed on preventative medicine and community health. It was also noted that immunisation against diphtheria, whooping cough and tetanus were priorities in the area (17<sup>th</sup> *Annual Report, NSW FDS*, 30 June 1953, p. 3).

The 19<sup>th</sup> *Annual Report of the NSW FDS* refers to the medical survey:

Before retiring from the Service, Sister Myra Blanch submitted to the Council her report dealing with the results of the medical survey of the network area that

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<sup>4</sup> There is room for confusion when it comes to this survey. She spent two years on the project, beginning in January 1953 and ending in December 1954. During that time she wrote three reports: the *Positive Health Visiting Survey Interim Report* in March 1953, the *Positive Health Visiting Survey Six-month Report* in June 1953, and in December 1954 her final report, a document entitled *Health Survey* subtitled *Report on the 1953–1954 survey of the Broken Hill Radio Network Area made by the Nursing Sister employed by the Royal Flying Doctor Service of Australia (NSW Section)*. With three reports on the one survey, there is inevitably a degree of overlap among the reports—one might say that the first two are to a large degree subsumed in the third—but it has proved desirable to quote from all three. It is worth noting that the first two reports included a number of recommendations to the RFDS NSW Council. The Council did not implement her recommendations and there is no record of any reaction to them, or of any acknowledgement. The third and final report included no recommendations, and once again there is no record of any reaction to the report, or of any reaction.

she had been called upon to prepare. Sister Blanch's report proved most comprehensive in the wealth of detailed information and important data provided. Covering as it did all aspects of health and medical needs of the community living in the network area her report is indeed of vital importance and has been much appreciated by Government Health Departments and other medical authorities to whom it was submitted (*19<sup>th</sup> Annual Report, NSW FDS*, 30 June 1955, p. 8).

No other documentation was cited in FDS publications relating to Myra Blanch or to her resignation from the widely acclaimed role as the first FDS flight nurse.

### *Summary: FDS publications*

Myra Blanch provided a clear example of the value of a nurse to an aeromedical health care organization, namely the FDS. It was obvious that this newly created position required a courageous nurse with a pioneering spirit, who could function autonomously outside the safe and comparative comfortable environment inside the walls of a hospital. She was an intrinsically confident woman who demonstrated an ability to adapt and deliver in all health/medical situations, regardless of a client's age, ethnicity or gender, and whatever the means and modes of transport. She acted as both team member and sole practitioner, depending on need. Decision-making never appeared to be a problem. She readily identified deficiencies in her professional knowledge and sourced educational courses locally and overseas in an endeavour to deliver appropriate health care to the clients of the NSW FDS network.

## Section Two: *Flying Nurse* in Local and National Print Media

The first flying nurse attracted attention from the media during her employment. Articles describing Myra Blanch's work with the NSW FDS were sourced from: the *Sydney Morning Herald* and the *Sun*, both NSW newspapers; *Woman*, a popular women's magazine; and the *Barrier Miner*, a local Broken Hill newspaper which

had published an article relating to the visit of Queen Elizabeth 11 in 1955, with mention of Myra Blanch and a comprehensive article on her resignation.<sup>5</sup>

### *Work role*

On 1 May 1947, the *Sydney Morning Herald* published this article about Myra Blanch:

Working to no set routine, Sister Myra Blanch of the New South Wales Flying Doctor Service says she moves around from homestead to homestead in whatever form of convenience is going her way.

Her work rarely brings her back to the base at Broken Hill although she keeps in constant touch. Carrying a skirt in her bag, Sister Blanch has evolved her own uniform of shirt and slacks or britches. Her itinerary depends on climatic conditions and transport opportunity and during her year's work with the Service, she has found that she must adapt to circumstances and conditions to suit herself.

The women of the Outback are very independent and hesitate to ask for help ... the Flying Doctor, Dr. John Woods and Sister Blanch frequently have made up their minds that a certain home needs help and they must give it. Feeling the greater part of her work was among the children of the homesteads, Sister Blanch has completed a four-month course in maternal and infant welfare at Karitane Mothercraft Training Centre, Woollahra.

Outback children are reasonably healthy, though their diet lacks many health-giving necessities, Sister Blanch has found. Their fruit and vegetables are mainly dried and the butter is often more than a week old.

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<sup>5</sup> It is interesting and frustrating to note that a scrapbook containing just a few newspaper photographs of Myra Blanch was cited in the NSW FDS collection; however, references had been cut off the photographs. Somebody had made an attempt to include some references but on verification these references were not always accurate. The 'clippings' were damaged through aging of the poor quality newspaper and numerous layers of Sellotape.

The furthest western township in New South Wales is Tibooburra and it is the centre of much of Sister Blanch's work. Long distance trips with the Flying Doctor to other States have taken her to Finniss Springs near Lake Eyre in South Australia and to Arraburry near Hadeys Corner in Queensland.

It is in this sparsely populated area that Sister Blanch does most of her work. Along the border fence she has become acquainted with the boundary riders and their families. For two years before her enlistment in the Australian Army Service she worked with the Australian Inland Mission at Innaminka (*Sydney Morning Herald*, 1 May 1947).

The Sun Newspaper reported 'Air nurse works in slacks, shirt', noting that Sister Myra Blanch seldom wore a traditional nurse's uniform except on formal occasions. It reported that her work extended over half a million square miles.

Most of it is covered by air trips to outlying patients but if it is an emergency job I often travel by car to my patients. Often one has to drive at a pace too fast for comfort over these bush tracks but when there is a patient to be reached and there is no plane landing strip personal comfort is far from our thoughts (*Sun*, 7 April 1949).

Further, the article mentioned that Myra Blanch was an experienced driver and that she was currently in Sydney to take delivery of a new utility vehicle, to continue her work in the NSW FDS network (*Sun*, 7 April 1954).

### *Modes of Transport*

'Flying Sister Hitch-hikes to Cases' (*Woman*, July 1946). The article was the first of three articles written by Megan Machin, a journalist with the popular women's magazine. In it Ms Machin reported that Myra Blanch thought she had Australia's best nursing job, as the first flying nurse attached to the Flying Doctor Service. She had been in the job for seven months, and the flying nurse role was an experiment to last for twelve months. Her appointment was with the NSW FDS, and the flying nurse worked independently but also in cooperation with the Flying Doctor, John Woods. The nurse devoted some of her time to nursing and some of her time to health research, as 'bad diets and sore eyes' were the cause of most problems. It was in this article that Myra Blanch was quoted as saying that her title of flying

nurse was a 'misnomer' as she mainly travelled by any available vehicle, including the mail truck. It is interesting to note that this particular quote has been used in most of the publications that mention Myra Blanch.

'Two Women, a Truck and the Outback' (*Woman*, 7 March 1949) is Megan Machin's first-hand account of one of Myra Blanch's regular health visits.

One of the most remarkable jobs held down by a woman in Australia is that of Sister Myra Blanch 'nightingale of the Outback' whose working area goes into three States, New South Wales, South Australia and Queensland. Two-thirds of it in Australia's badlands. Sister Blanch requires not only special nursing qualifications for the job but she has had to be her own driver and mechanic, has to understand the workings of the portable wireless receiver and transmitter, has to be bushman enough to find her way over unmapped roads that are sometimes not roads at all and have courage enough to tackle [alone] the Outback and all the unexpected it may offer ... Three years ago when she was given this experimental post she had none of these qualifications except for courage. During the first two years of her job she was flying to special nursing cases with the Flying Doctor John Woods. Learning the needs of the people in the Outback she decided she must have further training so she came to Sydney and did a Karitane Course. When she got back she set up an aerial clinic over the Broken Hill Flying Doctor Radio Network. This is a wonderful thing for the mothers of the Outback and provides sufficient clinical service as a baby health centre. At the weekly sessions she gives first a general health and hygiene talk specially prepared on Outback living conditions and then on the two way radio asks for questions and gives advice. Step-by-step she has built up this job (*Woman*, 7 March 1949, pp. 18-19).

Megan Machin's third article, 'The Family in their Homes Outback', was published two weeks after the second. She had accompanied Myra Blanch on a survey trip to Lake Wallace and Box Hole stations and described Myra Blanch's role as running a travelling clinic, giving prenatal advice and examining throats, ears and eyes. Once again there was mention of fresh fruit, oranges and mandarins from a nearby homestead being taken to the stations by Myra Blanch. The article was accompanied by photographs of Myra Blanch standing next to her truck and the

station children sitting on a 44-gallon (100-litre) drum, in readiness for the nurse to perform an ears, nose and throat inspection. Overall, the article presented a colourful representation of life in that area of the Outback and Myra Blanch's role in it (*Woman*, 21 March 1949, pp. 26–27).

### *FDS Teamwork*

*Country Life Stock and Station Journal* published an article in October 1954 about the medical clinic of the air and how the Flying Doctor Service operated. However, it omitted to mention the work of the flying nurse, with the exception of a section in small italics referring to the photograph of the FDS aircraft.

Doctors, Nurses and Pilots have risked their lives in maintaining the highest tradition of the medical service to give expert attention to the sick and injured Outback settlers (*Country Life Stock and Station Journal*, 29 October 1954, p. 15).

### *1955 Royal Visit*

The Broken Hill Base was honoured by the visit of Her Majesty Queen Elizabeth and the Duke of Edinburgh in 1955. An article in the *Barrier Miner Newspaper* (the local Broken Hill newspaper) indicated that the Flying Doctor Service nurse, Sister Myra Blanch, was presented to Her Majesty Queen Elizabeth 11.

### *Resignation*

The *Barrier Miner* published an interesting article in February 1955, entitled 'Leaving Flying Doctor Service'. The article reported that Myra Blanch had recently completed a 120,000-square-mile survey of the Outback by truck and plane and would soon be leaving the Royal Flying Doctor Service at Broken Hill. It noted that she had served at that base for the past nine years and had been the first Flying Doctor Service Nurse to be appointed. The article commented in glowing terms the valuable contribution Myra Blanch had made to the FDS work. It also mentioned that during her nine years of employment at the Broken Hill Base she had had eighteen months leave in England and Scotland, where she combined sightseeing with a study tour (*Barrier Miner*, 8 Feb 1955).

### *Summary: General Print Media*

The general print media provided colourful descriptions of the work role of Myra Blanch and the various methods of transport she utilised to take health care to the people of the NSW FDS network. The media articles provide a 'snapshot' of her work. Machin's articles in *Woman* are the most descriptive print media publications of her work during the nine years of employment with the FDS.

After travelling with Myra Blanch, and gaining first hand experience of her working conditions and work role, it is particularly interesting to note Machin's (1949) comment on her work role as the most remarkable held down by a female in the country, and the analogy of Blanch to Nightingale.

### **Section Three: Radio Broadcasts**

During Myra Blanch's time with FDS, radio broadcasts played something the same role as television does today. This section describes the work of Myra Blanch as broadcast to Australians in 1946 and then from 1948–1952, the information coming from transcripts of the releases now in RFDS archives.

The Secretary of the NSW FDS Council supplied information for the radio broadcasts to the stations on a regular basis. For the first six months of her term there were more or less regular references to her work on seven radio stations, for the next six months on only one regional station; there are no transcripts for the second year; for the remaining year references to her are sporadic and were limited to just one Sydney station.

The radio stations that broadcast the material were as follows:

ABC Radio     Sydney, NSW  
(2FC or  
2BL)

Radio 2GB     Sydney, NSW

Radio 2GZ     Sydney, NSW

Radio 2KO Newcastle, NSW

Radio 2UE Sydney, NSW

Radio 2WG Wagga, NSW

The broadcasts were all of similar format with stories about the work of the FDS. Transcripts of broadcasts during 1947 were not found, although some have suggested that the broadcasts continued without interruption. Of the transcripts viewed, only those with reference to Myra Blanch are reported. All the quotations are from these transcripts.

10 January 1946	ABC
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### *Delegation of Duties*

This ABC broadcast told of a short absence of Dr Woods from the Broken Hill FDS Base. During his absence, Sister Blanch, the recently appointed nursing sister attached to the Base, had flown some hundreds of miles in the aerial ambulance to collect a sick child. The child had been taken to the Broken Hill hospital and was making good progress.

21 February 1946	2WG
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### *Work Role*

The broadcaster commenced by saying that the session would differ from the usual FDS broadcast and would in fact be a first, as it would describe some of the work of Sister Myra Blanch, the first nursing sister appointed to the FDS in Australia. The transcript lists Myra Blanch's duties:

General assistance to the flying doctor, Dr Woods; the delivery of nursing talks over the pedal radio network of the service; and probably most important, to make health surveys of the good folk, particularly the children, in the Flying

doctor's vast area, which includes parts of the Outback of three states—New South Wales, Queensland, and South Australia (2WG, 21 February 1946, p. 1).

It also focuses on the findings of her first short medical survey trip, being 'sore eyes', conjunctivitis, summer diarrhoea in epidemic proportions and a whooping cough outbreak—all infective diseases. The dry, dusty atmosphere is noted as impacting on catarrh type conditions, while the flies are cited as one of the main causes of the 'sore eyes'. The report mentions that parts of the survey were conducted during the recent heat waves and dust storms.

Sister Blanch accepted cheerfully all these discomforts, and she reported that her work will justify personal inconvenience—the real spirit of the nursing services (2WG, 21 February 1946, p. 1).

26 February 1946	ABC	2GB	2KO	2UE
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### *Eye Health*

These radio stations broadcast much shorter reports focusing on the 'sore eyes'. Sister Blanch's advice to parents was a consistent message. She encouraged them to ensure the children wore face nets at all time when out doors, to reduce the contact between the eyes and flies, and that mothers were to ensure they did not use the same face cloth on each child, for risk of cross infection with 'sore eyes'.

28 February 1946	ABC	2GB	2UE	2WG
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### *Isolated Families*

The theme of the broadcast centred around Sister Myra Blanch's comments about the FDS network:

One of the chief problems at present is how to keep in touch with those families which are not on the pedal radio network, and of whom we hear little or nothing until the actual need for assistance has arrived. In a recent instance we could have gone to a patient a week earlier had we been advised. The only way is for folk who are on the air to keep a watchful eye on those who are not, and thus

enable us to make the necessary medical calls and reports. This service, of course, is always freely given by the Outback for their neighbours (*ABC, 2GB, 2UE, 2WG, 28 February 1946, p. 1*).

4-11 April 1946	ABC	2KO	2UE	2WG
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### *Delegation of Duties*

All radio stations focused on the distances flown by FDS bases located throughout the Outback, and a story about the NSW FDS doctor and a child with acute nephritis, whom the doctor transferred personally by commercial aircraft to Adelaide for further treatment. Interestingly, all reports mentioned that during the doctor's absence, Sister Blanch was left with the FDS aerial ambulance to 'take care of any calls' (*2KO, 2UE, 2WG, 4 February 1946, p. 1; 2KO, 4 February 1946, p. 2*).

9, 30 May 1946	ABC	2GB	2GZ	2KO	2UE	2WG
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### *Aeromedical Transport*

Brief mention is made of Myra Blanch in these broadcasts. She was collected by the aerial ambulance and transported to several different homesteads during the month, to treat the sick and help out with family needs.

13 June 1946	2GB	2UE	2WG
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### *Aeromedical Transport*

The stations highlighted the difficulty Myra Blanch had in travelling when the aerial ambulance was not available. They explained that a two-hour trip in the aerial ambulance could take at least fourteen hours by road. Further, when she was at a station or homestead, travel within a short radius was also a problem for her.

Even if a vehicle was available, she could not drive. The stations reported the case where Myra Blanch visited patients on horseback. Also comments were made about an influenza outbreak that had increased her workload over the previous month.

18 July 1946	ABC	2GB	2GZ	2KO	2UE	2WG
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### *Nutrition and Communication*

Myra Blanch raised some of her current concerns in these broadcasts. Firstly, the lease on Mount Poole station had expired, and she expected that it would be subdivided into smaller holdings of 250,000 acres. While the subdivision was not an issue, the loss of a valuable resource was. Unfortunately, Mount Poole had an excellent fruit orchard and vegetable garden, and she believed that it might no longer be tended once the land was developed. Secondly, Milparinka, a flourishing mining centre, now a ghost town, was in her opinion an important location that needed to be maintained, as the main telephone trunk lines from Broken Hill to Sydney and from Bourke to Sydney passed through the town. Access to that line she viewed as paramount in the unfortunate event of radio communications failing.

8 August 1946	2WG
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### *An Outsider's View*

This broadcast was not one of those prepared by the Secretary of the FDS. Rather it was taken from notes written by a former Royal Australian Air Force (RAAF) officer, Mr H. Bowden Fletcher. It noted that Mr Bowden held a Distinguished Flying Cross, was a District Commissioner with the Boy Scout movement and a social worker. After discussing the isolation of Outback families, he describes briefly the first week of his visit at the FDS base at Broken Hill and some flights they made. Then, at length, he describes the other two weeks that he spent with Myra Blanch, travelling over 700 miles on dirt tracks and visiting forty homesteads. He talks about her compiling a health survey and doing the preliminary work for a

diphtheria and whooping cough immunisation program. Myra Blanch advised the mothers on the important of a balanced diet and how to use wild spinach for Vitamin A and Vitamin C when no fresh fruit or vegetables were available. Additionally, he states that her home visits were invaluable to the health and welfare of Outback people.

5 September 1946 2WG

### *Eye Health*

This broadcast reported that the Council had sought the assistance of an ophthalmic surgeon and a bacteriologist for the coming summer season, in an effort to reduce the 'sore eyes' problem. It also praised the good work of the flying doctor, Dr Wood, and said he had been ably assisted by Sister Myra Blanch.

Sister Blanch is the first sister to be actively engaged in the FDS. Her surveys and reports out of reach of the aircraft have been invaluable and her work has amply justified her appointment (*2WG, 5 September 1946, p. 2*).

10-16 October 1946 2WG

### *Eye Health*

The broadcast began with excerpts from Myra Blanch's professional diaries, providing the listener with many glimpses of Outback life. Importantly it reported that considerable interest had been shown in her Outback health survey relating to 'sore eyes'. The University of Sydney and the Research Department of a Melbourne Hospital had donated funds towards expenses incurred while trying to determine the cause of the eye condition. It also mentioned that the Walter and Eliza Hall Trust had made a handsome donation towards the eye project. Further, it reported that Dr Maclean from Tibooburra and the FDS Dr Woods had worked hard on the project, and Sister Myra Blanch had devoted a good deal of time and effort towards eye disease eradication.

12-25 December 1946      2WG

### *Health Reports Buried*

Three broadcasts during this period mentioned Myra Blanch. The first two used excerpts from her professional diaries to provide the listener with a greater appreciation of travelling by motor vehicle during sand storms and coping with the sand drift. Sadly, it reported the loss, during one sand-hill crossing of her brief case, containing twelve months of health reports—she commented dryly that it had probably created the beginning of yet another sand hill. The third broadcast continued with excerpts from the professional diary and also noted that Myra Blanch extracted a child's tooth, for which he insisted on paying her a penny, as he claimed she never hurt him.

4 August 1948      2GZ

### *Radio Baby Health Clinics*

This broadcast speaks about the mothers' appreciation of Myra Blanch's weekly radio 'baby health clinic' and the reassurance they had knowing they could contact her at any time in regard to baby problems. This access was via radio, in her truck if she was on the road, at a homestead she might have been visiting, or at the Broken Hill FDS base.

4 August 1948      2GZ

### *Chevrolet Truck*

Mention is made of the value of inviting important people as guests to the FDS base. Following a visit by Lieutenant General Northcott, Governor of New South Wales, the road from Broken Hill to Tibooburra had been upgraded. It reports that the upgrade had been of distinct advantage to Sister Blanch who frequently travelled that road. There was some discussion about Sister Blanch having gained her driver's licence. The transcript reports her comment that for a while she was

terrified at the thought of driving solo over poor roads and tracks through unfamiliar territory, but it were deleted and presumably not broadcast at that time (she recalled her initial anxiety some years later—see below). Mrs. Muscio commented that with the new Chevrolet truck Myra Blanch would be ‘mistress of her own movements’ (2GZ, 4 August 1948, p. 3). It is also reported that a Mrs. Adler of Milparinka, an experienced driver and mechanic, would accompany her for the first few months.

22 September 1948      2GZ

### *Bird Strike*

This is the only mention by Myra Blanch in any medium of the subject of flight safety. The radio broadcast was read from her monthly report.

After treating a patient for influenza, we went to Ticklara and came down low over some trees and were met by a full flight of kite-hawks. Most of them had the good sense to duck, but one flew up. Selwyn (the pilot) smartly swerved the plane and the bird missed our propeller by a foot, hit its head on the top wing and then neatly amputated one of its wings on the inter-plane wires, and left it hanging there. My feelings were not helped by the memory of an article I recently read on the role of birds in aircraft accidents (2GZ, 22 September 1948, p. 1).

29 September 1948      2GZ

### *Road Conditions*

Myra Blanch had left Mrs Adler at her home at Milparinka, following mention of their having had a flat tyre on their vehicle. They had to ask some road workers for help, as the newly supplied tool kit contained no spanner. En route to Mt. Shannon, driving solo in Bubbles, she apparently became bogged in a sandy creek bed and had to walk some distance to get help, as the radio transceiver in the back of the truck would not function. While seeking help she managed to treat a number of folk along the way, as influenza was prevalent in the area. The following day, the

manager of Mt. Shannon station reportedly retrieved the truck from the creek bed. Her concern for the health of people in that area is also reported. For instance, she was able to persuade an infectious tuberculosis patient to be transferred to Adelaide for treatment, as she had assessed his condition to be a threat to the young children in the area. The broadcast concludes:

A successful return was made to Broken Hill, so Sister has now proved herself as a driver and her work will be made much easier now that she has her own means of transport (2GZ, 29 September 1948, p. 2).

8 June 1949      2GZ

### *Droughts and Flooding Rains*

This broadcast reports extensively on the flooding rains in many areas of the NSW FDS network and the hardship experienced by many whose homes were not on 'high ground'. It also records the arrival of Dr. Alderman, who replaced Dr Woods. Dr Woods had given ten valuable years of service to the FDS. It mentions that Sister Blanch would resume her health survey of the northern district once the floods subsided. It also makes reference to Myra Blanch's 'desire of her heart', to view her beloved channel country in flood, and that they would look forward to the next report of her 'adventures' (2GZ, 8 June 1949, pp. 1-2).

28 September 1949      2GZ

### *Immunisation*

Sister Blanch was into her second marathon immunisation visit to areas that had not been previously visited. The geographical access to these areas provided

something of a challenge. The mission was to immunise children against diphtheria. Each trip was approximately 700 miles; the first trip had taken her over three weeks, and she was still in the process of completing the second trip. It also reports that she was a very good driver, and that the utility truck had performed well, though the radio transceiver was still causing her problems with reliability. New settlers were appearing in many areas of the NSW FDS network, and the broadcaster believed that they had peace of mind knowing they could contact the FDS.

Further:

Sister Blanch, with her regular visits to the children and her clinics over the air to the mothers, is another barrier of safety in these isolated parts. On this journey, too, Sister Blanch made a note of cases suitable for the Far West Children's Health Scheme Camp which is held at Manly (a beach suburb of Sydney) every summer. We read of a little girl with knock knees for whom Sister has prescribed exercises and for whom she has got remedial shoes, but she is having difficulty in getting the next size for her with the same building up. We read of Sister's pleasure when she finds the beginnings of a vegetable plot...On her rounds Sister deals with a number of minor ailments among children as well as giving advice to their parents on a variety of matters. She is a welcome friend in these homes, and there is no need to labour the importance of the fine work she is doing (*2GZ, 28 September 1949, p. 2*).

28 September 1949	2GZ
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### *Accident*

It is reported that, as Sister Blanch was leaving on a 700 miles journey, the Ice and Produce lorry in Broken Hill collided with the front passenger side of her utility truck. Fortunately, the FDS pilot, Victor Cover, was able to repair the broken headlight and dented mudguard so that she could continue on her journey that same day. Sister Blanch apparently commented that the damage to both vehicles

was not great, fortunately... the damage to her ego and peace of mind need not be mentioned.

### *'Blockers'*

Sister Blanch reported that a new term had come into the western Outback region. The Western Lands Board had begun subdividing large holdings and people were being allotted blocks for resettlement. These people were referred to as 'the blockers'. Some 'blockers' referred to in the broadcast were living in a tent while their permanent accommodation was being constructed. The children in that family were reported as being healthy and always immaculately kept. Conversely, there were others who lived in far from ideal conditions, and ill health problems were persistent. Lack of communications presented huge issues for these people. There is a further report of Sister Blanch caring for a sick mother and her young children until she was able to successfully contact the woman's husband who was inspecting and mustering stock. It notes that, when he arrived home, Sister Blanch called the aerial ambulance and the FDS doctor to transport the mother to the Broken Hill hospital for definitive care. Mrs. Muscio says:

We can well imagine the difference made by the arrival of that good angel Sister Myra Blanch (2GZ, 28 September 1949, p. 3).

Another report in the broadcast tells of Sister Blanch driving a sick patient 60 miles in the utility truck to an airstrip where the patient could be collected by the FDS doctor and aircraft, much to the relief of all concerned.

26 October 1949	2GZ
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### *Delegation of Duties*

The broadcast reports that while Dr Alderman was away in South Australia he received a call to a sick patient. He would have been unable to return to the patient within an acceptable timeframe and so he arranged for another plane to fly Sister Blanch to collect the patient. The report continues to talk about Sister Blanch's usual work of immunisation against diphtheria, baby and child health, and health

and nutritional advice to mothers. It also mentions that the rough roads, after the floods, had put many vehicles out of action, including some mail vehicles. On her journey to Yancannia, Sister Blanch had carried His Majesty's Mail. The report continues about the rain and floods that had caused much destruction to homes and roads.

### *Road Conditions*

Then the topic of Sister Blanch's adventures while attempting to cross a bog is introduced. She was encouraged to make the crossing by a fellow traveller in a large truck.

They got through after hours of hard and heavy work, for both vehicles became badly stuck in the heavy mud and silt. The alternative to this effort would have been to drive round about 200 miles. Sister Blanch felt in the end it would have been better to drive round 200 miles to escape this shockingly bad 200 yards. A stout heart is needed to travel by trucks in the Flying Doctor's area (2GZ, 26 October 1949, p. 2).

21 December 1949	2GZ
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### *Road Conditions*

Clay pans had become sheets of water as a result of the rains and floods in the NSW FDS network. Vehicles had to traverse sand hills in an attempt to get to their destination. Floodwaters were beginning to subside, and some people on the border fence were able to return to their homes, albeit somewhat damp. The broadcast describes how Sister Blanch had to relieve the mailman of his mail when his truck became seriously bogged and the starter motor ceased to function. Apparently, she continued on her journey, attending to her work while delivering His Majesty's mail as well. It was also reported that, despite the immunisation program, there were still some cases of diphtheria that Sister Blanch had to treat.

On the return trip it is noted that she collected the mailman and travelled in convoy with him, as he needed to be tow-started each day. She maintained the convoy until she had the mailman and his truck safely back in Broken Hill.

Well no one could call it a dull life, travelling in a truck in the Outback. Sister Blanch and her utility truck now constitute a feature of the landscape, as well known almost as the mail truck itself (2GZ, 21 December 1949, p. 4).

It is interesting to note that during 1948 and 1949 the radio broadcasts on station 2GZ were made by a female journalist, radio broadcaster and Honorary Secretary of the NSW FDS, Mrs Florence Muscio. These broadcasts were certainly more inclusive of social health issues and the impact Myra Blanch had on mothers, babies and child health and welfare. She referred to Myra Blanch's monthly reports as:

... always a human document of absorbing interest...we see why the Flying Doctor Service has been one of the most important agencies in settling families in these isolated areas (2GZ, 21 August 1949, p. 3).

15 February 1950	2GZ
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### *More Droughts and Flooding Rains*

The broadcast mentions that, as the floodwaters were still hampering travel on the roads, Sister Blanch had been sent to relieve the sister at the Tibooburra hospital, who had begun to show signs of strain. It is followed by a very interesting comment.

This of course, is purely a goodwill gesture on the part of the FDS, and is somewhat unofficial. Sister Blanch is of course free to carry out any of her normal duties as they arise (2GZ, 15 February 1950, p. 2).

Further, there was a stark contrast between homesteads that Sister Blanch had visited consecutively. One was still in flood and the next was suffering from a chronic water shortage. It was reported that Sister Blanch was seriously concerned about the lack of fresh fruit and vegetables for the children in these areas.

5 July 1950 2GZ

### *Child's Radio Call for Help*

This broadcast transcript notes that Mrs. Muscio was overseas and that the sessions were to be conducted by Mr O. H. Wyndham, Secretary of the FDS. In the final section of the report, excerpts from Sister Myra Blanch's monthly report were read.

While I was at Katalpha helping the Harveys care for their additional family, we had one rather unusual call. It came over the evening session while we were getting the children fed and ready for bed, listening to the session from the Base Station with a speaker switched through to the kitchen, a faint broken carrier with a small high pitched voice was heard. We could just make out the call sign '8VP'. I just remarked 'Owen Downs set is playing up a bit' and went about the job on hand. Mr. Harvey listened on, and shortly after came out to me and said—'that was little Christabel speaking, and her mother is very sick'. 'Why' I said, 'the lass cannot be anymore than six', and we all gathered around to hear what it was all about. Sure enough it was little Christabel, evidently operating the radio set under her mother's direction from another room, as it was apparent from the pauses before she came back to answer the Base that she had to ask someone what she should say. Here is proof, if anyone needs it further, that John Flynn's dream has indeed come true—a radio, so simple that even a child could operate it (2GZ, 5 July 1950, pp. 1-2).

29 August 1951 2GZ

### *Five-Year Report*

The report summarises five and a half years work of the first FDS flying nurse prior to her departing for long service leave; this was the subject of the entire radio broadcast. Myra Blanch recorded her memories about the transport issue in the early stage of her employment, how she had lobbied Council for her own means of transport, and a revelation about her truck driving:

The Council agreed and provided a utility truck —I'll confess now that I was terrified at the thought of driving Outback on my own with it. But I had to have the courage of my convictions (*2GZ, 29 August 1951, p. 1*).

She continued to report on the impact of the seasons on ill health and well being over that period of time, and expressed the difficulties she experienced in attempting to provide preventative health and curative treatment to such a vast area. Complete immunisation programs for diphtheria and pertussis were difficult to achieve due to distance. Communication was an issue in which she had seen some improvement but it was by no means completely satisfactory. She remarked that, on arrival in 1945 and during the first few years of employment, droughts, dust and flies ensured that countless children had 'sore eyes'. It was as if she had come back to 'real blacks country'<sup>6</sup>. However as the seasons improved, living conditions were up-graded and this impacted directly on health improvements, especially for the children.

When referring to the vast area to which she was required to provide health care, she said:

One cannot expect to get much result in that way. And when I speak of 'result', I would like you to understand that the results I am looking for are not such as can easily be put down on paper. A higher nutritional standard, better hygiene and living conditions, clearer eyes, better teeth, brightening of the mental outlook, more conveniences about the homes, awakening to the right of the child to education—this sort of thing that I have come to regard as of more importance than the number of emergency nursing jobs attended to, but you cannot compile statistics of such things.

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<sup>6</sup> Large populations of Aboriginal children and adults, living on the traditional lands, suffer with trachoma, an eye infection caused by a strain of bacteria, *Chlamydia trachomatis*. It is characterised by infection of the conjunctiva and the cornea, causing photophobia, pain and lacrimation. Prevention of trachoma begins with an adequate supply of clean water for hand and body washing, control of flies and community education about the cause and spread of the disease. Early treatment of young children avoids against the complication of blindness.

...regular nurse clinics could be held in some central spot, where there is a 'nest' of stations. Immunisation rounds could be done... Of course the nurse would have to realise that her plans must be elastic, and must always allow for the possibility of the Doctor requiring her service on an emergency call, or to take charge in the case of an illness in a home. She must be mobile, and versatile, prepared to do the humdrum routine work, or to throw herself into any sort of 'plane, and be off at a moments notice on a flight of two or three hundred miles (2GZ, 29 August 1951, p. 3).

14 June 1952	2GZ
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### *Return from Leave*

This broadcast reports the return of Sister Myra Blanch after her long-service leave of approximately one year. It notes that she had been tasked by Council to undertake a NSW FDS network survey on the need for health visiting (preventative health) as distinct from the already recognised essential emergency nursing. It also reported that Sister Elizabeth Pattinson had relieved Sister Blanch during her absence, and that she had made an unqualified success of the position.

A position that, by the very reason of its nature, requires not only knowledge and experience but also much stamina and initiative and in no small measure (2GZ, 14 June 1952, p. 52).

No evidence was found of Sister Myra Blanch in radio transcripts after January 1952, and indeed no radio transcripts were located after the conclusion of that year.

### *Summary of radio station broadcasts*

The range of Myra Blanch's work was widely reported via national, state and regional networks during her first half year—preventative health care/education, child and baby health, nutrition, curative health care, home nursing, emergency nursing and aerial ambulance transport of patients. The many references to Myra Blanch's means of transport provide an interesting picture of her courage. Driving solo through the Outback through 'droughts and flooding rains' was heroic, to say

the least, especially given the rudimentary standard of the roads and tracks at the time.

As to why her work was reported only sporadically after that, and apparently on only one station, one can only speculate.

The explanation may in part be that for the first six months the idea of a flying nurse was regarded as something of a novelty, but that as time went on either the radio stations, or perhaps more likely the FDS, decided to emphasize other aspects of the Service, and she and her work were more and more taken for granted.

#### Section Four: Myra Blanch's professional diaries

During Myra Blanch's nine years of employment with the FDS, she kept meticulous diaries of her professional work, both 'on the road' and in the aerial ambulance. She photocopied all the diaries, inserted short notes between the pages to point out areas of interest, and sent them to the Broken Hill Base in 1992. For example, in her first monthly diary she inserted a note adding that she was initially based at the Tibooburra Hospital, where she had been given an office. She also included notes to account for the gap in the record during her absence in 1951–1952, when she had been relieved by Sister Beth Pattinson. In reference to the later years of her employment, she included a note that when she flew under doctor's instruction she used a 'nurse flight sheet', but otherwise a 'medical flight sheet'.

The professional diaries consisted either of daily entries, or of entries covering several days together. At the completion of each month, the entries collectively became monthly reports, all signed '*M. Blanch*'. They were submitted to the NSW FDS doctor and management. The content of the professional diaries and reports has been grouped in this section, using a thematic approach for each calendar year. The themes include general health issues, aeromedical work, the impact of environmental factors on health, modes of transport, and community spirit. The diaries for each year have been summarised. Material documented here pertains particularly to this thesis, though it is important to record that the diaries contain many stories of life in Outback Australia, illustrating the isolation and the struggle for very existence in times of drought and, conversely, of great floods. Most of these

stories are beyond the scope of this thesis; one cannot, however, entirely separate life and health issues, and a few stories have been included to illustrate the context within which Myra Blanch worked.

### *1945-1946*

Myra Blanch began with the FDS in November 1945; her first diary entry dates from December 1945. She wrote that she had spent some time in Broken Hill getting organised and then commenced her work in the NSW FDS network. The first monthly report is dated December 1945.

Having spent three weeks in Broken Hill where I endeavoured to make contact with those people who I considered to be of help when I was actually out in the bush and also to acquaint myself as much as possible with the geography of the area, I left for Tibooburra on December 8th in the aerial ambulance with Dr. Woods and Sister Squire who was going up to Tibooburra to relieve the Sisters there for their annual holidays. Arrived there in the early morning. Doctor saw several patients this afternoon and a call was received from Finnis Springs in the evening and for a while we thought it may be necessary for us both to go across in the aircraft. However the patient improved overnight and Doctor returned to Broken Hill (28 December 1945, p. 2).

### *General Health Issues*

During that time, Myra Blanch was based at Tibooburra Hospital. While the FDS doctor, Dr. Woods, consulted at the hospital and attended to medical calls, she provided assistance to him and the resident nursing sister. On 19 December she reported that the aerial ambulance had collected her to assist with a patient transfer to Broken Hill. The patient had suffered severe heat exhaustion during the current heat wave, which had been experienced for some time in that area. She also reported caring for a patient with muscle strain to his back.

She attended to radio medical calls for the doctor, when he was unavailable. The calls pertained to people with various conditions, such as scarlet fever, mumps, septic sores to the skin, acute conjunctivitis, pneumonia and a possible case of tuberculosis. During that month she used the FDS aircraft to shepherd several

patients back to Broken Hill, one patient from Waka, another with pneumonia from Finniss Creek. She also advised a mother who was very anxious about her sick children. The last diary entry includes this note:

On December 28th Dr. Woods returned to Broken Hill and we were able to get together regarding medical reports and future movements. We decided that my return trip to Tibooburra by road could be done as a medical survey with the cooperation of the people along the route. It would take [in] at least five of our outpost radio stations. Also we hope some that are not equipped with radio. Tentative arrangements have been therefore made by 8SK with the people concerned planning departure from Broken Hill on New Years Day and to reach Tibooburra to coincide with Doctor's monthly visit on January 12th (28 December 1945, p. 3).

#### *Influence of Environmental Factors on Health*

Myra Blanch reported on the heat wave and the resultant cases of heat exhaustion, and the intense dust storms, which in her view contributed to a large number of people having upper respiratory tract problems.

### **1946**

#### *General Health Issues*

In 1946, Myra Blanch undertook a survey of the families along the border fence that divides New South Wales, Queensland and South Australia. She reported that most of the residents in that area were happy and healthy. Further she reported treating both white children and Aboriginal children, the later also including half-castes and quarter-castes (current terminology in 1946).

Medical conditions she encountered during that time included patients suffering from acute rheumatic fever, abdominal pain, angina, a young Aboriginal girl in labour having eclamptic fits, and some dental problems. In regard to children, she treated a child with epilepsy, some with asthma, and one child with a congenital cleft palate, to whose parents she gave advice about where to access surgical assistance in the city to have the palate repaired. Accident cases attended included

a male who had fallen from a horse and an Aboriginal boy whose arm had been injured while wrestling. She also treated a child who had been literally ear-bashed by a sibling. In her diary she noted:

Habitual Ear Bashers—Please Note (8 July 1946, p. 2).

Infectious diseases were a major problem during 1946. She reported large outbreaks of summer diarrhoea and dysentery, both she believed directly related to the environment and the lack of clean water. Eye infections in children were an enormous problem, notably conjunctivitis with purulent discharge and trachoma. Skin sores and outbreaks of whooping cough, measles and chicken pox were also common. In adults, influenza was a problem, particularly for the people living along the border fence. She encountered large families, sometimes with eight children in the family. Some children were not thriving, while others were developing and growing normally. She believed the health of the children largely depended on the common sense of the mothers, the chief carers.

She also noted that her treatment of the skin disease prevalent along the Barcoo River and known colloquially as 'barcoo' had proved successful. It involved bathing the affected area with an antiseptic and then lifting the crust off the sore, applying mercurochrome or mercurochromic ointment, and then covering the lesion to keep flies and other infective organisms out. It was also essential to maintain a good diet.

Immunisations formed a large component of her work, many children never having been immunised. She attributed the chronic colds partly to the frequent dust storms, causing irritations of the mucus membrane. Dietary deficiencies were obvious in places where there was not enough water to grow vegetables and fruit for the family. She concluded the eye problems were infective. She recommended that in all areas where flies were prevalent and a potential source re-infection, people should wear face nets, and should wash their faces regularly with a clean face washer. She noted that, in some areas where DDT had been sprayed, fly numbers were reduced, so she began to recommend this preventative measure to Outback people.

She also commented that some of the major health problems encountered were directly related to the lack of radio transceivers, for some people the only means of communication with the FDS.

#### *Aeromedical Work*

This work included both patient transfer and emergency calls. To retrieve a patient from a remote station or Aboriginal settlement, sometimes she would fly directly from the base; sometimes, while at one location attending to one patient, the plane would collect her and take her to retrieve another; sometimes she would arrive at a remote location by road to discover that the patient needed hospitalisation, she would summon the plane and transfer the patient, and then the plane would take her back to collect her vehicle. On occasions, the FDS doctor would be with her.

On one such occasion, the call out involved an Aboriginal woman:

Emergency call from Finnis Springs Aborigine Mission Station. Native lass of 16, in labour, and having eclamptic fits. Doctor left immediately and I accompanied him. A three and a half hour flight, and on arrival we found the patient in a serious condition, with yet another and unexpected major complication to a normal labour. However, after 12 hours constant work and watching we were successful in effecting a delivery, saving the life of the mother, but were unable to save the child (6 October 1946, p. 1).

#### *Influence of Environmental Factors on Health*

The environment, she observed, had a direct impact on the health of the people. She contrasted the dust and the dryness of some areas to communities and stations that had plenty of fresh water. This prized resource meant that there were always gardens, fresh fruit and vegetables, and the children were healthy, whereas at places where there was no water, the children were pale and thin.

Dust and flies represented a huge problem in the harsh country along the boundary fence. She reported with much pleasure the great excitement of finding a refrigerator that had just arrived when she reached White Catch. She remarked that a refrigerator could be thought a necessity rather than a luxury for people living in the Outback, but very few people actually had one.

## *Transport*

The first year had shown that travelling in the aerial ambulance sometime involved considerable distances, but at least it was quick and efficient. Travel by road could present serious problems. She often had to rely on station owners and managers and their vehicles, or sometimes the police. If she was not at the Broken Hill base, but was required to effect the air transfer of a patient, the FDS aircraft would collect her from the Outback location. Once the air transfer was completed, it would return her to the original Outback location, so that she could continue her health visits.

On one occasion, she had to transfer a patient to Adelaide. The FDS aircraft was not available and so Guinea Airways was asked to help. They sent a Fox Moth Ambulance aeroplane to expedite the process. In her diary she reflected on the travelling time by road and by air from Broken Hill to Tibooburra, a distance of 200 miles—fourteen hours by road compared to less than 2 hours by air.

On another occasion, when the FDS aircraft was being used in one part of the network, and a patient suffering with acute rheumatic fever needed hospitalisation, the most efficient mode of transport was the train. After arrangements were made for him to travel as a stretcher case by the next available train. Early the following morning, the Postmaster contacted Myra Blanch to say that the patient had refused to go.

The worried Postmaster—‘What will we do now—shall we cancel the arrangements?’ ‘NO you don’t cancel the arrangements—you change the patient’s mind.’ ...in about 15 minutes he rang back to say the patient would be on the train in the morning. So—I went to bed, for three hours (25 May 1946, p. 4).

She had also visited some patients along the boundary fence on horseback, ridden with the mail coach many times, used the train on several occasions, and sometimes travelled in transport lorries that happened to be going in her direction. During this first year she decided she needed her own vehicle to do her job properly: relying on others, often with no chance of keeping to a schedule was both

difficult and inefficient. She raised the transport issue in her report to the NSW FDS Council at the end of her first twelve months.

### *Community Spirit*

Myra Blanch recorded in the April diary that the Secretary of the Victorian Section of the Service had written a letter to tell her they had begun the process of appointing a nursing sister to the Wyndham base (which they administered) as soon as practicable.

Very pleasing and encouraging to me (2 April 1946, p. 1).

During the first year, wherever possible, she took the opportunity to meet and talk with the members of the Country Women's Association (CWA) in an effort to promote health and inform them of her role as the FDS flying nurse.

It is also interesting to note that, while at Tibooburra, she was involved in an incident that she referred to as 'feeding the brutes' (20 May 1946, p. 3), that is, providing a meal for the people who had arrived on the mail coach. She explained that in the bush it was expected that one fed the mail coach driver and the passengers when they arrived, and her reputation would have gone forever had she neglected them. She gladly acknowledged the kind assistance of one of the female passengers on the mail coach, in helping her accomplish the unscheduled task.

Throughout Myra Blanch's diaries in the first year there are notes that are quite humorous.

We medical people have a queer sense of humour. (18 July 1946, p. 4)

In July she visited Nocundra. The police inspector was making his final visit there and so they had decided to have a party. The party continued until 5am but she wrote that she had retired well before that hour.

Saw a number of patients the next morning. It is remarkable how these people never have any ailments until after the party (18 July 1946).

When she arrived at Bransby, 50 miles from Nocundra, she was greeted by a message that someone from Nocundra had been trying to contact the doctor on the radio with no success. Having just left the town she decided to investigate the

problem. Using the telephone at the police station, she contacted Nocundra to establish the identity of the person and the nature of the problem. Interestingly, she had seen the patient, a woman, three hours before leaving for Bransby, and had concluded that she had a hangover following the police inspector's farewell party. She offered more advice and suggested a course of treatment, and told the woman that if she did not improve, she could call for the doctor on the afternoon session. However that was not necessary, for the woman recovered.

Myra Blanch also recorded that the police constable had asked her to see a local black boy who had injured his arm wrestling, and they thought it might be broken. She told him that she could not find any evidence of a fracture, although there was clearly some muscle damage. She reported:

An amusing (to me) sequel to this came a few days later, when the Police Constable contacted the doctor about the same lad, still thinking that his arm must have been broken. Doctor (blessings on his head) diagnosed it in much the same way as I had done, except that he had used a more high-sounding technical name, which satisfied the PC, and advised exactly the same treatment. But what of my professional reputation not to mention my personal pride had he agreed that yes the bone was probably fractured (18 July 1946, p. 4).

#### *Military reference*

On one occasion in her diary Myra Blanch made reference to having served with the Australian Defence Force for three years during the recent war:

At Broken Hill, awaiting further events, and quite satisfied with a survey that, though done far too rapidly to make one thoroughly conversant with the area and the people heard daily on the Network, at least gave some insight into the general conditions, particularly as regards 'lines of communication, and supply,' (good old Army terms, that mean a lot), general living conditions, and the hospital facilities offering for these people (27-30 August 1946, p. 3).

#### *'Die-hards'*

She also refers in her diaries to the 'diehards', the people who are so reluctant to call the Service, imagining that they are going to be whisked away to hospital at

Broken Hill instead of the nearer locations of Wilcannia or Bourke. In fact, she commented that these types of people often decided that they were probably not sick enough to contact the doctor. Unfortunately, she concluded, when 'die-hards' finally made the effort to call for help they were quite often seriously ill (10 August 1946, p. 2).

### *Concerns for Children*

Occasionally in Myra's diary she reported the frustration she experienced where children were not being cared for adequately, and her inability to change people's modes of living and thinking. She commented that while she continued to promote health education, in some families it just would not bring about any change.

She recorded her enthusiasm for the Tibooburra Progress Association which was establishing a boarding hostel for children from the bush to improve their educational standard. Further, she expected a similar hostel would be established in Broken Hill in the near future.

### *Summary of the first year as the FDS flying nurse*

Myra Blanch's first year with the Flying Doctor Service had proved very interesting.

She summarised her work as:

1. Home nursing as approved or emergencies cases
2. Relieving hospital staff, in emergency, in hospitals within the area
3. Medical surveys of children, immunisation of children, advise of health and hygiene, pre- and postnatal care
4. Talk to the schools
5. Broadcast talks to the network
6. Personal contact with all families in the area

(*Twelve-Month Report*, November 1945–November 1946, p. 1).

She concluded her *Twelve-Month Report* by stating:

...to sum up what is my personal opinion after 12 months experimental service with the FDS, as to the desirability of nursing sisters being attached to the various bases, I feel that there is ample scope for nurses, but the nurse must be prepared to take a broad view of things, and to realise that actual nursing may play a secondary role.

There would probably be more call for actual nursing services in areas served by other bases particularly if there are no established nursing centres in the area. If there are, I would stress the necessity of close cooperation with these not only from the point of professional ethics but because it proves very helpful to both parties. Regarding our own area, I feel that if I return fortified with greater knowledge of maternal and infant welfare and of ophthalmic troubles I would be infinitely more service to the people [whom] it is our desire to serve, than I have been during the last twelve months (*Twelve Month Report*, November 1945–November 1946, p. 4).

1947

### *General Health Issues*

In 1946, Myra Blanch had recognised a deficiency in her education and training in relation to maternal and child health and sought to overcome this. During the first six months of 1947, she undertook the Karitane Maternal and Child Health Course in Sydney, NSW. She returned to the FDS Broken Hill Base toward the end of June in that year. Having gained this certificate she was now a 'triple certificated registered nurse'. At that stage in the development of the nursing profession, triple certification was considered to be the highest of qualifications for a clinical nurse.

The 1947 diaries include a survey of the Birdsville Track area. This survey outlined different health issues in that section of the NSW FDS Network. In reference to medical conditions encountered, Myra Blanch made comment of patients with varicose ulcers, cardiac conditions, facial skin cancer, a woman with menorrhagia, another patient with biliary colic and asthma, children with appendicitis, acute tonsillitis and a chest complaint relating to rickets. She dealt with a man who had injured his shoulder falling from a horse, some cases of tuberculosis, and an infected hand of an adult. She screened 80 children from the north west corner of

NSW and another 26 children who were visiting Tibooburra, as part of the Far West Children's Scheme.

She noted children with habits-spasms, talipes, undescended testes, and conjunctivitis with pus in the eyelids. In relation to conjunctivitis in that area of the FDS network, she remarked that it was not as severe as in the border-fence area she visited in the previous year. At the Aboriginal Mission Station at Nepabunna, she treated a number of children with middle ear infections. She also assessed one child who she reported as 'mentally dull' (25 September 1947, p. 3). Immunisation again was a large part of her role. She viewed the lack of schooling as one of the largest problems in that part of the country.

At Frome Downs, the manager and his wife had six children. Myra Blanch was delighted at the healthy state of the two youngest children at home but astounded by the youngest.

Happy, healthy and wild: Garry (aged 18 months) is never so happy as when, armed with the butcher's knife – the sight of which made my blood run cold – he goes out with his father to kill a sheep (8–14 October 1947, p. 2).

#### *Aeromedical work*

The same procedures continued as previously with aeromedical evacuation of patients. Sometimes Myra Blanch worked in the aircraft as a sole practitioner and on other occasions, she was accompanied by the doctor. The FDS aircraft would collect her from the Outback as required for aeromedical work and then return her once the transfer was completed.

#### *Influence of Environmental Factors on Health*

Water in the Outback was a scarce commodity but crucial to the health of the people. She reported on the artesian bores in the area of the Birdsville Track.

It is a stock route down which the drovers bring their mobs of cattle from north Queensland and The Territory to Marree on the north south railway line where they are trucked for the southern markets. The upper portion of the route follows the [Diamantina] but beyond Clifton Hills it crosses 'salt country' where

all surface water goes salt in a few months. Here 'the Government' (and don't ask me which Department as I was never able to find out) has sunk artesian bores at distances of 20 to 30 miles apart. The graziers on the properties lease the bores with the land and along with the bores the water rights, which means that drovers pay so much per head to water travelling stock. There are ten such bores in 320 miles between Birdsville and Marree and 7 homesteads, 6 of these homesteads are equipped with radio but only 3 there are on the Broken Hill network, the other 3 are on the Yunta circuit but we look after their medical calls (16 August 1947, p. 3).

There were also more comments in her diary about sand hills, dust storms and flies.

### *Transport*

Myra Blanch travelled once again by road with any available vehicles, including the mail truck and in the air ambulance when she was required to evacuate patients. Other times she flew with the pilot when he was undertaking the regular radio servicing program. This enabled her to extend the health survey work more widely. Sometimes she travelled by rail.

### *Community Spirit*

Myra Blanch escorted a delegation from the Far West Children's Scheme to view the Far West area. She developed her concept of a town committee/support group to assist Outback folks when they were hospitalised at Broken Hill. She also viewed as important her continued attendance at the CWA meetings at Tibooburra.

Her diaries also included comments on meetings with other registered nurses who were working for the Bush Nursing Association and the Australian Inland Mission, writing of such meetings: 'we gladly talk shop to our hearts content' (17-20 August 1947, p. 3).

### *Myra Blanch's Summary 1947*

At the completion of 1947, Myra Blanch concluded that the maternal and child health tutorials she had conducted via the radios were very helpful to the Outback

women. She recommended that every maternity case be given the opportunity to stay a reasonable length of time at their homestead and then be transferred by the air ambulance back to Broken Hill base a few weeks before the due date of their confinement. This would alleviate the long separation currently experienced by pregnant women being required to travel by road to Broken Hill many weeks before the due date; conversely, it could encourage those women who would have remained in the bush for confinement to access better maternity facilities.

She also reported that she had asked the FDS NSW Council if they were satisfied with the work that she had done so far, and invited advice on any aspect of the service that had escaped her notice. Additionally she inquired as to future direction in her role. In this part of her diary she later added a note that no response/comment had ever been received from the Council.

However she noted that she had received a good deal of correspondence from people wanting to know about her work. In November she had allocated some time specifically to respond to the letters, 'putting a woman's angle on the work' (19-26 November 1947, p. 6).<sup>7</sup>

1948

#### *General Health Issues*

In 1948 Myra Blanch attended patients suffering with pneumonia, a case of advanced leukaemia, tonsillitis, a number of cases of the flu and general illness, some children with possible scarlet fever, others with measles and one patient with a rheumatic condition. Immunisation programs were continued.

She described a detailed assessment of an intellectually impaired child, with a recommendation that the child be reviewed by the doctor at the Broken Hill Base Hospital. She reported one case of tetanus and, as in other reports, the one-day

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<sup>7</sup> Some of these letters were located with her diaries at the NSW FDS base archive. They included international as well as national inquiries from health organizations and women's groups.

sickness of vomiting and diarrhoea related to the lack of clean water. She reported that once people boiled their water, the symptoms disappeared. There were some incidences of tuberculosis in the area visited, as well as some folks requiring family care and feeding advice.

During 1948 she launched the weekly radio clinics. In 1947 these radio clinics were for maternal and child health but in 1948 she extended the broadcast to include home nursing, general health and hygiene.

Among her diaries was a letter from Neil and Gwen McClene (an Outback couple) telling her about an elderly aboriginal man she had treated—he had recovered from the sickness but decided he wanted to die anyway and so starved himself to death. She commented on the McClenes' frustration, having done everything that they could for this elderly man.

In March Myra Blanch made an entry in her diary confirming her treatment of patients who had vomiting and other symptoms she believed mainly nervous in origin:

Leave them severely alone—no sponging, shaking of mattress, arranging of pillows, no movement, no medication, nothing except spoon feeding with glucose and water in two small quantities frequently, plus phenobarb grs. half hourly up to 2 grs. by the time the patient is tired of sipping glucose and water, (a most uninteresting drink) and about to rebel against taking more of it, the phenobarb has had time to do its work and you can safely desist, other things being favourable, and leave him to sleep for a few hours. The world usually looks brighter on awakening. This proved to be the case on this occasion also (5-7 March 1948, p. 1).

In her April report she recorded the plight of a child who had broken her neck at Dulkaninna Station in January and who since the accident had been in the Broken Hill Base hospital, where she had sometimes relieved the child's mother at the bedside, to give her some time away from her daughter. The daughter had recently died and Myra reflected on the case with much sadness.

### *Aeromedical work*

She commented favourably on some recent arrangements: ward sisters or the medical officers in charge of the patients in the regional areas could now contact the FDS aerial ambulance direct, giving them have the option of escorting their patients to Broken Hill without the help of FDS medical/nursing staff.

Apart from these arrangements, the aerial ambulance work continued as before. When she transferred a patient by air she documented the flight: the doctor completed the report.

She flew many missions with the air ambulance, transferring patients to Broken Hill or to Adelaide. She reported on one occasion that she was airlifted to care for sick children and soon afterwards retrieved by the air ambulance to accompany the doctor with a patient en route to Broken Hill Base Hospital.

### *Influence of Environmental Factors on Health*

Myra Blanch had seen a chemical refrigerator in action at Narrierra. It was the first chemical refrigerator she had seen. However she commented that it worked effectively and provided the important function of food maintenance. She also made detailed reports of stations that needed radio transceivers, another important piece of equipment in her view, to promote health and medical access in the isolated Outback.

In her October report she noted with pleasure the conditions at Yancannia. She believed that it was one of the best blocks in the area and the family were all very healthy and had a good lifestyle. The home had been well built, there was a good water supply, and an abundance of fruit, vegetables and dairy products.

‘Sturdy well cared for children, they made my heart ache for all the other little ones growing up in less favoured circumstances’ (4 October 1948, p. 4).

### *Transport*

Myra Blanch admired the skills of the FDS pilot, Selwyn Wilcocks, both as a radio serviceman and as a pilot. She made frequent reference to his abilities in her diaries.

Accompanied a patient to Adelaide – charter trip for a patient with advanced leukaemia. Ran into bad weather over Kapunda, and for a while it looked as though we would not get through. However, Parafield radioed that it was clear there and if we could get over the storm all would be well. So, Sel picked up a bearing on Parafield and then climbed until we were above the clouds and we were above the storm. Smooth flying all the way then, but I hate to think of what it would have been like, had we tried to fly through the storm. Blowing at almost gale strength when we landed at Parafield, and we were advised not to attempt the return trip that afternoon (23 February 1948, p. 4).

In April of 1948 she took delivery of a Chevrolet utility truck and in May 1948 moved her office from Tibooburra to Broken Hill. She commented on her 'truck' and then corrected herself.

I forgot – I am not allowed to dignify it by the name of 'truck'. My Outback friends insist that it is not anywhere near heavy enough to be called a truck – it's just a plain little 'Ute' (21 May 1948, p. 4).

From then on in her diary, she refers to her vehicle as a 'utility truck', until a few months later she affectionately christened it 'Bubbles'.

She commented on the problems experienced with the radio that was fitted in the back of it. As that was her main point of contact with the FDS base, while she was on the road, her concerns with its unreliability were no doubt warranted.

In late May she made her first solo trip in the utility.

Got myself nicely ditched in a short sandy creek, with a steep bank of each side, and more by good luck than sort of management, got myself out again (27-30 May 1948, p. 2).

During the remainder of the year there were numerous reports of her adventures with Bubbles, in creek beds, with flat tyres and how she had to dig underneath the wheel to change tyres because the vehicle's jack was unusable. Sometimes she had to be towed out of trouble. Mostly she travelled alone but sometimes she had a travelling companion.

In December she recorded with sadness that Selwyn Woolcocks, the FDS pilot, had resigned.

To this point the content of the diaries was usually very professional. However it is of interest to note in the December report that Myra Blanch indicated her great affinity for the 'large' vehicles (large for the day, that is) that travelled on the road.

I have not yet become blasé enough to fail to get a thrill out of watching these motor monsters inching their way through mud and slush. You can have your camel teams, you old timers. My 'knights of the road' drive ten-ton diesel trucks – and can they drive them! 'Plugga' (my temporary relief driver) and I sit ourselves up on a nice little piece of high ground when we were sure we were through the worst of the slush, and watched the mail, driven by Alan plough up greasy hills. 18 gears – you should be able to do something with all of those, if you can find 'em, all! (27 December 1948, p. 5).

### *Community Spirit*

Myra Blanch continued to share knowledge between FDS sections. She reported contact with the Queensland Section of the FDS through the Charleville Base. On a visit there, she was able to fly with Dr. Vickers—all in all a very interesting and satisfying trip.

### *Myra Blanch's Summary 1948*

In her *Annual Report* for the FDS Council, Myra Blanch outlined the health surveys and the home nursing aspect of her work. She reported on new initiatives such as the woman's committee/support group for assistance to Outback patients hospitalised at the Broken Hill, and their relatives, and on the success of her weekly radio clinics. She believed that the delivery of the new utility truck for her use was the most significant advance in facilitating her health care work in 1948. Another initiative of hers was the establishment of the FDS mobile library service—she carried the books with her from station to homestead throughout the NSW FDS network. Further, she suggested that the FDS consider more publicity about the day-to-day happenings of the service in their fundraising activities, and suggested that some parts of her monthly reports could be used for that purpose.

I feel that a large percentage of the public would be more interested in the 'flying angle' than in purely medical, and that the very good work done by our pilot

should be made known more widely. I could undertake to supply a few stories on that angle, if you could use them. Selwyn has promised to check them for any inaccuracies. They won't be hair-raising stories of forced landings and 'near misses', but rather emphasising the safety aspect of the service (*Annual Report 1947 - 1948*, p. 2).

## 1949

The flooding rains continued in 1949. In Myra Blanch's *April 1949 Report*, she reveals her passion for the country in the NSW FDS network.

The desire of my heart at present—to see my beloved river country while the rivers are in flood. (April 1949, p. 2)

### *General Health Issues*

Medical conditions were similarly reported as in other years, although sore eyes with pus were reported as becoming less common, while immunisation had become very much a part of her responsibility. (There was no vaccine for measles however, and outbreaks continued to affect adults and children with varying degrees of severity.) Myra Blanch reported that Dr. Alderman was the replacement FDS doctor for Dr Woods, at the Broken Hill base. Arrangements for relieving the doctor remained in place. When he was not available she would take the medical radio calls, conduct the medical sessions and undertake all the aeromedical work. She reported on a child who was returning from Sydney, where she had been for medical treatment. Unfortunately, her parents were unable to meet her as they had become flood-bound at their property and were unable to get to Broken Hill until the flood had subsided. Myra Blanch collected the child from the train and arranged for her to stay for some with some of her friends. She reported on the disappointment for all when the child became feverish with a sore throat. After two days the throat swab returned a positive result for diphtheria, and the child was hospitalised in Broken Hill in the isolation ward—she had been immunised against the disease. However it was 'a pretty light attack' (1-31 January 1949, p. 1).

In the *October 1949 Report* she wrote that it was important for women in the bush to have another woman to talk to, particular when they had gynaecological problems. She commented on the isolation experienced by women in the bush.

It is interesting to note one of the few occasions when Myra Blanch documented her frustrations. This case concerned her giving advice about a sick animal, advice that was totally disregarded. She suggested that the owners of the animal should contact the stock inspector if they would not accept her advice. She was disgusted that her advice was not accepted, presumably because she was a nurse and not a stock inspector.

#### *Aeromedical Work*

Myra Blanch continued the aeromedical work under the same arrangements as before, transferring patients from the bush to Broken Hill or Adelaide, as required.

#### *Influence of Environmental Factors on Health*

During the year there were many floods and she commented that people would always remember the significant 1949 floods. A number of people had to be airlifted out from stations that were completely flood-bound.

She also commented on the importance of people in the Outback having communications such as radio. Reference is made to a journalist who joked about their 'Galah Sessions', regularly scheduled radio sessions for the Outback people to communicate informally and socially with their neighbours. She admitted to a degree of annoyance that the journalist had no idea of the value of the Galah Session in overcoming some of the isolation experienced by people in the bush.

#### *Transport*

She continued to travel by road in her utility or in the air ambulance to transfer patients to Broken Hill or to accompany the doctor when requested. The new pilot to replace Selwyn Woolcocks was Vic Cover.

During this year she recorded the frequent frustrations of driving in the wet and of continual problems with her utility. On one occasion she recorded a defect in the

vehicle's exhaust system that had resulted in her and her travelling companion being overcome by carbon monoxide fumes. Prior to the repair of the vehicle she made sure that regardless of the weather all windows were down when travelling, so that there was no risk of a repeat episode.

When her travelling companion had to return to Milpara and she had to return to Broken Hill for the repair of the vehicle she commented:

I shall miss her and now I am left alone with the bad tempered truck, I don't know who was fuming most, Bubbles or Blanch because there were still places and people whom I wanted to see (13 June 1949, p. 6).

Travelling by road during 1949 seemed to present many challenges, particularly after such heavy rains. She commented that in many places she just go from one bog to another, with the cheerful philosophy that:

There is nothing like a change of bogged to brighten up a chap (21-24 May 1949, p. 4).

### *Community Spirit*

She attended a Federal Council Meeting in March of that year at Broken Hill:

Federal Council Meeting. Enough said – but it was great to meet all the delegates from different Sections (21-24 May 1949 p. 4).

She makes no further reference to the meeting, either the process or the content.

Myra Blanch reported on the success of the Voluntary Contribution Scheme that had been established to receive donations from the clients of NSW FDS network. The clients also organised functions, such as public race meetings, to raise further monies to improve the FDS. She mentioned positive discussions she had with notable people with a view to starting a women's auxiliary committee to raise funds for the FDS at Broken Hill.

### *Summary 1949*

There is no evidence that Myra Blanch submitted an annual report or summary in 1949. One may, however, sum up the year from her diaries.

There was a noteworthy improvement in eye health. As in previous years, she discusses the impact of isolation in the Outback on general health, particularly women's health, and communication. However, the difficulty of travelling in the frequently flooded areas of the NSW FDS network and consistent problems with a sometimes unroadworthy vehicle often frustrated her in her endeavours to deliver health care to the NSW FDS network. However, these factors did not appear to diminish her passion to provide health care for the Outback people, or her desire to foster community initiatives that would provide much needed additional funds to extend the capability of NSW FDS as a health care provider.

1950

### *General Health Issues*

Myra Blanch reported similar/continuing health problems in 1950 as in the previous year. Childhood outbreaks of severe chicken pox, otitis media, adults and children with flu and cases of acute appendicitis were treated. Some children, particularly in the border fence area, had failed to thrive and the usual vomiting and diarrhoea and elevated temperatures she described collectively as diseases pertaining to summer. She continued with the important immunisation program.

In September that year she reported on Finniss Springs Aboriginal Mission Station, where a Mr. & Mrs. Pearce were caring for the children.

Most of their people are half castes, or even with a preponderance of white blood. Therefore the standard in their school is fairly high, and Mr. Pearce does all he can to make the lessons interesting and attractive. Found that some of our magazines which Vic had taken across at odd times had been made very good use of in general knowledge scrap books, so we must endeavour to send them more.

Mrs. Pearce and I had one of our usual antenatal sessions. (She is quite untrained, but has done a very good job amongst the women there, and in the course of a few years has learned a lot, mostly from FDS personnel). We had planned to fit in a few sessions, but got called away before I had expected to go.

However, we went through the drill of urine testing for albumin, and so on, again (15–16 September 1950, p. 3).

During that month she reported one of the rare occasions when she herself actually became ill, at Terenia. Influenza was rampant and she observed that she was not immune.

#### *Aeromedical Work*

Myra Blanch continued the aeromedical work as before, sometimes with the doctor, and at other times transferring patients alone. Each time she recorded that the doctor would have already reported on the patient requiring the air transfer. In the *December Report* she noted that she did a good deal of aeromedical work. The doctor had requested her to remain in Broken Hill for the following January, with no field-work, but rather to be available for aeromedical work only, throughout the month.

#### *Influence of Environmental Factors on Health*

During 1950 she completed a health survey of the area southwest of Broken Hill, where living conditions, she observed, were generally good, and holdings prosperous with plenty of surface water.

In the *October Report*, her description of the floods makes interesting reading:

One can have no idea of the vast expanse of water or of the unreal, rather sensation of 'looking out to sea in the dead heart of Australia. For it really is a sea – no more to be classed as a lake – with salt water, beach sand, waves seagulls and water stretching beyond the horizon. Where the rivers are still running in, the water is fresh, of course, but we did not see that, as it is many many miles away (1 October 1950, p. 1).

In the *November Report* she remarked about a couple who lived at Milring.

They have only had the place to themselves for about 12 months, and are very proud—and rightly so—about the improvement in the grounds. An electric fence, about 6 inches from the ground, has been found helpful in checking rabbits.

(The unwary visitor found it checked more than the rabbits)  
(14 November 1950, p. 1).

### *Transport*

The wet weather continued during 1950 and again the heavy rains made roads impassable. The Cooper's Creek, which Myra Blanch speaks of fondly, was impassable during her visit, and she noted that in five weeks she had only travelled sixteen hundred miles in her utility truck.

She also flew with the FDS aerial ambulance. There were tentative arrangements for her to transfer a patient to Adelaide, using an Aero Club Tiger Moth so as not to interrupt the usual FDS service. However, those arrangements did not eventuate (no reasons are given), and she eventually used the FDS aircraft.

She continued to praise the work of the pilots she flew with. One had volunteered his services during a bush fire in the area.

Our pilot really did a marvellous job on that day, which few of our network realise. We had decided we couldn't spare him for further fire patrols, but fortunately, by this time the RAF were in the picture (December 1950, p. 2).

She also documented some of the difficulties of travelling, alone, on poorly maintained tracks in the Outback.

'30<sup>th</sup> May Tuesday. Left Canopus 9am for Wenba, via Taroni this is over in New South Wales again and only 18 miles from Wemba. There had been less rain over this side but the road was very greasy, and it was on the last few miles of this road that I slid into a tree across the track, and a limb of the same tree wiped off the parking light of the driving side, and another tore the mud guard from the running board for a couple of inches.

The position did not look very promising for a while. On the downgrade, with the wheels spinning on a greasy surface, Bubbles just wouldn't take in reverse, but the rear wheels started to dig in. So nothing else for it but to remove the tree – fortunately not a very thick trunk. But by the time I had cut it through and levered it off the track, and rocked Bubbles out of the hole she had dug herself, I was ready to sing a Payon [sic] of Praise to the man who leaves trees across

tracks in timbered country, without a warning sign some yards back. But when I told Mr. Doby of the incident, expecting he would at least show some sign of repentance, he just remarked, 'lucky you had an axe'. The fact that he had his truck all ready to come and meet me, because I was a bit overdue, made me feel a bit more kindly towards him, however (30 May 1950, pp. 3-4).

### *Community Spirit*

She continued her work with the FDS library, taking popular books and magazines to Outback people, and recorded some appreciative comments.

She listed in her diaries children eligible for the Far West Health Scheme Camp. Those selected would spend time at a camp in a regional area, while others would be chosen to travel to Sydney and holiday at the seaside suburb of Manly.

She remarked on the amazing fortitude of the Outback parents, who were quite happy to drive 35 miles on rough tracks or roads on a Sunday to take a child to a neighbour's children's party.

During the year she contacted other organizations, particularly women's groups in Adelaide, to spread the news of the important work of the FDS.

In July she reported on an interesting experience of helping a blocker who lived in the Yancannia area:

The man about the place developed an olecranon [i.e. elbow] bursitis which at first looked as though it could be badly infected. But we started early with the sulphadiazine, and hoped for the best just at the time it was not of much use planning to get him to hospital, even by plane, because of the rain. But we managed to get through those days, and when the place dried up a bit, the elbow seemed to have decided to improve. So we didn't need to do anything about it. But having the only man about the place with his right arm in a sling, and not able to use it even if we allowed him to, were somewhat of a handicap; perhaps one of the best incidents was when we went out to get a ration sheep. I drove the jeep, and Mr. Harvey was to round up the sheep with the dog – or rather, the dog was to round up the sheep, while Mr. H worked him from the jeep. That was all right until we decided to catch a sheep out there and bring it back in the jeep. It meant we had to bunch the sheep up in a corner of a paddock, and I just would

never have the jeep in the right place. So we ended up with Mr. H in the driver's seat, steering with his left hand, and working clutch pedals, etc while I changed gears. The coordination was quite good, except when I had been watching the sheep instead of the driver. Anyway we brought home the mutton. Or maybe Mrs. Harvey milking the cow may have been even better, with the one armed man's assistance. But I wasn't there, so can't give a description. But again they brought home the milk (25-31 July 1950, p. 2).

During Myra Blanch's visit to White Cliffs in 1950 she also recalled the excitement of being able to have good old 'shoppee' (9 August 1950, p. 2) talks with Sister Woods about some of the problems of the children and the mothers in that area.

She included in the *November Report* her repeated request to the Bush Church Aid Hostel, which provided residential care for boys from the bush, while attending school in a regional area, to include girls as well.

### *Summary 1950*

During 1950, Myra Blanch continued to contribute to the FDS and the people of the FDS network in preventative and curative health care while providing emergency air transfer support as requested. Transport was either via her utility truck or in the FDS aircraft. She continued her community work in regard to the FDS library, women's groups and the promotion of education for Outback children. She sought contact with her own professional colleagues whenever the opportunity arose, in order to share knowledge and experiences.

Her willingness to help out in other than traditional health care is evident in all her diaries, a prime example of this being the Harveys' story.

### *1951-1952*

#### *General Health Issues*

In 1951 Myra Blanch continued compiling her daily diaries into monthly reports as in previous years until March. The health issues remained similar to those reported in 1950. Additionally she expressed her concern in relation to the carelessness of adults in the bush who stored poisons in soft drink bottles, and then left the bottles

accessible to children. This was in response to the aerial retrieval of a child suffering from kerosene poisoning.

#### *Aeromedical Work*

She spent the first month of the year undertaking aeromedical work for or with the doctor. After January, she continued on with the air transfers as in previous years.

#### *Community Spirit*

She attended the March CWA Meeting and was pleased to note that the Hostel for Women in Broken Hill was going to be funded by the Mine Managers' Association assisted by the Pastoralists' Association.

She enjoyed meeting visitors at the base and obviously took great interest in greeting people from overseas.

It's always interesting to see ourselves as others see us (15 May 1951, p. 1).

#### *Notification of Leave*

In March she noted that Sister Beth Pattinson would continue in her position while she was on leave from the FDS, as from 17 May, attending a preventative health course (the venue and provider unspecified) and undertaking a comparative study of health care delivery in the remote Highlands of Scotland.

#### *Stand-in*

It is interesting to note how the descriptive content of the reports and even in some cases the format of the reports, began to change once Beth Pattinson had assumed the flying nurse position. Instead of the daily diary compiled into the monthly report, the format was less descriptive and more quantitative in nature.

Stations/areas visited were listed as were the number and nature of the patients seen. The reports concluded with a total number of patients and mileage for the month. Even terminology was different. Myra Blanch referred to the indigenous patients as Aboriginal or native people or half-castes, Beth Pattinson as dark or coloured people—terms all in common currency at that time.

Before Beth Pattinson's first report, in May 1951, Myra Blanch had inserted the following handwritten note.

There is a break in continuity from here. Sister Pattinson relieved me when I went on study tour abroad. She continued for a while on my return, while I did the positive health survey.

Then left to be married, with the best wishes of the network. Unfortunately, she developed a brain tumour, and died in a nursing home about 10 years later (MB 1992).

In the *September Report* Beth Pattinson noted that she had a persistent infection in her finger on her right hand. This necessitated hospitalisation at Broken Hill and treatment with penicillin until the lesion had healed.

Beth Pattinson's reports during 1952 briefly described patients she had treated and distances she had travelled. The remarks and comments section at the end of the report was often left blank. On the evidence, by comparison with Myra Blanch she seems to have devoted more of her energy to the home nursing aspect and less to the educative, preventative and emergency retrieval aspects of the work.

After the last of these reports was inserted a letter to Myra Blanch from the FDS Council dated 17 December 1952.

The Council therefore has appointed you for 6 months commencing the 1<sup>st</sup> December 1952 to go out to Broken Hill Base with the following objectives: -

1. To choose a part of the area and visit the properties as may be arranged by yourself, the doctor and the pilot.
2. To ascertain the extent of the need for health visiting (as above) etc., in the area chosen.
3. To find the best methods of carrying out this work.
4. To submit a brief monthly statement, a longer interim report in three months and a fuller report at the end of six months decisions on positive health as an important part of the Flying Doctor Service in the whole Broken Hill network.

5. You will be under the general direction of the doctor so that should he require you for a period of an emergency you will fall in with his wishes.

Dr Paull has been asked to give you as much help generally as is possible.

The Council and myself wish you every success and will note your efforts with considerable interest (17 December 1952).

The letter was unsigned.<sup>7</sup>

### *Summary 1951-1952*

Myra Blanch took leave from the FDS from May 1951 until late 1952. Beth Pattinson continued in the flying nurse role until July 1953, placing relatively more emphasis on the home nursing role and less on the preventative, educative and aeromedical aspects of the position.

When Myra Blanch returned from leave, she was authorised to conduct a *Positive Health Survey* over a six-month period, from January until June 1953.

### *1953*

Myra Blanch's 1953 diaries included plans for a Home Aid Program, memos detailing the condition of airstrips, lists of stations visited, the monthly reports, and the interim three-month report and six-month report on the *Positive Health Visiting Survey*, as requested. There was also her diary entry note and other material noting that in late January there was no doctor at the FDS base. During that time she assumed responsibility for all medical radio calls and flights. The radio consultation forms and the medical flight sheets were inserted with her January diaries.

While undertaking the *Positive Health Visiting Survey*, she also continued with nursing duties as before. The monthly reports on these activities are documented in the format commenced by Beth Pattinson. However, Myra Blanch continued with her daily diary entries as well.

### *General Health Issues*

Myra Blanch relieved the doctor and provided health care cover as necessary for the NSW FDS network when the replacement doctor from Sydney was delayed. Medical radio consultations included advice relating to threatened miscarriages, sore throats, vomiting, pregnancy, persistent coughs, burnt feet and sore eyes. She had included copies of some correspondence at the end of her 1953 diaries. One letter was to an ophthalmologist, Dr Marks, in Brisbane: she had been concerned that the forecast 1953–54 summer drought would bring about increased eye problems and asked his advice, on the basis of his recently completed survey of eye problems in Outback Queensland. Another letter was to an ophthalmologist, Professor Mann, who had completed a similar survey in the North-West of Western Australia. Both had responded. Professor Mann asked her to kindly forward his information to Dr Marks in Queensland.

Other nursing work related to women with gynaecological problems, children with measles, and various other infections. Immunizations were given where required.

### *Aeromedical Work*

Aeromedical work when relieving the doctor included retrieval of a patient with chest pain, one with a severely infected throat, another with an infected elbow and an adult with a fever of unknown origin. A child with measles had suffered febrile convulsions and died before they were able to affect the transfer to Broken Hill Base Hospital. Further aeromedical work was continued as in past years when requested.

### *Positive Health Visiting Survey*

In March of 1953, as requested by the Council, Myra Blanch submitted an interim report on the need for positive health visiting in the FDS network.

During the latter part of February and the greater part of March a survey of the area north of Broken Hill, and west of a line between White Cliffs and Wanarring, and including portion of the New South Wales Queensland border fence, was undertaken. A total mileage of 1,250 miles was covered. 52 stations

were visited and a total of 60 cases attended. At least 1/3 of these cases will require follow up visits.

Pre and postnatal cases comprise 15% of the cases and immunisation 18%. Eye conditions were prevalent, accounting for 50% of cases. Miscellaneous conditions, (medical and social) make up the remaining 52%.

At least 25% of the cases where a little general advice on handling of the home situation was as much required as specific medical advice. Mothers with worries about children with vague, indefinite symptoms, and just not thriving. The problems with the aged and sick within the home circle. The distressing reoccurrence of eye conditions. Apart from cases listed in the Report as having been attended up to on medical grounds, advice had been sought and where possible, given, on such matters as suitable recreation and hobbies, professional and commercial training available for young people with country education and upbringing.

In view of the depleted state of our finances after the heavy capital expenditure involved in the provision of new equipment at the Base, and the purchase of the Drover, and the fact that we must endeavour to 'live within our means' (as I have heard outback persons put it) I would venture to suggest that a decision as to the expansion, or otherwise, of the nursing angle of the Service need not be hurried; but it is important that the aerial service be as comprehensive as possible. And to my mind, to give an effective 'air cover' the smaller aircraft, as stated above, used at the pilot's discretion, is the only practical answer. I feel that this question should be considered first. The provision of a nursing, and/or health visiting service, although highly desirable, is a secondary consideration. It is of first importance that we provide an effective flying doctor service.

I have by no means changed my mind about the need for work along positive health lines – I have found ample evidence [of this need] in my incomplete survey of an area which is only a comparatively small section of the whole – but I feel that the question of how much we can afford to do must receive consideration. In this Report I have not intended to be conclusive, but to endeavour to give the Council some hint of what my final Report is likely to be.

In conclusion, I should be glad to receive any comment from the Council on the matter contained in these pages. Signed Myra Blanch (March, 1953, p. 2).

Myra Blanch's report in June 1953, following the six-month appointment, expanded on her interim report. The area she surveyed involved her in travelling over 4,000 miles, with 66 stations being visited. Between 1949 and 1953 the number of radio transceivers had increased from 19 to 36, and several more stations were linked to the transceivers by landline.

There were approximately 400 people in permanent residence, plus casual and seasonal workers who were not counted. There were 134 children of 12 years of age or less and she commented that was of interest to note that the children up to the age of 12 years made up one third of the total population of the permanent residents in the survey area.

There were also 31 homesteads with the FDS Standard Medical Kits and a further 14 had small emergency medical kits.

When Sister Pattinson and I finally got ourselves started on the 6 months experimental period (after not having a flying doctor at all for a few weeks) our joint activities seem to naturally fit into the scheme of things as outlined above and we both seem to have ample scope for work close contact was made by both nurses with the Flying Doctor and we succeeded in cooperating very well. The 8 a.m. radio clinic automatically became the time when we called in, after all the other medical calls had been dealt with, and we could then plan our day's work. On a couple of occasions I was rash enough to say before hearing the medical calls when I proposed going on that day – and then had to revise my itinerary to take a homestead where Doctor wanted me to call to see a patient.

In one instance, after the Doctor (had seen the patient) he had Sister Pattinson taken to the homestead to supervise the treatment prescribed (case of diabetes).

This is exactly as I had hoped we would be able to work, and I am grateful to Dr Russell-Jones and to Sister Pattinson for their cooperation and help in putting a rather nebulous idea into actual practice.

...I was asked by one member of the Council to include in this Report some mention of what is being done for aborigines by our Service. I would say that nothing specific is being done, except that we extend to them the same treatment and facilities as we do to whites, and our response to any need is not influenced by race, colour, or creed. And this in a country where the subject of aborigines is

becoming increasingly controversial, should be a sufficient indication of our attitude to the question (June, 1953, pp. 5,6).

Myra Blanch had used that six-month period to demonstrate how the FDS could be a comprehensive health care provider. Her report was forthright and the reader was left in doubt of the options she was proposing for the NSW FDS network. She summarised her six-month report on the need for Positive Health Visiting.

The main points to be decided are:-

NATURE OF SERVICE

HOW EXTENSIVE CAN SUCH A SERVICE BE.

CAN WE AFFORD SUCH A SERVICE AS SUGGESTED.

IF SO, BY WHAT MEANS WILL WE APPLY SAME.

And the service as suggested is:-

The existing Radio and Aerial Ambulance organization, possibly augmented by the limited use of light aircraft, to be used at the pilot's discretion.

A more comprehensive Medical Service be given, developing along the lines evolved during the past six months, and applying Preventative and Instructive measures, as well as Palliative and Remedial measures.

This to be applied by a team consisting of Medical Officer, who is naturally in command at all times: and two nurses, one of whom works with the doctor, under his direction; and who copes with emergency and/or long term home nursing and provides assistance to the doctor at clinic where there are no other nurses. The other nurse to be provided with independent transport, and communication, and apply herself more to the Positive Health and Social Welfare side. Though necessarily more independent as to her activities, she must work in close liaison with the Flying Doctor and the Nurse: and it must be understood that she must also be prepared to cope with emergency home situations when necessary, and to undertake such aerial work as may be required of her (*Positive Health Visiting Survey: Six Months Report*, June 1953, p. 6).

### *Transport*

It seems she travelled that year as much in the aerial ambulance as by road. She undertook an audit of airstrips. A memo to Captain Cover, the FDS pilot, on the subject of airstrip conditions at the various places she visited was included among her 1953 diaries.

### *Community Spirit*

She prepared a document for the NSW FDS Auxiliary, Broken Hill Branch. She had outlined a proposal for an Outback home aid scheme, provided by the Auxiliary, for those in need who were members of the existing Voluntary Contributions Scheme.

She believed that criteria for assistance from this scheme should start with cases of domestic emergency as a result of illness. The person providing the home aid would be responsible for the management of the home and the care of the children, but not the care of the sick.

### *Summary 1953*

The pattern of her work during this was similar to that in previous years. However, as Beth Pattinson remained with the FDS for a further six months, Myra Blanch was able to direct her attention largely to the health survey, as opposed to health care delivery. The health survey reports were submitted as requested, and it is of interest to note that in the interim report she clearly identified the core business of the FDS as the aeromedical work. She believed that the aeromedical cover should be viewed as a priority for the Organization and the Outback people, and that, in the current climate of minimal funding or lack of sufficient funding, that priority must be maintained. She viewed the nursing work as necessary, very important, and worthy of consideration at a time when the FDS had more funds available. However, it was, in her view, secondary to the FDS.

Myra Blanch's *Positive Health Visiting Survey: Six Months Report* was far more broadly focussed. The six-month period of the *Survey* had demonstrated how the service could operate using a team approach. Her vision of a comprehensive service specified a doctor for radio consultations and aeromedical emergency work, one

nurse for the provision of emergency nursing care to Outback patients, including air transfer as necessary, and another to work more independently, primarily in preventative and social health care. Further, she suggested that they (Council) should make a decision about what type of health care provider they wished to be. There is no indication of feedback from the Council or management to her report.

## 1954

During this last year with the FDS Myra Blanch undertook a comprehensive health survey of the Broken Hill Base radio network area, incorporating aspects of the 1953 survey. There was a new Nursing Report sheet among the diaries, with a note that when she flew for the doctor she had used Medical Report sheets.

### *General Health Issues and Aeromedical Work*

Once again, she relieved the doctor for a three-week period in January. Air ambulance transfers during that period included a patient with a ruptured peptic ulcer, one with a fractured wrist, a woman suffering from toxæmia of pregnancy at 30 weeks and a patient with pneumonia.

Nursing Reports documented further aeromedical work throughout the year, either with the doctor or alone. Cases included accident victims and patients with other illnesses requiring transfer to Broken Hill and/or Adelaide for special treatment.

In the Nursing Report dated June 1954, she included the following in the general comments area:

From the date of Dr Russell-Jones' leaving and until Dr Willoughby was free to take up duty as locum, I handled the medical calls, and emergency flights, with reference to a hospital doctor when necessary. See Radio Clinic Reports and Medical Report and Trip Records for the period 28th June through to the 5<sup>th</sup> July. Was very glad to have 'a doctor in the house' again when Dr Willoughby took over on July 5<sup>th</sup>. He had been very helpful during the interim period, too, even though he had been kept busy with his hospital duties up to the last minute (June, 1954).

In July 1954 Myra Blanch reported that she was unable to leave Broken Hill to continue the health survey until the 22<sup>nd</sup> July, because once again, she had to cover a period when Dr Russell-Jones had departed and Dr Willoughby had been hospitalised.

In September 1954 she reported on the problems of people in the bush and poor communications with health authorities not even aware of a patient's existence. She cites the example of a small child with Hirschsprung's disease.<sup>8</sup> He was eventually admitted to hospital but died three weeks later. She commented that early recognition may have made a difference. Nobody had known the people were living along the fence, let alone that the child was not thriving, until she heard them talking on the radio while in the area. The report ended plaintively:

... what can we do (Sept 1954, p. 1)!

December 1954 marked Myra Blanch's last collection of diary entries and Nursing Reports. There was no mention of her intention to terminate her employment. The *December Report* notes:

This last trip brings me back to the fringe of the area in which I did six months intensive work in the early part of 1953. There are new settlers in the area ever since then. Barama Downs has been cut up into three blocks and a block has been taken off Urisino. With one exception, the settlers will be family units, with young people. (One man—single—has his father and mother with him, pro tem.) (Dec 1954, p. 1).

She included a list of stations with dates when she had surveyed them and the final report of her *Health Survey, 1953–54*. (The Survey will be described in the next section).

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<sup>8</sup> Hirschsprung's disease: the bowel lacks parasympathetic nerve ganglia resulting in massive enlargement of the colon (large bowel), constipation and obstruction. Severe cases require surgery in early infancy while less severe cases can be treated with enemas and laxatives, but usually require surgical intervention eventually.

### *Influence of Environmental Factors on Health*

Myra Blanch reported the same problems that were experienced among Outback people she had visited throughout the network over the previous two years. The lack of clean, plentiful water supplies directly impacted on the health of the FDS network people. Living conditions varied between areas but the worst problems were among the people living along the border fence.

### *Transport*

During 1954 it would appear that Myra Blanch flew as often as she drove to her destination. Certainly she was required for more of the aeromedical work than in previous years. However when she did travel by road, it was quite often by herself in a utility vehicle.

### *Community Spirit*

Myra Blanch continued networking as in previous years with the CWA, people of the support group and the auxiliary. Among her diaries are copies of correspondence from people wanting to know more about her work and that of the FDS. One such letter came from a Miss Nan McDonald, in London, who was writing an article about the FDS for a London newspaper. The letter had been sent to Dr Bell (a NSW FDS councillor) in Sydney: Sir Thomas Dunhill had suggested Dr Bell would be able to assist Miss McDonald in gaining the information she had requested. Dr Bell had forwarded the letter to Myra Blanch asking her if she would be kind enough to deal with it. A copy of her comprehensive reply was included among her diaries. The section relating to the work of the FDS nurse provides an interesting insight into the position.

### *Work of Flying Sisters*

The term 'flying sister' is something of a misnomer. Just think of her as 'the nurse attached to the Flying Doctor Service', and forget about the other. Not all the Bases use nurses, but where they are employed, they do not always accompany the doctor on the aircraft, but only when he desires their presence. It sometimes happens that the Dr is already out on a trip, and there comes a

second call in another direction. The nurse is then instructed by the Dr and she will go out on the second aircraft and attend to the case. Or she may be flown out and left at a station homestead to nurse a patient under Dr's instructions. While out she maintains in close contact with the Dr through the Radio Base.

But a more important function is to act as a 'Scout' for the Doctor, and to do medical and social surveys, paying particular attention to those regions where there is a dearth of radio communication and/or airstrips and reporting her findings to the doctor. He can then follow up her reports with a visit, if he feels it is necessary. To do this she has to be supplied with independent transport in the form of a motor vehicle, and is away from the base for long periods of time, visiting station to station. She is provided with a two-way radio so that she can maintain constant communication with the radio base and thus with the doctor.

... That is how it stands at present. At the conclusion of the current survey, it will no doubt be decided whether the Service, (Broken Hill Base), will concentrate more on survey and prevention Medicine, or whether the nurse employed will devote her time to such Emergency and Home Nursing as may arise (Myra Blanch, 3 May 1954, p. 3)<sup>9</sup>.

Another letter to Myra Blanch filed with the 1954 diaries was from the Canadian Red Cross Society's Acting National Director, dated 10 May 1954. This letter was in response to an apparent request from her for information on the role and function of the Canadian Red Cross Outpost Nursing Service, that provided nursing assistance and health care along the northern frontier and isolated seaport regions of Canada. The letter provided an overview of the nursing service, which in many ways was similar to the Australian Inland Mission nursing service, which had employed Myra Blanch prior to joining the Australian Defence Forces.

#### *Summary 1954*

The year 1954 had been one of intensive work on the health survey of the NSW FDS network. The content of that survey will be discussed in the next section of this chapter. It is important to note that she was required to extend her work practice to

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<sup>9</sup> Letter to Miss Nan Mcdonald, 53 Belsize Park, London, England dated 3 May 1954.

ensure that the NSW FDS network remained available to its clients, despite the absences of an FDS doctor. However she appeared to be content to return the medical work to the doctor and there is no indication of an overt power struggle between doctor and nurse. At all times, Myra Blanch emphasised the importance of teamwork and maintaining constant radio communication with the team.

It was interesting to note frustration and disappointment in Myra Blanch's recording of the incident of the child with Hirschsprung's disease. It seemed that after nine years of diligent health work, health surveys and health reports, the problem of isolation had still not been satisfactorily resolved. Also frustrating was the lack of feedback from either the FDS Council or management with regard to her health survey work.

Myra Blanch's ability to converse with the medical community in an endeavour to improve eye health in the NSW FDS network is worth noting. She had the initiative to seek appropriate medical advice outside of the FDS, yet was also very keen to point out that the nurses' work was always conducted in close consultation with the FDS doctor. Again, it is interesting to note that Dr Bell, a member of the FDS Council based in Sydney, requested that Myra Blanch respond to the request for information from London, about the FDS as a whole.

There was no indication in any of the 1954 reports or diaries of her intention to leave the FDS.

### *Overall Summary of Myra Blanch's Diaries and Reports*

These diaries and reports are comprehensive and insightful primary sources, evidence of the remarkable work of the first FDS flying nurse. She competently provided health care and management for a wide range of health issues and confidently transferred many patients in the aerial ambulance. Her enthusiasm and determination to provide the best in preventative and curative health care for the people of the NSW FDS network is obvious throughout her FDS employment. Her professionalism is shown in her detached reflection on her work and on the health care issues in the FDS network, and her undertaking ongoing educational courses to advance her knowledge and practice in health care.

The impact of environmental influences on the health status of people within her network was always included in her reports. The lack of fresh water for drinking, or additional water for fruit and vegetable gardens, was a frequent concern to her, particularly in regard to the health and development of young children.

Frustrations relating to the extremes of Outback elements were noted, as was the frustration at her inability to bring about environmental change within the homes of some communities. She concluded many times that the socio-economic status of people directly impacted on their health and well-being.

Myra Blanch demonstrated considerable courage in the way she coped with the problems of poorly maintained Outback roads and tracks, in a vehicle which frequently needed repair.

Her only form of communication, the radio, was unreliable. Despite these challenges, she continued to promote the importance of being able to travel independently in the FDS network, to better serve the health care needs of the people.

She initiated improvements in community services, looking beyond traditional health care providers and FDS health care delivery, and seeking out others who could provide additional support to the Outback people and additional funds for the improvement of the health care service.

In an era when documentation was minimal in the nursing profession, Myra Blanch carefully documented all of her professional work in the form of the diaries that she then compiled into monthly reports. In the final year of her service, medical flight notes and nursing notes provide clear evidence of the extent of her work and of her visionary approach to its implementation.

### Section Five: *Health Survey 1953-54*

Throughout Myra Blanch's employment, she surveyed much of the FDS network, especially in the early days when she was trying to establish who and where the

FDS clients were, and the status of their health.<sup>10</sup> After Beth Pattinson left the FDS, in July 1953, Myra combined work on the comprehensive health survey with her regular day-to-day duties.

As with all her professional documentation, her *Health Survey 1953–54* was careful and meticulous. An overview of the sixteen-page survey is provided below, using a parallel structure. Her graphic representations of medical facilities and population density were appended to her report. These are also appended to this thesis (see Appendices J and K) to facilitate a wider appreciation of the extent of the NSW FDS network surveyed by Myra Blanch.

## *Overview*

### *Extent of Area Surveyed*

The health survey encompassed over 250,000 square miles of the then NSW FDS network (some 650,00 square kilometres, equivalent to 80% of the area of New South Wales), although the flying range of the network was 500,000 square miles and the FDS could claim to provide an 'effective Emergency Medical Service' (*Health Survey, 1953-54*, p. 1) over the whole area. The only other medical officer was at Wilcannia (Appendix J).

Myra Blanch surveyed a total of 263 stations and outstations, and noted their relative distance from the Broken Hill Base.

### *Population Distribution*

She counted 2,480 permanent residents in the area surveyed, 1,155 males, 545 females and 635 children under the age of 13. She estimated there were about a quarter of that number of itinerant workers (Appendix K).

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<sup>10</sup> She inserted a note among her diaries to the effect that *Health Survey 1953–54* was a further development from the *Positive Health Visiting Survey* 'independently'. The note is ambiguous. Anecdotal evidence from the then FDS pilot and FDS radio operator suggests as a reasonable interpretation of the note that she had received written authority for the 1953 survey, but none for the 1953-54 survey.

### *Communication*

The survey listed stations with transceivers, with telephones, or within a twelve-mile distance of a telephone or transceiver, about 88% of the total. The other 12% were without relatively easy access to either facility.

### *Analysis of Population*

The population densities were calculated for four distinct areas of the FDS network—New South Wales north of Broken Hill and south of Broken Hill, South-West Queensland and the North-East of SA—in terms of number of persons per square mile, numbers and percentages of males and females, and percentages of males and of children.

The most densely populated area was NSW north of Broken Hill, with one person per 22 square miles. By contrast South-West Queensland had just one person per 170 square miles. Overall, children totalled 23% of the population.

### *Medical Supplies*

Some 60% of the stations surveyed had a fully stocked FDS medical chest; 10% had an emergency medical kit, 21% kept home remedies and first aid supplies, while 7% had no emergency medical supplies and 2% were undeterminable. Regarding the latter 9% of stations, she commented:

It is encouraging to note the high percentage of stations with fully equipped Standard Medical Chests ... but sad to say, there are still a few who are short-sighted enough not to bother about even keeping emergency supplies. (*Health Survey 1953-54*, p. 5)

### *Airstrips*

A chart of airstrips and landing facilities was included in the survey, detailing privately maintained strips, other strips and their suitability in regard to general use and light aircraft use. The term 'general aircraft' covered planes like the FDS aircraft; 'light aircraft' covered Moths, Austers and the like. Some 44% of stations in the network lacked reasonable access to any airstrip. She commented favourably on the improvement in the number of serviceable general strips, largely as a result

of the promotional work by the FDS pilot, Captain Cover. She was pleased by the community spirit in some areas, where graziers had jointly contributed labour and equipment to provide and maintain airstrips for community use.

### *Living Conditions*

Myra Blanch commented on the greatly improved living conditions throughout the region, as compared to when she began her service with the FDS in 1945. This improvement she attributed to the boom in the wool and beef industries and the consequent increased incomes, and to the good seasons that had resulted in improved farm outputs and more water for fruit trees and vegetable gardens. Fresh vegetables meant a higher nutritional standard, especially for the children. Scientific and technological advances had provided more conveniences for the farm household, such as kerosene-burning refrigerators, washing machines, slow-combustion stoves, and gas stoves with portable refillable gas cylinders. Some homes even had 'that ingenious device, the Breeze-Air' (*Health Survey 1953-54*, p. 6). Myra Blanch commented that only a mother who had cared for a child with dehydration and heat exhaustion would appreciate the importance of such an appliance. Throughout this section of the survey she reported clear links between socio-economic status and health. She made mention of a 'family questionnaire' as part of the data collection technique—unfortunately there is no trace of it in her records.

### *Contractors*

The survey included a section related to the health and living conditions of contract workers employed in the network. Their conditions were varied, depending on the type of work. Some lived at the homesteads, others in caravans, others in somewhat primitive conditions in tents. She observed that families who lived in tents might have a permanent home elsewhere but chose to remain as a family. Some contractors, however, could not afford a permanent home, and the tent was all they had.

## *Prophylaxis*

Myra Blanch reflected on the preventative health issues during her years of employment.

Over the nine years I have been with the Flying Doctor Service at Broken Hill I have seen an appreciable advance in the immunisation of children against Diphtheria and Pertussis; and in the last year, against Tetanus. This, I feel has been the direct result of the Flying Doctor Service propaganda and practical assistance; and of the availability of newer 'Combined serums'. In one area, which I covered in 1949, I found the majority of children were 'clean skins', and no steps had been taken towards immunisation in any way. (*Health Survey, 1953-54, p. 8*)

The rationale for the 'clean skins' she saw as petrol rationing, still in force at that time. To travel fifty to two hundred miles for seven repeats of injections was not feasible. She reported that as a direct response to this issue, the FDS had adopted combined serums and were taking them to the children and adults in the FDS network. In the South Australian region the State Government Department of Health had begun to assist with the immunisation program. Additionally, at one cattle station a former AIM nurse, working there as a cook, had helped the FDS, assuming the role of immuniser for the immediate area. Myra Blanch was content that the majority of families were protected against Diphtheria at least, with more families realising the importance of immunisation against Tetanus as well. Her analysis of the situation revealed that 15.5% of all families were immunised against diphtheria, pertussis and tetanus, 50% against diphtheria and pertussis and 4.5% against diphtheria only. Another 15.4% of families were known to be not immunised, while there was no definite information about another 14.6% of families. In total, there were only four cases (2.05%) of families who had objected to immunisation. She also noted that, while the statistics were encouraging, there was no room for complacency.

### *Ophthalmia*

Eye problems had been a huge problem at the beginning of Myra Blanch's work with the FDS network people, particularly with the children. She noted how the eye conditions had improved, and attributed this to several factors:

- improved living conditions and hygiene
  - improved nutritional standard
  - improved methods of treatment
  - continued good seasons with less dust and glare (mechanical irritation)
- (*Health Survey 1953-54*, p. 11).

Of the 135 families surveyed as to eye conditions, 50% said their children had been free from any infection. However, of the 50% who did have eye problems, 75% lived in northern NSW and Queensland. She warned readers that her survey was far from complete, providing only a cross section of the FDS network; and again she urged constant vigilance. She reflected, however, that of three families where the mothers were most vigilant, two reported persistent eye conditions, despite the use of face nets and attention to hygiene.

### *Educational Facilities*

She knew the subject of education to be relevant to the *Survey*, although aware some critics may have thought otherwise. In this section of the survey, she included a breakdown of educational facilities and their use. Around 32% of children attended schools in regional areas where there were boarding facilities, 39% were educated through correspondence at home, and 30% relied on correspondence in the early years before moving on. Some 1.6% of Outback children had no education. She warned that the survey could not be considered comprehensive and that it gave only an indication of the number of potentially illiterate children. She commended parents who had little or no education themselves but were determined to ensure that their children fared better.

### *Expansion of Communication*

The FDS depended on radio communications. At that time 180 outpost radio stations and 70 portable radios had access to the NSW FDS network . Despite new FDS bases being established in South Australia and Queensland, requests had steadily increased for new links to the NSW FDS. She wrote of the importance of the FDS knowing the extent of the medical facilities available at all of its outpost radio stations.

### *Nursing Aspect of Health Care*

In this section of the survey, Myra Blanch emphasised that the nursing aspect of the survey related to actual nursing work that she had done by herself, taking no account of the medical/accident cases she had transported by aerial ambulance at the request of the doctor, nor of the cases handled during the doctor's temporary absences, or between new medical appointments.

She divided the nursing cases into two groups:

Cases	January to June 1953	
Total ...	190	
* Emergencies ...	3.7%	
** General Advice ...	64.7	%
*** Nursing ...	5.8%	
Immunisation ...	25.8	%
Cases	August 1953 to December 1954	
Total ...	160	
* Emergencies ...	4.4%	
** General advice ...	74.4	%
*** Nursing ...	11.2%	
Immunisation ...	10%	

- |     |   |
|-----|---|
| *   | <i>Cases where it has been advisable to remain for more than 24 hours.</i>  |
| **  | <i>Accidents or cases of sudden illness occurring when in locality, or calling for some immediate action on my part</i> |
| *** | <i>General, ante- and postnatal [care], child welfare, home management of patients or disabled persons.</i>             |

(*Health Survey, 1953-54, p. 14*).

Myra Blanch attributed the reduction in immunisation rates over that period to positive advancements in the outreach immunisation program, and consequent reductions in numbers of new patients.

She concluded that home nursing for seriously ill patients was only of value until the patient could be moved, as proper care required access to diagnostic facilities. She recognised the dilemma posed by sick mothers in the Outback, and problems with family care, regardless of whether the mother was left at home or transferred to hospital.

#### *Medical Aspect of Health Care*

The final section of the *Survey* relates to medical issues. With the exception of the problem of conjunctivitis, illnesses of Outback people paralleled those seen at any general practice clinic. However, while radio medical consultations were possible, providing easier options for medical opinions than for city people, the difficulty of access to diagnostic and hospital facilities still remained a major problem for Outback people. She included an analysis of 918 cases handled by radio and telephone consultation as an example. Of these cases, 15% required transport to hospital by the FDS. Of the 15%, 22% were accident cases, 16.8% related to complications of pregnancy, while 16.8% were classified as acute abdominal conditions. Where there was chronic or incipient disease, the patients had to make their own way to hospital, some having to travel over 300 miles, on roads ranging from bush tracks to the occasional sealed section of an otherwise dirt road. Her analysis suggested that there was a higher incidence of illness among children than among adults, although she recognised that parents tended to seek medical advice for their children earlier and more frequently than for themselves.

The survey report concluded with the date, 27 January 1955, Myra Blanch's name and her position. The medical facilities and population density graphs were appended.

## *Comments*

Archival searches of the other FDS sections seem to suggest the *Survey* was the only one of its kind around that time. However, there was no mention in the NSW FDS Council minutes of this final document Myra Blanch submitted. In all the primary and secondary sources searched, apart from the complimentary comments about the *Health Survey 1953–1954* in the *19<sup>th</sup> Annual Report* of the NSW FDS, the only other documented comments found that related to the *Survey* were the views of Myra Blanch herself, in a media release upon her resignation. She described the extent of the *Survey*, the cooperation she had always received from the Outback people, and the deficiency in government planning when new Outback settlements were established without adequate facilities being provided (*Barrier Miner*, 8 February 1955).

As to the explanation of the Council's evident indifference to her *Survey* and, one might infer, to her work over nine years, once again one can only speculate. That there was speculation is clear enough: Chapter Six reports the opinions of the pilot and radio operator she worked with towards the end of her time.

## *Summary of Health Survey, 1953-54*

The *Health Survey, 1953-54*, provided a comprehensive view of the health achievements of the FDS, the general health of its clients and the challenges for the FDS within the NSW network.

Myra Blanch saw health in its wider context. Community health was affected by living conditions, educational standards, ready access to communications, and Outback mothers' understanding of and ability to implement child health and welfare strategies—all issues to a large extent dependent on socio-economic status. Health care delivery to the FDS network had improved health outcomes; however, other issues, over which there was no control, such as good and bad seasons, also had a direct impact.

It was a remarkable achievement for one person to have surveyed an area of 250,000 square miles (650,000 square kilometres by today's reckoning, equivalent

to more than 80% of the area of NSW), especially given that she maintained her health care programmes at the same time. But while reporting meticulously on everything she considered health-related, she repeatedly warned of the limitations of the *Survey* and identified areas of concern requiring further analysis.

The appendices of the *Health Survey* are very detailed and provide the reader with an overall view of the enormous scope of the *Survey*. Myra Blanch had provided the NSW FDS with a comprehensive image of its input to health in the network, and the resultant health outcomes. The *Health Survey* could have provided a basis for the FDS to plan a strategic vision for the ensuing years. On the available evidence its potential value was never understood.

## Overall summary of chapter

Myra Blanch's contribution has been viewed through the perspectives of the NSW FDS journals, national and state print media, radio broadcast transcripts, her professional diaries and her *Health Survey* document. In total, the records demonstrate the enormous contribution Myra Blanch made to the NSW FDS network and its people, and to the establishment of the new speciality of flight nursing within the nursing profession. The key aspects of her work role have been triangulated from the various perspectives, and all are congruent as to the claim of the significant contribution she made as Australia's first FDS flying nurse. Her ground-breaking work was widely noted in the early days of her employment; but the longer her time with the FDS and as other FDS sections used nurses on their aircraft, her valuable input seems to have been progressively more and more taken for granted, less and less appreciated.

A thorough professional, she worked within the professional limits (as they were understood by most nurses of that era) as a regular team member, but well outside them as a mobile sole practitioner in the Outback. Her approach to preventative and evidence-based health care was exemplary, coupled as it was with her enthusiasm for ideas new to her—as witness her undertaking specialised training and development locally and internationally. Myra Blanch also had an ability to engage strategically important professional people and community leaders in

realising her vision of comprehensive and holistic health care in the NSW FDS network.

Despite enormous environmental, physical and professional challenges, Myra Blanch provided a blueprint for later flying nurses to implement. A woman of courage, physical and emotional strength, compassion and conviction, she left behind her a potentially invaluable legacy for the FDS and the nursing profession, a legacy built up by her pioneering efforts aimed at her ultimate goal, that the people she served should no longer suffer the disadvantages of living in the Outback.

## CHAPTER SIX: LEGACY

*The past continues to speak to the present. All that we take for granted as 'natural' is a product of both historical and contemporary processes (Tuchman 1996, p. 310).*

The previous chapter described the significant contribution made by Myra Blanch during her employment with the NSW Section of the FDS as Australia's first flying nurse. This chapter will analyse that contribution. However, before the analysis can be made, one must try to understand what happened after Myra Blanch's resignation in December, 1954. To this end, and to analyse the impact of her legacy in her time and through time, the chapter has been divided into two sections:

*The Legacy: Evolution of RFDS Flight Nurse Practice*

*The Legacy: RFDS Flight Nurse Practice*

The first section provides an overview of the development and expansion of flight nurse practice in the FDS and then the RFDS<sup>1</sup>. As minimal documentation of the flight nurses' work was unearthed in the archival searches of any section, oral histories have been used to inform the research. The story begins with the FDS Victorian (Vic) Section and the FDS South Australian (SA) Section, as both sections had contributed to the flying nurse experiment. Then, the NSW RFDS interpretation of the flight nurse role resumes in 1976, with Myra Blanch's successor and continues through to present time. Reflections on flight nurse practice by interviewees provide a rich narrative of their work. The section concludes with the view of RFDS flight nurse practice as expressed by the current Executive Director of the NSW RFDS Section. It is the intention of this section of the thesis to provide an illustration of the development of flight nurse practice

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<sup>1</sup> The FDS was granted the Royal prefix in 1956, and is referred to in this chapter as the RFDS.

rather than a chronological listing of all flight nurses who either worked on RFDS aircraft or were employed by RFDS.

The second section provides an analytical interpretation of the Myra Blanch legacy, during her time and through time. The interpretation has been generalised using two notable themes: RFDS flight nurse practice; and health outcomes in the NSW FDS network. The job description of the first flight nurse is compared to a RFDS flight nurse job description of 2002. Myra Blanch's approach to aeromedical work and Outback health care, inclusive in her role as the first FDS flight nurse, is viewed as a legacy for current and future flight nurses. Further, her significant, measurable contribution to improved health outcomes for the people in the NSW FDS network is demonstrated.

### **The Legacy: *Evolution of RFDS Flight Nurse Practice***

The flight nurse position at the NSW FDS Section was left vacant for twenty-two years after Myra Blanch's resignation in 1954. However, in that interim period, it is interesting to note how the Victorian and South Australian RFDS Sections (Vic RFDS and SA RFDS) developed the flight nurse role. Both had contributed financially to the flying nurse experiment. While FDS and RFDS literature provide some superficial information of early flight nurse practice in the Vic RFDS and SA RFDS, oral history reveals more useful information on the subject. Three flight nurses provide descriptions of flight nurse practice in those Sections—one was employed in the late 1950s, the others in the late 1960s. From 1976 to the present, the focus returns to the NSW RFDS Section, following the employment of Myra Blanch's successor. Again, there is only superficial documentation of flight nurse practice during this period, and oral history has been used to supplement it. Broken Hill Base Hospital nurses, RFDS flight nurses, a RFDS client representative and the NSW RFDS Executive Director, have provided information—the last of these was himself a pilot in that Section in the 1980s.

## *Victorian RFDS Section*

### *Pre-1950*

Nurses flew with this Section from as early as 1938 on the basis of an *ad hoc* agreement the hospital where they were employed—there was no established flight nurse position.

### *Post-1950*

In 1959, the Western Australian Department of Health, in collaboration with Vic RFDS, established a position of flight nurse, on the basis that she was on call for flying duties on a full-time basis, but otherwise acted as a supernumerary at the Derby hospital.<sup>2</sup> The only reference to her employment is a contemporary article in a Vic RFDS publication (some material from this article is quoted in Chapter Two, above—Osborn 1979, pp. 55–58), in which Marie Osborn, the incumbent, reflected on the period of her employment, 1959 until 1962.<sup>3</sup>

### *Work Role*

There were many similarities in Outback emergency medical needs and ongoing health care across the country. Marie Osborn was required to undertake Outback

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<sup>2</sup> Prior to and during the early part of World War II, the FDS Base was located near the Wyndham hospital in Western Australia. However, during the Japanese bombing raids on the north/western parts of Australia, Wyndham was attacked and the FDS base was quickly moved to Derby.

<sup>3</sup> Marie Osborn (nee Franklin), interviewed 18 June 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Marie Osborn was born and grew up in rural Victoria. She undertook her general nurse training at Ballarat Hospital in regional Victoria and her midwifery training at King Edward hospital in Perth, Western Australia. She then moved to Broome, in the north of Western Australia, and worked at the local hospital, quickly gaining the position of Matron. After some time she decided to work back in Victoria. However she very rapidly became disillusioned with the city and sought work at the Derby Hospital, gaining the flying nurse position in 1959.

medical clinic functions. These included preventative health care such as immunisation and curative health care in relation to minor ailments. The clinics were conducted in central locations and those living on the fringe of the locations would travel the distance to access the clinics. Clients included indigenous and non-indigenous people, living, working or travelling in the Outback. Myra Blanch recommended in her report (*NSW FDS Health Survey, 1954*) that 'hubs' should be established for FDS clinics. It would appear that WA FDS had adopted that concept. Further, the doctor at that time, Dr L Holman, believed preventative medicine/health was equally as important as the emergency medical care provided by the FDS. <sup>4</sup> As the flying nurse, Marie Osborn was also required to undertake the emergency aeromedical evacuation role, either alone or assisted by the doctor. However, regardless of the type of aeromedical evacuation, if the doctor at Derby hospital was otherwise occupied, for example, operating in the theatre or caring for a woman in a difficult labour, who may have required surgical intervention, the nurse would fly alone. Marie Osborn recalls her conversation with the doctor on such occasions:

'The eleventh commandment is a nurse shall not diagnose.'

The doctor would respond by saying: 'Well, someone's got to go. Remember the first thing you think of and you'll be right. Treat what you can and bring in what you can't.'<sup>5</sup>

Under these instructions Marie Osborn cared for critically injured patients, often as the sole practitioner in the aircraft. As she was unable to recall any untoward patient outcomes, the doctor was in no doubt, justified in his delegation of duties to Marie Osborn, obviously a competent flight nurse.

Flight nurse duties ranged from providing critical care in the aircraft to being responsible for aircraft cabin cleanliness and maintenance of medical equipment and consumables.

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<sup>4</sup> Osborn, p. 4

<sup>5</sup> *Ibid.*, p. 9

A typical clinic day would begin at 0330 hours. She would cut sandwiches for the doctor, the pilot and herself for their lunch, collect any returning patient(s) from the hospital by 0430 hours, load the medications onto the aircraft and be ready for take-off at 0500 hours. Return to Derby would be at last light.

The matter of a uniform for the flying nurse was controversial. In the hospital they wore white uniforms and veils. Marie Osborn was allowed to dispense with the veil (!) for flying, but she commented:

the white uniform was often filthy, after a day of cuddling grubby little babies and you have put swags and billy tea cans in the back hatch of the aircraft. Dr Ida Mann, the eye specialist, her sister (nurse) wore jodhpurs ... We'd have not got away with it. Eventually I was allowed to wear a fawn uniform. <sup>6</sup>

Jann Longbottom worked for the Vic RFDS from Derby in 1967. <sup>7</sup> She confirmed the work role as outlined by Marie Osborn and commented further on the health care provided by the RFDS clinics. The majority of the clients were indigenous people, requiring immunisation, antenatal care, treatment for trachoma (infected eyes) and sometimes leprosy.

#### *Professional Isolation*

Jann Longbottom described providing emergency care for patients at altitude, as one of the challenges of flight nursing. She felt isolated not only at altitude but also on return, as she did not have a nursing colleague to debrief the flight, as opposed to working in the hospital.

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<sup>6</sup> Ibid., p. 8

<sup>7</sup> Jann Longbottom, interviewed by author, 7 November, 1997, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Jann Longbottom was born in and grew up in rural South Australia. She trained as a nurse at the Royal Adelaide Hospital and as a midwife at the Queen Victoria Hospital, in Adelaide, South Australia. After working at King Edward Hospital in Perth, Western Australia, she commenced employment at the Derby Hospital and became the relieving flight nurse for the Vic Section FDS at Derby, during 1967.

... the routine flights I was much more comfortable than going out on the emergency flights because I didn't know what I was going to strike, and just having the ability to make the decisions ... I was very isolated. There wasn't any special training.<sup>8</sup>

### *Mode of Transport*

A twin engine De Haviland aircraft was used at that time. She spoke fondly of the pilots and in particular the first pilot she flew with, an ex-military pilot, who had been highly decorated during World War II. He was most insistent on knowing the weights being loaded into the aircraft, including patients who were weighed prior to loading on a bathroom scale that they carried in the aircraft. A motor vehicle was also used on occasions if the clinic was relatively close to Derby, so that the aircraft could be available for emergency work. Additionally the RFDS aircraft was used to drop parcels of food and medicine in times of severe flooding in the Kimberley region. The flight nurse was accompanied by an additional person during these operations. He was responsible for throwing the parcels out of the aircraft, while she acted as a spotter for the drop sites. The RFDS aircraft was also involved in search and rescue operations on occasions and the flight nurse was part of the search and rescue team.

### *Reflections on Flight Nurse Practice*

... it was like being on the top of the mountain. Once you've been up there ... it's hard to be ordinary again. It's hard to do ordinary things again because you've been up there and you know that it was a bit special on the top of the mountain.<sup>9</sup>

Just mind-boggling ... long hours, no one else doing it. The provider of medical care to Outback Australia ... and there weren't doctors there all the time, it was mostly nurses. Scary, but exciting. Rewarding in one sense because you were doing so much in a remote situation that I guess it was a privilege to be able to

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<sup>8</sup> Ibid., p. 5

<sup>9</sup> Osborn, p. 18

do that ... It's the scariness of the emergency trips. I'm quite proud of being a flying nurse. <sup>10</sup>

### *SA RFDS Section*

The SA RFDS Section had used nurses from Pt. Augusta Hospital to fly on the RFDS aircraft if required by the RFDS doctor. However the RFDS doctor did most of the flights alone. In 1968, the SA RFDS Council following the example of the Vic RFDS Section made the decision to advertise for a flying nurse. Moira Kleinig (nee Slattery) was appointed. <sup>11</sup>

### *Work Role*

Moira Kleinig was required to work on the aircraft with the doctor sometimes and on other occasions as a sole practitioner. She also attended clinics providing preventative health care, such as immunisation and curative health care for minor ailments. The people in the SA RFDS Section had become used to being treated by a doctor and so there was a period of adjustment when the nurse started flying out to emergencies. Moira Kleinig recalls the early days of her work.

I was called out to a station in our section where a stockman had fallen from his horse and was obviously injured ... his mate had rigged up a rough shade shelter ... he greeted me with a non-stop tirade about how crook his mate was and what did they do but send a 'B' girl, and where in the hell was the 'B' doctor. There was no calming him so I got on with assessing the injured man, giving pain relief, splinting the fractures and settling him on the stretcher. <sup>12</sup>

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<sup>10</sup> Longbottom, p. 6

<sup>11</sup> Moira Kleinig (nee Slattery), interviewed by the author, 16 June, 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Moira Kleinig was born and grew up in rural South Australia. She trained as a nurse at a Calvary Hospital, Adelaide, South Australia and as a midwife at Crown Street Hospital, Sydney, NSW. Prior to applying for the flying nurse position she had worked at Port Hedland in northern Western Australia, in the Vic RFDS Section area.

<sup>12</sup> *Ibid.*, p. 3

Moira Kleinig experienced communication difficulties with the RFDS doctor during the first few months of her employment. This resulted in her frequently retrieving emergency cases alone. In her view the cases warranted an accompanying doctor. Fortunately, that particular doctor left the employ of RFDS shortly after those first few torrid months and the replacement doctor was far more amenable to team work.

Preventative health was an important part of the SA RFDS Section clinic flights to both indigenous and non-indigenous communities. Immunisation programs occupied much of the flight nurse's time schedule at the clinics. Emergency flights included obstetric complications, premature babies, injured patients from motor vehicle, station and mining accidents, as well as cardiac and respiratory illnesses.

On acceptance of the flight nurse position, Moira Kleinig had negotiated with the RFDS Council to wear a fawn uniform, on advice from her colleagues in Western Australia. The Council agreed reluctantly, as she claimed they would have preferred her to wear a white uniform and veil. In the winter months she wore leggings and jumpers and during the summer months, the uniform dress, sandals and a sun hat.

Additionally the flight nurse was responsible for cleaning and maintaining the medical equipment, restocking the aircraft with consumables, and washing and ironing the aircraft linen. However she did not have to clean the cabin area of the aircraft.

#### *Mode of Transport*

The SA RFDS Section used a Beechcraft Baron twin-engine aircraft. This was the only mode of transport used for both clinics and emergency medical care. Moira Kleinig also spoke very fondly of the pilots she flew with. Together they were the most consistent team for the SA RFDS. The pilots would always assist the flight nurse with loading and unloading the patients and equipment from the aircraft.

### *Reflections on Flight Nurse Practice*

I loved the people that lived and worked out there ... I didn't ever really get to work comfortably in a hospital setting again because I think I learned too much independence.<sup>13</sup>

### *NSW RFDS Section*

During Myra Blanch's employment with the NSW FDS Section there had been negotiations for staff from regional areas to contact the FDS aircraft independent of the FDS doctor, if their patient required transfer to Broken Hill Base Hospital. Following Myra Blanch's resignation, nursing staff from the Broken Hill Base Hospital accompanied the RFDS aircraft during patient retrieval. However this request sometimes came from the pilot rather than the doctor.

In 1963, Margaret Warby was one of the nurses who flew regularly with the RFDS.<sup>14</sup> When she was needed, the pilot would contact her. Marg Stevens's experience was similar when she was employed at the Broken Hill Base Hospital in 1972.<sup>15</sup>

As there were no doctors on the nurse-accompanied flights, the nurse was required to stabilise the patient and retrieve them to the Broken Hill Base Hospital. These flights were mainly secondary transport rather than emergency flights. On

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<sup>13</sup> Ibid., p. 6

<sup>14</sup> Margaret Warby, interviewed by author, 20 July, 1998, tape and manuscript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Margaret Warby was born and grew up in rural NSW. She trained as a general nurse at the Royal Prince Alfred Hospital, Melbourne, Victoria and as a midwife at Broken Hill Base Hospital. It was during her midwifery training that she flew with the RFDS.

<sup>15</sup> Marg Stevens, interviewed by the author, 6 April 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Marg Stevens was born and grew up in Broken Hill. She trained as a general nurse and a midwife at the Queen Elizabeth Hospital in Adelaide, South Australia in 1954. She returned to Broken Hill Base Hospital in 1972 and has continued to work there ever since.

occasions the nurses would help with the RFDS clinics, especially in the area of immunisation. However they were not responsible for anything in the aircraft.

### *Work Role*

In 1976, the NSW RFDS decided to employ a nurse again. However for the first six months, this position was part-time nurse/secretary and there was no emergency flying requirement. The nurse was responsible for ensuring the medical room at the RFDS base was clean and tidy, equipment was clean and updated and the patient records were in order. Additionally it was expected that she would ensure that the doctors' houses were clean and presentable when new doctors arrived. (At that stage the doctors used to rotate regularly at the RFDS base. ) At RFDS clinics, the nurse acted as a clinic manager, with minimal patient contact in regard to health care. However, six months later, with the employment of a new doctor, who believed the nurse should accompany him on the aeromedical evacuation flights as well, the nurse position was reviewed. It became a full-time flying nurse position. The nurse, who occupied both the part-time and the first full-time flying nurse position after Myra Blanch, was Val Hepworth.<sup>16</sup> She said she flew with the doctor when requested and only recalled one instance when she flew alone, and that was to collect a case of appendicitis, as there were no doctors available.

### *Reflections on Flight Nurse Practice*

Learning as I went along ... no preparations, no courses ... I was just an appendage to the doctor. A lot of women who attend the clinics of course like to speak to a woman rather than a man. I really enjoyed it I knew they did have flight nurses in Western Australia, but no ... no contact at all ... . I remember flying in thunderstorms. I hated the rain lashing at the front of the plane and the

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<sup>16</sup> Val Hepworth, interviewed by the author, 7 November 1997, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Val Hepworth was born and grew up in suburban Adelaide. She trained as a general nurse at the Queen Elizabeth Hospital in 1962.

lightening. I was really frightened then, although I shouldn't have been ... we were always in safe hands.<sup>17</sup>

### *Changes in Flight Nurse Practice*

In 1982, Meagan Rufus answered a job advertisement for a clinic nurse/secretary for the NSW RFDS Base at Broken Hill.<sup>18</sup> Following an interview with the chief medical officer, she was offered the position.

### *Work Role*

Monday and Fridays were office days, while Tuesday, Wednesday and Thursdays were clinic days for the flight nurse. By 1983, the RFDS doctors decided that it was important to utilise the skills of the flight nurse during emergency flights. Meagan Rufus claimed that some of the doctors were not familiar with the Outback and Outback people. An on-call roster was established so that a nurse would always be available for the aeromedical/emergency evacuation work as well as the clinic work. By 1986, another flight nurse was employed and underwent paramedic training. This ensured that the flight nurses were able to cope with emergency procedures efficiently and effectively. This training included intubation of unconscious patients, to provide airway ventilation. However, some cases were not retrievable.

There was a road train overturned with three carriages of sheep and a man and his son were killed. They were crushed beneath the truck. We went off ... and he (the doctor) was asked to crawl underneath the road train just to pronounce that

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<sup>17</sup> Ibid., pp. 4, 5.

<sup>18</sup> Meagan Rufus (nee Holloway), interviewed by the author, 17 April 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Meagan Rufus was born and grew up in Broken Hill. She trained as a general nurse at Broken Hill Base Hospital in 1980 and after working in England, returned to that hospital and completed her training in midwifery in 1981.

the man was dead and he was rather nervous about it and I offered, you know, did he want me to crawl under there. And then basically I did.<sup>19</sup>

The flight nurse was required to be multi-skilled in general nursing and emergency work, as well as obstetrics. Further knowledge of child and maternal health care was required at the clinics. Meagan Rufus recognised family planning/women's health and child health as deficiencies in her education and so undertook the necessary courses in Sydney, NSW, in 1984 and 1986, respectively. On return to Broken Hill RFDS Base her work role changed. It was decided that there was sufficient work for a full-time clinic nurse to work specifically in the area of maternal and child health. Meagan Rufus assumed the clinic role but was always available for aeromedical/emergency flights if required.

It was during her employ that the television series 'Flying Doctors' was produced. The series director and film crew flew with Meagan Rufus on some occasions. However she said they had already decided on their script and nothing they saw or heard, however novel, would induce them to change it. On one occasion in particular, she believed that they had repeatedly portrayed the pilot as less than professional and the flight nurse no differently. During that flight they encountered severe turbulence. She said that the film crew had to use their hats as receptacles for their vomitus. When questioned by the author as to why they were not given sick bags, she replied, tongue in cheek, that an unprofessional nurse would not have had any available!

During the four years that Meagan Rufus was employed at Broken Hill RFDS Base she initiated changes in the flight nurse uniform. On commencement she was expected to wear a white uniform. She found white to be quite incompatible with Outback aircraft work and changed to a brown uniform. Later she wore civilian clothes and monitored the Outback clients' comments. However she noted the uniform was not a priority as far as the clients were concerned.

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<sup>19</sup> Ibid., p. 2

In 1986 Meagan Rufus was the recipient of a staff award for her services to the NSW RFDS Section. The prize was a trip to Sydney to attend a RFDS NSW Section Annual General Meeting.

#### *Mode of Transport*

The flight nurse flew on all occasions in twin-engine aircraft. These were a Beechcraft *King Air* or a *Nomad*. The pilots and the flight nurses had a high degree of mutual respect. The attitude of the pilots was always professional and did not allow the severity of the patient's conditions to impact on safe aircraft practice.

#### *Reflections on Flight Nurse Practice*

It was my whole life and it was a wonderful time ... nothing will ever match it ...  
Motivated so many changes ... just the most wonderful experience. <sup>20</sup>

#### *More Changes in Flight Nurse Practice*

In 1986 the NSW RFDS employed Geri Malone. <sup>21</sup> By this time the NSW RFDS Section had gained the contract to provide a medical clinic at the Moomba oil and gas field in Outback South Australia. Flight nurses were used to provide general

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<sup>20</sup> Ibid., p. 16,17

<sup>21</sup> Geri Malone, interviewed by the author, 11 September 1997, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Geri was born and grew up in rural South Australia. She graduated in Nursing at Flinders University, South Australia, in 1981 and completed her midwifery training in Scotland in 1983. She worked as a flight nurse for the SA RFDS Section for two years prior to her employment as a flight nurse with the NSW RFDS Section. After her employment with the NSW RFDS she was appointed senior flight nurse with RFDS Central Section (previously called SA Section) at Alice Springs and then later flight nurse manager in Adelaide, SA. During that time she was responsible for the successful integration of Territory Health nurses into the RFDS and the positioning of RFDS flight nurses on all RFDS aircraft in South Australia, in 1992 and 1996 respectively. This interview was recorded prior to her departure for a six-month work placement as an area coordinator with the International Red Cross in Somalia.

medical/nursing practice during a ten-hour clinic day and emergency care for twenty-four hours per day, seven days per week. The clinic and the emergency treatment area combined to form the newly appointed casualty centre at the Moomba field. Flight nurse relief was required at the Moomba clinic for a period of three months. Geri Malone volunteered for the position. It was also expected that the flight nurses provide medical assistance to neighbouring Outback stations. There were no doctors at Moomba but the RFDS could retrieve any serious cases back to Broken Hill Base. During the flight nurse relief period, Geri Malone was offered and accepted a full-time position at Moomba.

### *Work Role*

While Moomba gas and oil fields provided challenges in trauma care and on-going medical care, the surrounding stations required health care treatment with the client population ranging across the life span. At Moomba, minor trauma in terms of lacerations that required suturing, and removal of foreign bodies from the workers' eyes were frequent events. Moomba management provided a helicopter for retrieval of severe trauma cases from the fields back to the casualty centre.

Some of this was pretty high-stress ... work because they were very serious incidents. You can imagine on an oil rig ... It was a unique environment. <sup>22</sup>

The two flight nurses at Moomba worked as a team. Geri Malone recalled one very stormy Outback night when she was called to a nearby station to attend to a man who had apparently been bitten by a brown snake, a potentially fatal incident. In the case of snakebite, the patient was usually evacuated to Broken Hill Base Hospital. The helicopter was to fly her out to collect the patient and then transport her and the patient to Innaminka, where she would transfer the patient to the Broken Hill Base RFDS doctor and flight nurse, as this was the nearest airstrip for the NSW RFDS aircraft to land. However, the wind kept blowing out the flares on the strip at Innaminka and so the NSW RFDS aircraft flew to Moomba and awaited Geri Malone's return with the patient. As the helicopter approached the landing

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<sup>22</sup> Ibid., p. 3

site to effect the patient retrieval, at approximately five hundred feet above the ground, it plummeted out of the air and crashed into the sandhill terrain. The driver of the vehicle from the station who had come to meet the aircraft watched in horror. The helicopter was totally destroyed but fortunately it had not burned. Geri Malone recalled the smell of leaking fuel and the fear of fire as she rapidly released her seat belt. She and the pilot left the wreckage through a gaping hole in the cabin wall. They ran to safety in case the fuel tank exploded. With the snakebite patient foremost in her mind, Geri Malone was taken to the station. She assessed the patient, stabilised his condition and notified the other flight nurse at Moomba casualty centre that he would have to drive the road ambulance toward the station to collect the patient. Despite her severely bruised and battered state, she then saw the patient loaded onto the back of the station utility where she cared for him, while the driver hurried towards Moomba, anticipating a 'halfway meet' with the Moomba ambulance. To her relief the NSW RFDS doctor and nurse accompanied the ambulance and so they were able to take over the patient's management when they met on the road. Severely bruised and shaken, but considering herself to be extremely fortunate to have survived the aircraft disaster, Geri Malone took the rest of the evening off, went to her rooms in Moomba and retired hurt.

After eighteen months at Moomba, Geri Malone returned to the Broken Hill RFDS Base as the Senior Flight Nurse. In this role, she was responsible for the coordination of flight nurses, both clinic and aeromedical evacuation nurses and the Moomba flight nurses. The flight nurse employee numbers increased at the Base. Educational deficiencies in the required care provision were dealt with through courses available in the profession. NSW RFDS was committed to quality patient care and supported the flight nurses during these educational programs.

#### *Modes of Transport*

Flight nurses employed by the NSW RFDS Section continued to travel on Beechcraft *King Air* and *Nomad* aircraft when at the Broken Hill Base and in a helicopter or road ambulance when at Moomba.

## *Reflections on Flight Nurse Practice*

... oil and gas fields are very male-dominated ... and I was actually the first female nurse to go out there and work ... professionally and personally it was very challenging. My story from Moomba is that I was actually involved in a helicopter crash ... we were incredible lucky.

Well it's an isolating experience ... at fifteen or thirty thousand feet in an aircraft, you are the sole practitioner. Subject to weather conditions, cramped environment, certain physiological factors at altitude ... managing your patients ... and not always able to make radio or telephone contact with the doctor ... It's not just what you have been trained to do as a nurse, it's the supplement of being in an aviation environment which makes it quite challenging. The whole experience is I think a very rewarding thing to do because of the people you meet, the very vast array of characters and personalities you come in contact with and just the fact that you're out there in a really unique part of Australia. <sup>23</sup>

## *Flight Nurse Practice: 1990s*

By the nineteen nineties, the role of the RFDS flight nurse at the NSW Section had been established and advanced to a position where flight nurses were the primary providers of aeromedical care and women's and children's health care/ preventative medicine clinics. The doctors flew on emergency aeromedical missions or when a flight nurse requested their assistance. Additionally the doctors were responsible for the radio/telephone medical consultations and medical practitioner work in the clinics. As flight nurses assumed more responsibilities in patient care and preventative care, the number of flight nurse positions increased dramatically, especially in ratio to RFDS doctor positions.

### *Work Role*

Historically there have been two distinct work roles for RFDS flight nurses. Some RFDS Sections have chosen to interpret the flight nurse position as a combination of preventative health care and aeromedical health care. The NSW RFDS continues

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<sup>23</sup> Ibid., p. 5, 7, 8.

to maintain the model of a dedicated position for aeromedical work, with another for community health care, specialising in preventative health care, particularly women's and children's health care, but available to work in the aeromedical flight nurse role as necessary. Interestingly, these were the two flying nurse roles that Myra Blanch had recommended in her 1953 report to the NSW RFDS Council.

Health issues dealt with by the RFDS flight nurses are substantially what they were in Myra Blanch's day. Emergency/accident patients, obstetrical problems and other illnesses requiring aeromedical evacuation and/or secondary aeromedical transport. Immunisation, women's health and child health are still very important clinic issues. However men's health programs are now promoted as Outback males tend to neglect their own health.

The uniform has changed. Flight nurses began wearing uniform shirts and pants in winter and long shorts in summer, in the 1990s. Fifty years had elapsed since the Myra Blanch had decided the most practical uniform for flight nursing would be pants and a shirt!

#### *Mode of Transport*

Flight nurses generally use the RFDS aircraft. Once a month, the clinic/community health nurse drives an RFDS vehicle to an outlying clinic.

#### *Reflections on Flight Nurse Practice*

Normal working day? That's an oxymoron with the RFDS. Types of patients, basically a lot of trauma, a lot of heart and chest pain, a lot of abdo. (abdominal) pain, motorbike accidents, horse accidents, car accidents. And another thing about being a flight nurse is that you get to see some wonderful parts of the country ... and all those lovely characters. <sup>24</sup>

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<sup>24</sup> Chris Smith, interviewed by the author, 7 April 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Chris Smith was born and grew up in suburban Adelaide, South Australia. He trained as a general nurse and midwife at the Queen Elizabeth Hospital in Woodville, South Australia, in 1978 and 1982 respectively and worked in the intensive care and accident and emergency departments of

There was a child health nurse and I was appointed the women's health nurse (1991), so therefore I suppose the whole primary health care and community health section sort of enlarged and took on a different approach. The clinic nurse played a vital role ... knowing the people of the Outback, and especially in a time when there had been quite a turnover of doctors and the link of continuity came through the nursing side. Doctors started referring women to me. The service you are offering is for pap smears (of the cervix), breast checks ... and talks on contraception or family planning, hormone replacement therapy, menopause and breast self examination and encouraging mammograms and just being aware of health prevention in those facets. My work became counselling and just an avenue for women to really talk. The work involved with the RFDS is such a dedication ... really living and breathing the RFDS is such a thing.<sup>25</sup>

So the big difficulty I would find is to make sure that women are able to access services, specialist services—two thousand miles and a week away from home in reality. But it is always recommended with misgivings, given the distances, the time spent away and obviously the financial burden, the impact that it has on the family as well, leaving children at home, partners at home and especially these days with the women doing a lot of the School of the Air lessons and the distance education assistance. I think the nurse's role as a carer rather than a curer, without it being a threatening environment, is one of the really vital parts of the

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that hospital before being employed by the NSW RFDS in 1989. In 1990 he became the flight nurse manager and continued in that position until 2002.

<sup>25</sup> Dominica Walter, interviewed 8 April 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Dominica Walter was born and grew up in rural NSW. She trained as a registered nurse at St. Vincent's Hospital, Sydney, NSW, in 1983 and as a midwife with the Oxfordshire Health Authority in the United Kingdom, in 1984. After working overseas for five years she returned to Australia and was employed by the NSW RFDS in 1989, as a flight nurse. Unfortunately shortly after employment she suffered a severe back injury while loading a large patient on the RFDS aircraft and had to cease full time aeromedical evacuation work. Management offered her the opportunity to further develop the women's health nurse role and following successful completion of a women's health course in Sydney, she returned to Broken Hill Base of the RFDS to fulfil that role.

job. It is a fantastic job and I will look back on the women who I have worked with ... and the time out there in the community will remain with me. <sup>26</sup>

Women's health, we call it women's business. They provide the service for our women. They will go and talk to the people and the non-Aboriginal nurse, the Aboriginal people can trust those people. <sup>27</sup>

*As Viewed by Executive Director, NSW RFDS*

Clyde Thomson said that when he joined the RFDS it was a medically-dominated environment. <sup>28</sup>

The doctors saw the aeroplane as their province and basically their personal transport. When I became Operations Manager we argued the case for flight sisters to accompany the doctor, but then also to eventually do flights on their own. That met with resistance from the RFDS Council at that stage, which was

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<sup>26</sup>Michelle Kealy, interviewed by the author, 10 April 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Michelle Kealy was born and grew up in rural Victoria. She trained as a general nurse at St. Vincent's Hospital in Melbourne, Victoria and as a midwife at the Galloway College of Medicine and Midwifery, Scotland, in 1992. Prior to her employment with the NSW RFDS she worked in Nepal as a public health nurse with the British Volunteer Service on a Maternal and Childhood Program.

<sup>27</sup>Gloria King, interviewed by the author, 8 April 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Gloria King, an aboriginal woman, was born and grew up in Wilcannia. She was appointed an elder in her family and is highly respected and viewed as a spokesperson for the Aboriginal community at Wilcannia.

<sup>28</sup>Clyde Thomson, interviewed by the author, 7 April 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Clyde Thomson was born in the oil fields of the Middle East. He moved with his family to England and then Australia when he was a small boy. He grew up in William Creek, a town in Outback SA. He joined the NSW RFDS as a pilot in 1974, later became Operations Manager and in 1986, was appointed Executive Director and has been the incumbent since then.

dominated by people with local interests who thought that there ought to be nothing less than a doctor respond to their call ... they didn't believe the skill level of a nurse was appropriate and this was somewhat reinforced by the doctors of those days who really had a view that the nurses were ... I wouldn't use the word 'handmaidens', but they were certainly of a subservient role to the doctor. I mean that was the culture. <sup>29</sup>

Gradually the flight nurse role was developed by capable, well trained nurses until they were responsible for 80% of all evacuation flights, as well as the community health programs. Links had been established with universities to further the health care service delivery, particularly in regard to the community health programs. The clinic nurse and the emergency nurse roles were separated to allow the nurses opportunities to specialise in their respective fields and provide the best patient health outcomes.

... the stature of the flight nurse, and professional respect, is now evolving. <sup>30</sup>

### *Summary of Legacy: Evolution of Flight Nurse Practice*

The Vic Section of the RFDS considered the dual role of a clinic nurse and an emergency aeromedical evacuation nurse appropriate. It would appear that the Vic Section had further developed some of the flight nurse role concepts as recommended by Myra Blanch. SA RFDS Section followed the Vic Section model. However when NSW RFDS decided to re-employ a flight nurse it was very much a doctor attendant role, rather than the flight nurse role that was being practiced in the other two RFDS Sections. It was not until the mid 1980s that this role began to evolve to become the flight nurse practice that Myra Blanch had recommended in her 1953 report to the NSW RFDS Council. By the early 1990s, flight nurse practice had become the 'corner stone' of the SA, Vic and NSW RFDS.

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<sup>29</sup> Ibid., pp. 1, 2.

<sup>30</sup> Ibid., p. 2

## Legacy: RFDS Flight Nurse Practice

The Vic and SA RFDS Sections had adopted the concept of the flight nurse role as described in Myra Blanch's first job description in 1945 and as expanded upon in her 1953 report. These RFDS Sections had interpreted the flight nurse role as a combination of emergency aeromedical, secondary transport and Outback medical/health clinic nursing duties. NSW RFDS deliberated for another forty to fifty years to come to the same conclusion in regard to the extent of the flight nurse practice, and then later, the separation of the emergency and the community (child and family) flight nurse roles as she had recommended. Myra Blanch's contribution to flight nurse practice are analysed and comparisons drawn some four decades later. Further, inherent in Myra Blanch's interpretation of flight nurse practice was her contribution to the health of the people in the NSW FDS network. This component of her contribution will be explored. The *1953-54 NSW FDS Health Survey*, in which Myra Blanch had carefully researched and documented the health of the people in the NSW FDS network, is discussed and viewed as documented evidence of her significant contribution to improved health outcomes.

### *The Flight Nurse Job Description*

It would appear that Myra Blanch afforded minimal emphasis on the aeromedical component of her work role. Myra Blanch's sick and injured clients in the NSW RFDS network were either cared for at home or transferred to regional hospital care. The most expeditious way for this to happen was by air. She remarked throughout her diaries on the relatively short travelling time by air as compared to the long arduous journey on unsealed roads and tracks while battling with the harsh elements of nature in times of severe droughts and flooding rains. Aeromedical transfer was viewed as another form of transport. In the early days of her employment it would appear that she flew only several times per month as compared to her later years when she flew at least several times per week, and even more frequently when replacing the doctor. While always in praise of the pilots she flew with, this was very much an assumed part of her work role upon which she placed small emphasis. Certainly it is not even mentioned in her 1945 job

description. However it is included in the 1953 report. Her 1953 recommendation included that the FDS form a team comprised of one doctor and two nurses. She noted that the medical officer 'is naturally in command at all times'<sup>31</sup> and the other two team members were the nurses. One nurse would be responsible for the emergency and nursing care aspects of the work and to assist the doctor on flights and at clinics, and the other nurse to provide preventative medicine. She further remarked that the second nurse would be independent in her practice and mode of transport, assist with the aerial medical work if required but at all times, maintain contact with the FDS doctor and the other FDS nurse. The practice of the second flight nurse would closely resemble that described by Myra Blanch in her 1945 job description.

1. To engage in home nursing
2. To relieve nursing staff in emergency cases in hospitals within the area of the Flying Doctor Service (FDS)
3. To give advice and help on matters of public health and prevention of disease; also medical advice when necessary. Also to dispense ante- and post-natal advice
4. To broadcast talks over the Network on subjects of FDS interest in times to be arranged; also talks and visits to the schools
5. To perform medical surveys and immunise children within the area
6. It is intended that the nurse should, in the course of time, visit every homestead within the area, particularly those without radio or telephone communications. (Malone, 1990)

It is interesting to examine the job descriptions prescribed currently (2002) for flight nurse practice with the NSW FDS. There are two job descriptions: the flight nurse; and the child and family health (flight) nurse. These job descriptions will be compared in terms of the role, accountability aspects, professional requirements,

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<sup>31</sup> Myra Blanch's diaries, *Positive Health Visiting Survey Six Month Report*, June 1953, p. 6

specific duties and responsibilities to the work of Myra Blanch, as illustrated in Chapter Five.

#### *Role*

##### *· 2002 job description - NSW FDS flight nurse*

The role of the RFDS flight nurse is to provide emergency and health care maintenance services to the Broken Hill based network of operations and any area in which the Service is engaged in contractual arrangements or where the Service provides nursing and medical assistance.

##### *· 2002 job description - NSW RFDS child and family health (flight) nurse*

The child and family health nurse is to provide early childhood services to the network, in a primary health care setting, along with other health care providers.

##### *· 1945—1954: Myra Blanch*

Myra Blanch provided emergency and health care maintenance services to the people of the network as well as early childhood services in preventative health care. This care was taken to the network by her travelling either in the air ambulance or by road.

#### *Accountability*

##### *· 2002 job description - NSW FDS flight nurse*

RFDS nurses are professionally and administratively responsible to the Executive Director through the Flight Nurse Manager.

##### *· 2002 job description - NSW RFDS child and family health (flight) nurse*

Accountable to the Executive Director through the Chief Medical Officer

##### *· 1945—1954: Myra Blanch*

Myra Blanch was accountable to the FDS doctor, submitting all reports to him. However after 1953, when there was instability in permanence of the medical

officer position, it would appear that she became accountable to management and the Council, directly.

#### *Professional Requirements*

##### *· 2002 job description - NSW FDS flight nurse*

There are eight requirements listed. These include: registration as a general nurse and midwife; experience and/or a certificate in emergency/intensive care; aeromedical experience - desirable; ability to cope with a diverse client base; to be able to work unsupervised; must be flexible in the unusual work environment; show initiative; and have a driver's licence.

##### *· 2002 job description - NSW RFDS child and family health (flight) nurse*

There are three essential qualifications. These include: registered nurse with a minimum of five years post basic experience; post graduate qualifications and experience in midwifery and infant welfare or equivalent; and a driver's licence. Additionally there are three desirable criteria listed: experience in remote area nursing, and dealing with indigenous peoples; accident and emergency experience and qualifications; and an immunisation certificate.

##### *· 1945—1954: Myra Blanch*

The position was advertised widely. Myra Blanch as the successful applicant was well qualified. She was a registered nurse and a registered midwife, who had well in excess of five years post basic experience in both civilian and military situations, preparing her appropriately for the flight nurse position. She had experience in remote area nursing and caring for indigenous people, having worked as Australian Inland Mission (AIM) nurse at Innamincka between 1939 and 1941. She would have experienced accident and emergency nursing while working both as an AIM nurse and a military nurse in the Solomon Islands during WWII. An ability to deal with people from a range of cultural and social backgrounds was inherent in her AIM nursing and overseas military work, along with an ability to adapt and be flexible in working environment extremes. Additionally as a military nurse she

would have had a good deal of exposure to immunisation programs for the troops. Working without direct supervision was an expectation of all AIM nurses. It is apparent that her background in the nursing profession equipped her well for the challenges as the first flight nurse.

An additional requirement for employment as a flight nurse is that of a current driver's licence, which Myra Blanch identified herself as a requirement and attained after joining the FDS employ. Another desirable requirement is that of aeromedical experience. As the first flight nurse she soon gained that requirement. Not only would Myra Blanch have met the professional requirements of the RFDS flight nurse and the child and family nurse of 2002, she modelled those requirements during her FDS employment between 1945 and 1954, as described in Chapter Five.

#### *Specific Duties and Responsibilities*

##### *· 2002 Job Description: NSW FDS Flight Nurse*

There are eighteen points listed in this section of the job description. In summary they include:

- provision of 24 hour emergency nursing service;
- initiate treatment where appropriate;
- maintain patient flight records;
- liaise and coordinate with appropriate health staff in relation to air and road transport of patients;
- maintain medical equipment and pharmacy to be used on the aircraft;
- assist in data collection for research purposes;
- maintain close relations with other health related colleagues and be involved with cross departmental projects;
- pursue and participate in professional development activities;
- set personal and professional objectives for nursing care; and

- support fund raising, promotional and marketing activities as directed (Appendix L).

- *2002 Job Description: NSW RFDS Child and Family Health (Flight) Nurse*

There are eleven points listed in the job description and in summary include:

Immunisation, clinical and screening services for children, in particular those aged 0 - 5 years, antenatal and post natal consultations, family counselling in matters relating to child health; develop and implement health promotion and preventative programs with the network members, the Far West Health Service and other allied health personnel; identify, monitor and evaluate community needs in relation to childhood services and the effective of RFDS services; provide support for bush clinic nursing; maintain concise and accurate records; assist in aeromedical evacuations when required; and participate in professional development activities (Appendix M).

- *1945-54: Myra Blanch*

Following the return of Myra Blanch from overseas leave to the NSW FDS, management maintained the services of the relieving flight nurse. It was during that time, Myra Blanch was able to demonstrate the functionality of the FDS team. However, prior to that time she had assumed the duties and responsibilities by herself. While not articulating her work role in such extensive documents as the 2002 NSW RFDS job descriptions, it could be claimed that she ensured she had the professional requirements for the position, and fulfilled many of the responsibilities as outlined in both the flight nurse and the child and family health (flight) nurse 2002 job descriptions. This claim has been substantially illustrated in Chapter Five. However it is important to summarise the specific duties and responsibilities in an attempt to emphasise how closely the 2002 RFDS NSW Section flight nurse job descriptions imitate Myra Blanch's duties and responsibilities.

### · *Emergency care*

Emergency care was provided in the form of home nursing or evacuation of the sick or injured person from the Outback. This evacuation was usually by air ambulance. Myra Blanch would provide emergency care and stabilisation of the patient pre flight and during flight, as indicated in her Flight Nursing Reports and her Medical Flight Reports. The emergency flights were to the regional health care facility (Broken Hill Base Hospital) or a health care facility in a capital city, usually Adelaide in South Australia as that was closer or on occasions to Sydney, NSW. On some occasions she drove her vehicle to the patient requiring emergency assistance if that was the most expeditious way to reach the patient.

Emergency home nursing was effected by Myra Blanch being airlifted or driving to the Outback home and providing nursing care in the home until the patient's recovery was imminent or she made the decision, in consultation with the FDS doctor, to evacuate the patient to hospital.

### · *Aeromedical work*

As mentioned previously, Myra Blanch did not note aeromedical work in her 1945 interpretation of her duties and responsibilities but did certainly include the work in the 1953 report to Council. She described the aeromedical work as providing assistance to the doctor during aeromedical flights or working alone as a flight nurse and providing nursing care during emergency and secondary transport flights. The Nursing and Medical Flight Reports give some indication of how she prepared the patients for flight and then cared for them during flight. The aeromedical work was provided in the FDS aircraft but on some occasions, when the aircraft was occupied already, there are records of her accompanying the patient on a charter aircraft.

### · *Child and Family Health Care*

Myra Blanch rapidly acknowledged the need for the flight nurse to be able to provide child and family health. Recognising the deficit in her knowledge and expertise in this area she undertook a maternal and infant welfare course. Applying the new knowledge she was able to assist and advise with confidence in this area.

She published 'Home Nursing Hints' in the FDS journal of that time, conducted radio broadcasts over the NSW FDS radio network and visited schools promoting preventative and curative health care. Further, where possible, Myra Blanch promoted and facilitated opportunities for children to gain exposure to the state or private education system.

As a midwife, she was able to provide antenatal and post natal care for the women in the NSW FDS network, advising women who were most isolated to relocate to the Broken Hill toward the later stages of pregnancy. The Broken Hill Base hospital had an obstetric unit where these women could deliver in the safety and vicinity of immediate medical care should a complication arise.

· *Health Promotion. Preventative Programs. Immunization*

Health promotion and preventative health care comprised a major component of Myra Blanch's work. Immunisation, nutrition, hygiene and in particular eye health became a major focus of her work. She recognised the value of preventative health care and noted in her 1953 report to Council that indeed time spent in this area of the FDS work would eventually reduce the incidence of emergency FDS work. Once again, in her endeavour to gain knowledge so as to work from an informed and educated position within preventative health care, she undertook a preventative health care course overseas and consolidated that knowledge by undertaking comparative studies in the Scottish Highlands. On her return to the FDS she researched the needs for preventative health care programs in the NSW network. This project provided a baseline of health care needs within one section of the NSW FDS network. She then proceeded to determine the health care needs of the entire network, between 1953 and 1954 and documented them in the *1953-54 Health Survey Report*. The *Report* provided statistical analysis of actual health care needs, preventative health care needs and the socio-economic and environmental impact on the health of the NSW FDS network people.

· *Clients from Diverse Backgrounds and Workplaces*

Myra Blanch provided emergency nursing, health care and preventative health care to all people in the NSW FDS network. This included indigenous people, miners,

farm and road construction/contract workers, station owners and their hired workers, for example shearers, jackeroos and home help, farmers on the smaller land holdings such as 'the blockers' and people who maintained the border fence. Ages of these people were across the life span but where there were families, they generally tended to be younger people with young families. Their socio-economic status varied greatly but was not a barrier to receiving FDS assistance.

· *Professional Issues*

It is very obvious from all reports of Myra Blanch's work that she was the patient's advocate. She cared for the health and welfare of all people in the network and at times noted her despair at the inadequacy of child health care. She discussed this and many other health care issues with her colleagues at the district and regional health care facilities. She also provided relief for these nurses on occasions.

Registered nurses are expected to maintain currency in education to inform their practice and Myra Blanch showed that throughout her employment with the FDS. On matters of concern, for example eye health, she sought professional advice from eye specialists and was involved in gaining university assistance in eye research. Her input in relation to eye health was valued and respected by medical specialists nationally, as evidenced through professional correspondence. She also communicated with other FDS Sections and recorded the value of spending some time with the Queensland FDS Section and making a flight with their doctor

At all times Myra Blanch was noted as being a professional nursing practitioner by her pilots, FDS staff, colleagues and the people of the NSW FDS network. There is no indication of dispute over medical/nursing issues between herself and the doctors, pilots of management in her professional diaries or reports. She was disappointed with the lack of feedback from management and the Council over the health survey but there is no unprofessional response recorded. Myra Blanch was seeking from management a form of performance review or appraisal but it was not forthcoming. On the National FDS meeting at Broken Hill Base she refrained from commenting other than that she had attended it and 'enough said'.

### · *Promotion of RFDS*

Wherever appropriate, Myra Blanch promoted the FDS. She spoke with the CWA, voluntary organizations in NSW and SA, through national and regional radio broadcasts, having a journalist accompany her on an Outback health visiting trip and by making herself available to speak to overseas visitors to the NSW FDS Base. She responded to the FDS radio broadcast made by the Governor General and was presented to Queen Elizabeth II as part of the FDS promotion. Further in promoting the work of the FDS she was instrumental in establishing the NSW FDS auxiliary at Broken Hill Base.

### · *Working without Direct Supervision*

While Myra Blanch was in radio contact with the doctor on most occasions, there were times when the radio was unresponsive or unserviceable. She largely worked without supervision and designed the flying nurse position as she worked.

### · *Adaptability. Flexibility. Initiative*

Gaining a driving licence and then driving thousands of miles in Outback Australia, often alone, while having to deal with dust storms and floods, requires adaptability in extremes of the working environment and great initiative in being able to survive in such a resourceful manner. Further helping pilots dig the aircraft out of sand drift, caring for a critically ill patient in the aircraft overnight on a clay pan, assisting with aerial mapping and being available for all types of emergency flights, required initiative and resolve that reached far beyond fair and reasonable expectations of a nurse.

### *Discussion*

Detailed job descriptions have become a requirement of any position in an organization of the current era. Even the simple job description that Myra Blanch wrote on her commencement of employment with the FDS had the essential elements of the RFDS child and family nurse of 2002. There is no indication from archival documents or oral evidence as to why she wrote her own job description. Speculation can only be made that she was briefed at interview or on acceptance of

the position and in an effort to clarify her role, she wrote her own job description. (Certainly anecdotal sources believe that this was the most likely reason. ) From that initial job description she further developed and modelled professional requirements and specific duties and responsibilities of a flight nurse that are pertinent some fifty eight years later.

Myra Blanch documented her great concern for the children of families who could not have access to fresh water, fruit and vegetables and in fact children who were unfortunate enough to be born into families where there was a distinct lack of parenting skills and abilities. These concerns were not unfounded and have been confirmed through literature and in particular in a global sense by Pugh and De'Arth (1984) and Eastman (1991).

Her approach to preventative health care was reiterated forty years later in the RFDS Australia Council Health Strategy titled 'The Best for the Bush'. This national document suggested that the RFDS needed to strengthen its approach to primary health care and 'develop a new pro-active program of non-emergency services, with special attention to preventative care and the needs of high risk and vulnerable groups' (The Best for the Bush, 1993, p. 1). Further it indicated that the RFDS should survey the health needs of communities, collecting data that could have a direct impact on health outcomes of those communities and the implications for RFDS on how that should direct their efforts in preventative health care for the Outback people. This document was the only RFDS documented sourced on preventative health care since Myra Blanch's *1953-54 Health Survey* of the NSW FDS network.

In a World Health publication in 1987, it outlined that nurses needed to function in the primary health care role, identifying, defining and resolving health problems using epidemiological methods and analytical approaches to cost effectiveness, while delegating tasks and assuming leadership (Pizerki, Mejia, Butter and Ewert, 1987). Myra Blanch had assumed that function in 1953.

She documented thoroughly all aspects of her work and had forwarded recommendations to the FDS relating to its future direction. The matters for

decision and choices outlined in the 1953 *Positive Health Visiting Survey* are reiterated.

The main points to be decided on are: -

Nature of service

How extensive can such a service be

Can we afford such a service as suggested

If so, by what means will we apply same

And the service as suggested is:-

The existing Radio and Aerial Ambulance organization

(or) ... A more comprehensive Medical Service ... to be applied by a team <sup>32</sup>

This report was submitted to RFDS management and Council with no response despite Myra Blanch's request for feedback. Again one could speculate that male management had difficulty in coping with this very authoritative woman who had been briefed to undertake a survey on the health needs of people in the NSW FDS network and additionally decided to present options for the direction of the NSW FDS.

One of the FDS pilots of that time offered this opinion.

Well first of all the Council was not fully aware of what went on in the area. I doubt whether they ever read her reports ... I don't think they knew what they had on their hands because they just put it (the report) on the shelf, but a Dr Rose who joined the Council after and he was the Superintendent of the Sydney Hospital, said it was the most professional survey he'd ever seen and they should have taken advantage of it because it was very professionally done ... Then you've got this prejudice that seemed to exist between professional people ... doctors and nurses, doctors and dentists. Everything was oriented towards the doctor. He could do no wrong. <sup>33</sup>

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<sup>32</sup> Ibid., p. 6.

<sup>33</sup> Cover, p. 3

In stating 'the Medical Officer, who is naturally in command at all times'<sup>34</sup> may indicate that Myra Blanch believed the doctor was the appropriate command person. Alternatively, one could speculate that comment was inserted so as not to threaten the doctor by nurses, one in particular, who would undertake more independent practice.

The radio operator of that time suggested:

There was quite a lot of guidance for doctors if they cared to read it (the report). I think that might have been the problem with a lot of locums - they couldn't be bothered doing it or didn't think sister's advice could be good enough for a doctor.<sup>35</sup>

The issue of medical dominance over the predominantly female profession of nursing has been explained by many authors (Oakley, 1986; Turner, 1986; Porter, 1992), along with the perpetuation of the subservience of nurses, traditionally coming from poorer educational and socio-economic backgrounds (Woods, 1990). Further, the biomedical model of health care, where it is assumed that doctors have the superior knowledge to diagnose and treat, and nurses take the supporting role of caring (Dean and Bolton, 1980) could also have contributed to the lack of interest in Myra Blanch's findings in the *1953 Report* and the *1953-54 Health Survey*. It could have been interpreted by management, the Council and the doctors, that she had moved from a supportive role to a 'diagnose and treat' model, by determining thoroughly the health care needs of the NSW FDS network and proposing a treatment for the network. This recommendation for treatment was supported by statistical (albeit crude) analysis of the disease patterns and the related socio-economic and environmental influences of the network. Deliberation of the fact that the 'new' public health system (Lupton, 1995, p. 16), with consideration being given to the impact of socio-economic and environmental influences on health, only emerged in Australia in the 1970s, is also worthy. The

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<sup>34</sup> Myra Blanch's diaries, *Positive Health Visiting Survey Six Month Report*, June 1953, p. 6.

<sup>35</sup> Sandercock, p. 5

concept of 'primary health care' was unknown in Myra Blanch's era and so her approach was visionary. John Flynn experienced great difficulty in sharing his vision of an aerial medical service with AIM management and politicians in the 1920s. So why would Myra Blanch's vision of an aerial medical service providing primary health care be any different? Further, the personality of Myra Blanch, an ex-military woman of strong character who in the view of another woman 'didn't get on in the bush'<sup>36</sup> must also be considered. The male radio operator, who heard all conversations, once again offered his view.

She was not an easy person to know ... I think she was very shy but very authoritative and probably scared a lot of her patients ... I never heard of anyone in the bush who could put anything over the men. They were always scared of Myra Blanch. <sup>37</sup>

Moreover, the pilot who flew many hours with Myra Blanch commented:

Well on the whole Myra was well received in the bush but I don't think they quite understood her professional attitudes. <sup>38</sup>

Superimposed on the medical, male management dominance and the extrinsic 'no nonsense' personality of Myra Blanch were budgetary constraints. The NSW FDS had purchased new aircraft which were and continue to be the major expense in any aeromedical organization. Capital expenditure was not funded by the government at all until the 1990s when *ad hoc* grants were made available for aircraft replacement. Myra Blanch had acknowledged this point in the *1953 Interim Report* and confirmed that the first obligation of the NSW FDS was to provide the aerial ambulance and the flying doctor service radio. While she outlined the importance of nursing and preventative health she had pragmatically concluded that they were secondary to the cause. <sup>39</sup>

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<sup>36</sup> Stevenson. p. 3

<sup>37</sup> Sandercock, p. 4

<sup>38</sup> Cover, p. 3

<sup>39</sup> Myra Blanch's diaries, *Positive Health Visiting Survey Interim Report*, March 1953, p. 2.

This pragmatic conclusion effectively eliminated the flying nurse position from the NSW FDS Section, should management and Council choose to adopt the first option in the recommendations of Myra Blanch's 1953 report. No decision was made however at that time and she continued to work as the flying nurse and undertake the health survey for another eighteen months. One could suggest that on her resignation, the NSW FDS management and Council decided to activate the first option outlined. That was to operate as an aerial ambulance with a doctor available for emergency flights and radio consultations only. If that option was accepted, the information in the *1953-54 Health Survey*, compiled by Myra Blanch, was of no consequence to the NSW FDS.

## Summary: Flight Nurse Practice

Regardless of these issues and deliberations of the NSW FDS, Myra Blanch made an enormous contribution to the establishment and development of flight nurse practice in the RFDS. Vic and SA Sections continued to use her model to gain optimal benefits for the RFDS and the clients of the RFDS. The fact that this model is still applicable some fifty years later is remarkable. Why the NSW RFDS took so long to re-employ a flight nurse and then re-develop the flight nurse role, despite Myra Blanch's recommendations and SA and Vic Section examples, is open to conjecture.

Her contribution to the health of the people of the NSW FDS network, her farsighted approach to primary health care was outstanding, and the ultimate acceptance of her approach by RFDS is deeply satisfying. It is noteworthy that this occurred some thirty years before the primary health care concept was adopted by the World Health Organization as an approach to achieve 'Health for All by the Year 2000' and forty years before the RFDS adopted 'The Best for the Bush' preventative/primary health care health strategy.

## CHAPTER SEVEN: 'INVISIBLE' WOMEN

*Refusing to be rendered historically voiceless any longer, women are creating a new history—using our own voices and experiences (S.B. Gluck, 1984, p. 222).*

Myra Blanch made a significant contribution to the FDS, the nursing profession and the people of the NSW FDS network. Her pioneering the new speciality of flight nurse practice represented groundbreaking work.

Although one senses that she enjoyed good relations with the two flying doctors she worked with, and with the pilots and radio operators, the fact remains that the prevailing FDS workplace culture at the time was predominantly hierarchical, medical and male. One also senses that in such a context, her strong personality, her pragmatism, and her gender might not have been as generally appreciated as would be the case today. Although her achievements were widely reported in her first few months of duty, FDS and public awareness of her contribution seems to have waned. After her resignation the FDS appears to have taken no further interest in her work, as it were throwing a cloak of invisibility over it, and over her.

This chapter will consider the history of Australian pioneer woman, rural and Outback women and nurses in an attempt to understand how this could have happened. It will also consider the cost of that invisibility to the nursing profession, the RFDS and the people of the RFDS network. Although budgetary considerations may possibly have played some part in the failure to replace her, by neglecting her work it seems the organization failed to share, perhaps even notice her farsighted vision of the roles of flight nurses, and of the organization, in the delivery of holistic health care. History forgotten leads to history repeated.

### History

#### *Women*

Prior to 1970, Australian historians neglected women's part in the history of the nation (Daniels cited in Osborne and Mandle, 1982). With rare exceptions, historians seemed not to have noticed the exclusion of women from their work.

Vance Palmer, writing in 'National Portraits' (stories of men) in 1940 was an example of that exception.

Surely, it can be said, there have been some women in Australia of marked creative ability or personal distinction! Quite so. 'The Peaceful Army', a very fine volume edited by Flora Eldershaw and devoted to such women, is my sole but sufficient reason for not including some of them here (Palmer, 1940, p. v, vi).

World War II dissipated many of the traditional arguments as to why women should not be employed widely in industry and the labouring workforce. The men had joined the armed services and the women were required to take their places. They did so admirably and it can be understood that when the men returned to the workforce after the war, some women were reluctant to return to the traditional role of housewife. Others, widows with young families to support, had no choice—they had to continue working. Women's place in society had changed ( Haines, 1992, p. 111).

By the late 1960s and early 1970s the developing women's movement was beginning to ask questions about women in the history of our nation. Traditional histories give little or no indication of the significant contribution woman had made in the founding and development of the nation. This phenomenon was not confined to Australia. In the United States, school curricula were being challenged over the general exclusion of women from the textbooks. Further, it was claimed that when women were included they reflected images of dependency, domesticity and subservience, negative stereotypes as opposed to the positive roles women played in the development of the nation (Wirtenburg, Murez and Alspektor, 1980, p. 12).

When women's history began to emerge in Australia it was seen not only to restore women's place in the history of the nation but to question why male historians chose to view women's work as unimportant and not the topic of historical process. As more publications relating to women in history appeared, the myth of the subservient stereotypical women, has been and is still being substantially debunked (Daniels cited in Osborn and Manders, 1982, p. 32)

## *Pioneer Women*

Nance Donkin, in the preface to her publication *The Women were There—Nineteen Women who Enlivened Australia's History* (1988) observes that women were there along with the men in the early days of Australia, and their fascinating stories now being discovered represent the much neglected other half of the nation's history. It is interesting to note her narrative of Lady Jane Franklin, wife of Governor Franklin of Tasmania. Lady Jane, it seems, was not popular among the menfolk of Tasmania. She was articulate, analytical and an experienced world traveller, and viewed by many as the power behind the Governor. Men had difficulty in coping with her intellectual superiority. She was even less popular with the women she tried to educate. In an attempt to belittle her, a Hobart Town newspaper labelled her as 'a woman in trowsers' (Donkin, 1988, p. 111) who interfered with the politics of the State. She was undaunted by such criticism and her achievements continued. Her spirit of adventure led her to become the first woman to climb Mount Wellington and the first woman to ride on horseback from Melbourne to Sydney. She was reported as being stoical and even humorous at times (Donkin, 1988, p. 117).

Parallels could be drawn between Lady Jane Franklin and Myra Blanch a century later. Both have been invisible in an historical sense. Both were tenacious women of strong character. Education underpinned their work. Lady Jane did not fit the stereotype of the subservient wife, nor Myra Blanch that of the subservient nurse. Interestingly they both received media attention for wearing pants: Lady Jane Franklin was even accused of maleness. In 1950, as in 1840, it seems an authoritative professional woman wearing pants for reasons of practicality challenged men and confused women.

Another pioneer woman of strong character was Mary Penfold who founded and managed Penfold's Wines in the mid eighteen-eighties in South Australia. De Vries notes that in the *Dictionary of Australian Biography*, Mary Penfold is not mentioned in her own right, rating a mention only as part of her husband's entry—this seems odd today, given that Dr Christopher Penfold was a general medical practitioner of no great note who occasionally assisted his wife, the founder and

manager of Penfold's Wines, still producing notable wines a century and a half later (De Vries 1995 p. 242).

Countless pioneer women in the Outback, often enough alone, coped with harsh living conditions, droughts, floods, recessions and the Great Depression. They had to be resourceful and creative, sometimes even just to survive the hardships of their daily lives. Their contribution often overlooked or understated (McMillan 1990, p. 42).

### *Pioneer nurses*

Sister Lucy Osburn has been likened to Florence Nightingale for her vision and determination in bringing about reform in nursing in Australia in the 1860s. Following training in the United Kingdom in 1860 under the Nightingale system she came to New South Wales to take up the position of Lady Superintendent of Sydney Hospital in Macquarie Street. Despite repeated rejections she persevered with pleas to the management of the Hospital for improved hygiene, sanitation and the quality of the nurses under her control. She frequently challenged the hospital administration, some of the doctors and the Hospital Board in her attempt to bring about better conditions for patients and the nurses she had selected for training. The hospital had been staffed with undesirable people, drunks, thieves and prostitutes as nurses. The wards were over run by rats and the general conditions were unsanitary (De Vries 1995). Anne Summer's 'Dammed Whores and God's Police' (1996) recounts vividly the gruesome story of the people who were working as nurses prior to the employment of Lucy Osburn. Despite these challenges, by 1884, when Osburn returned to England, she had successfully founded one of the best nurse-training systems in the world at that time (De Vries 1995 p. p 263 -267). While most nurses know of the foundations of nursing and nurse education attributed to Florence Nightingale, anecdotal evidence suggests that very few Australian nurses know of the founding work of Lucy Osburn.

Nurses were not only restricted to the cities. They were in rural and remote areas and wherever communities were developing. They were on the Goldfields in the late eighteen-nineties. They cared for sick miners in their tents to the best of their

ability, despite dreadful unsanitary conditions, until small hospitals began to appear. In 1911 the first Australian Inland Mission hostel opened at Oodnadatta: the nurses endured temperatures as high as 123° Fahrenheit (55.6° Celsius) while caring for sick and injured Outback people. Without the nurses, the rural and remote area populations with no doctor would have been at greater risk (Pownall 1959, pp. 243-250).

### *Doctors. Nurses. Health Care*

Medical officers, predominantly male, historically viewed nurses as their subordinates, rather than valuable members of the health care team. The Nightingale reforms upon which modern nursing was founded are generally thought to have confirmed the nursing role as that of handmaiden. Yet the actual power relations were more complex (Gamarnikow 1991). By deliberately promoting nursing as feminine (Pringle 1988, p. 189), doctors ensured their dominance, with scant or no reference to nurses, always with the patient, while for the most part they were absent (Abel-Smith 1960).

### *Outback women*

Some Outback women have expressed their irritation at not being afforded the recognition they deserve. The traditional image of domesticity and subservience has been replaced by one of an efficient, adaptable person whose contribution to society is yet to be recognised (Dallow 1992 p. 3). The traditional perception of the rural women's place in society has been described by Gould (1989) cited in Dargin (1992, p. 8)

Men shall inherit the earth (not women)

The land first and last (people are incidental)

Keep a united front to the outside world (avoid outside influence for good as well as ill)

Ladies, a plate (while the men make the decisions)

Gould (1989) cited in Dargin (1992, p. 8).

Women traditionally assumed the role of nursing in remote communities and were expected to act as nurses (McGrath 1995, p. 11). The care these women provided was extensive, invaluable and immeasurable (Pownsall 1959, p. 244).

### *Outback nurses*

While new publications have emerged recounting the stories of Outback and bush nurses, these women still have not been fully recognised for their valuable contribution to health care and improvement in remote areas. The extraordinary contribution they have made to the nation in the 20th Century must be recognised, and the myth of subservience exposed for what it is, despite the scepticism of many, such as one particular journalist: pronouncing that the function of nurses was to fill the romantic role of the mythical feminine nurse, he became indignant when assertive remote area nurses made him face up to the reality of their abysmal working conditions (Cramer, 1989 p. 143).

It is well to remember, however, that during Myra Blanch's time with the FDS she attracted more attention through print media and radio broadcasts than many of her colleagues, and that her contribution to Outback health was recognised by Queen Elizabeth II by the award a Coronation Medal.

### *'Invisibility'*

#### *Nurses*

Nurse education in Australia was transferred from hospital-based training to tertiary institutions between 1970 and the early 1990s. With tertiary education comes the need to conduct research and publish. Prior to 1970, nursing lacked a culture of documentation, research and, even more obviously, publication. So many nursing stories have been lost over time.

[In relation to flight nurses] ... most of them were very competent people and they just got on with their jobs and I think most people are like that who do emergency work. Very little nursing was ever mentioned until lately when nurses

are finally getting their act together and putting out (published) papers and things.<sup>1</sup>

Myra Blanch's documentation, evidence-based nursing practice and epidemiological studies were exceptional during her employment by the FDS. Unfortunately it appears that she never published articles relating to her work role or her research findings in popular magazines or professional nursing/health journals. The comparative (remote area health) study she undertook in the Highlands of Scotland would have made interesting reading. It is difficult to believe that such a meticulous writer as she was would not have recorded it in some way. Unfortunately it appears lost for good.

These days it is well recognised that professionals, whatever their field, have a responsibility to share knowledge and research findings through publication within their profession and for the broader community, so as to provide an opportunity for discussion and debate. Any professional contribution not shared is in danger of being lost.

Things were different in Myra Blanch's day. She was very pragmatic.

She had completed nine years with the FDS and proved the value of flight nurses, while acknowledging that they were secondary to the main work of the FDS. Perhaps she then decided that budgetary constraints might inhibit the organization from developing her ideas and that it was time for her to walk away from the job in search of a new direction, a new challenge in her professional life. Her commitment to on-going professional development, evident during her time with FDS had become a focal point in her nursing life, taking up further studies in management at the New South Wales College of Nursing. Continuing professional development has now become a cornerstone of contemporary quality nurse practice.

Her last nursing position before retirement was as Director of Nursing at St. Andrews Hospital, Toowoomba, Queensland: as an index of her withdrawal from flight nursing, anecdotal evidence from staff who worked there with her suggests

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<sup>1</sup> Warby, p. 6

that no-one there knew of her work with FDS, let alone that she had been the first to work full-time in such a position.

### *RFDS*

The scant mention of Myra Blanch in the commissioned literature of the RFDS is consistent with the history of women and nurses. Flight nursing was a nebulous concept shaped into reality by a thoroughly professional woman.

There have been others in the RFDS who have not been afforded due recognition in the records of an Australia icon. In the early 1930s, Dr. Jean White, a woman of slight stature, was the first female doctor to be employed by the FDS to work at Normanton in the far north of Queensland. She too is only afforded scant mention in the RFDS history—one record mentions that she survived a potentially fatal FDS aircraft accident in crocodile ridden swamps. Archival records<sup>2</sup> reveal that Rev. Fred McKay, John Flynn's ultimate successor, had originally suggested the Service needed a young, healthy, strong male doctor to fill this position.

Some significant men have also vanished from sight. Lt Clifford Peel, the young medical student who trained as a pilot during WWI, and who died in that role over Europe in 1917, provided John Flynn with the 'blueprint' for an Australian aeromedical service. FDS records contain only superficial acknowledgement of his contribution; there is no analysis. Topics worthy of investigation include his concerns for Outback health, the basis for his interest in an aerial medical service for Outback Australia and the direct circumstances behind his writing to Flynn.

Myra Blanch has not been the only significant contributor to the RFDS to remain virtually invisible in historical terms. Other flight nurses have been left out, although they have provided more aeromedical care than the flying doctors. Flight nurses themselves must take some responsibility for their invisibility: publications by flight nurses are rare in specialist nursing publications. It is important, however, not to wring one's hands over the past, rather to learn from it lessons that provide a clearer vision for the future (Woods, 1990).

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<sup>2</sup> Mitchell Reading Room, National Library, Canberra (614.0994 -2)

## Cost of 'Invisibility'

### *RFDS History*

The written history of the RFDS, the first aeromedical organization in the world, is interesting but can be seen as inadequate—the community has certainly been deprived of many remarkable stories of the flight nurses, including Myra Blanch's, and their contribution has not received the public recognition it deserves. But reviewing historical texts is not a single-minded search for scapegoats. It requires rather a pluralistic approach toward individual contributions as valued parts of an 'ever-expanding and never-completed whole' (Southgate, 1996, p. 7).

### *RFDS and Nursing History*

Australian nurses have pioneered a type of flight nurse practice unique to the world. Myra Blanch was its first practitioner; others have since developed the practice until now it is widely regarded as the international benchmark. Today's nurses are multi-skilled, highly qualified generalist/specialist nurses, who work as sole practitioners on over 80% of all RFDS flights. The RFDS today is the largest civilian aeromedical organization in the world, yet from its historical records and from those of the nursing profession one might suppose that its flight nurses have been invisible. The RFDS enjoys a well-deserved international reputation for excellence in aeromedical care: the part played by flight nurses needs to be properly recognised.

### *RFDS Flight Nurse Practice*

By 1953 Myra Blanch had established that flight nurse practice should include aeromedical work and preventative health care, with a particular focus on immunisation, and women and children. While the Vic and SA Sections of the RFDS adopted her model, NSW Section wasted thirty years before they followed suit and then spent another ten developing it.

## *RFDS and Health Outcomes*

Myra Blanch had warned in her 1953 *Report on Positive Health Visiting* that if the preventative aspect of health care was ignored by the FDS, only short-term goals of aerial ambulance transfer could be achieved. Long-term goals of preventing diseases which would otherwise eventually need emergency transfer by aerial ambulance could only, in her opinion, be achieved by comprehensive preventative health programmes, including an active immunisation programme.

That sort of need became very obvious a few years ago when we had a measles outbreak in Wilcannia and it cost us forty thousand dollars to fly out the people affected by measles and we had one death, where it would have cost us four hundred dollars' worth of vaccines if we had a proper community health development programme going, and I think those are the issues that we're now starting to address.<sup>3</sup>

Forty years later Myra Blanch's rationale for comprehensive preventive health, including an active immunisation program, is realised after a significant financial and avoidable human cost. While the financial cost of health care can be measured, is difficult to measure the human cost in terms of mortality and morbidity when history remains invisible or when it is ignored.

## Summary

Myra Blanch was a professional woman of great courage, strength (both physical and emotional), who had a vision for the RFDS, the nursing profession and the health care of the people of the NSW FDS network. It would appear that her vision was beyond the comprehension of some of the medical and other men that dominated the thoughts and minds of the NSW FDS governing Council. Her apparent invisibility over time is not inconsistent with that of other significant women, and nurses, through time. The story of Myra Blanch, the first FDS flying nurse has been explored and revealed. Indeed her contribution to the RFDS in her time and beyond must elevate her to a position of notoriety in the history of the

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<sup>3</sup> Thomson, p. 6

RFDS, among some of the famous names associated with the success of this Australian icon.

## CHAPTER EIGHT: CONCLUSION

The thesis has sought to recover the largely forgotten story of the first FDS flying nurse.

Nurses have often been seen simply as assistants for doctors. This stereotype, the subservient female nurse, has been and in some respects still is common currency in our society: flying nurses have not been exempt from this stereotyping. The true picture is altogether otherwise. Myra Blanch was a professional woman of great courage and vision, working in Outback Australia often alone and under little or no direct medical supervision.

Her relative invisibility in the history of nursing in Australia and the history of the RFDS is consistent with the history of women and nurses prior to agitation by the women's movement in the 1970's for a more inclusive history of our nation. One could hardly find a more persuasive affirmation of the ideals of feminism than Myra Blanch's story, irrespective of the historical viewpoint one adopts—social history, aviation history, feminist history, medical history ... Indeed, the approach taken has been deliberately eclectic, avoiding the restrictions inherent in adopting any one method or ideology—as Myra Blanch, a woman in control of her own life, herself transcended the limitations all too often taken for granted within her profession.

Myra Blanch left a legacy still present in both spirit and form for other flight nurses today. Her nursing practice was thorough, her documentation meticulous and she based her practice on evidence from the field and substantial research. She rarely, if ever, talked about the

importance of adult continuing education as a motivator and driver in her own professional development. However she modelled the concept, overcoming many of the problems inherent in her geographical and professional isolation by seeking out and following up potentially useful professional contacts and courses of study. Continuing professional development is now a requirement of contemporary nursing practice.

This documentation of the significant contribution made by Myra Blanch as the first full-time FDS flying nurse goes some way towards making good a fundamental deficiency in the literature of the Royal Flying Doctor Service and that of the nursing profession in Australia.

*Lives of great [women] men all remind us*

*We can make our lives sublime,*

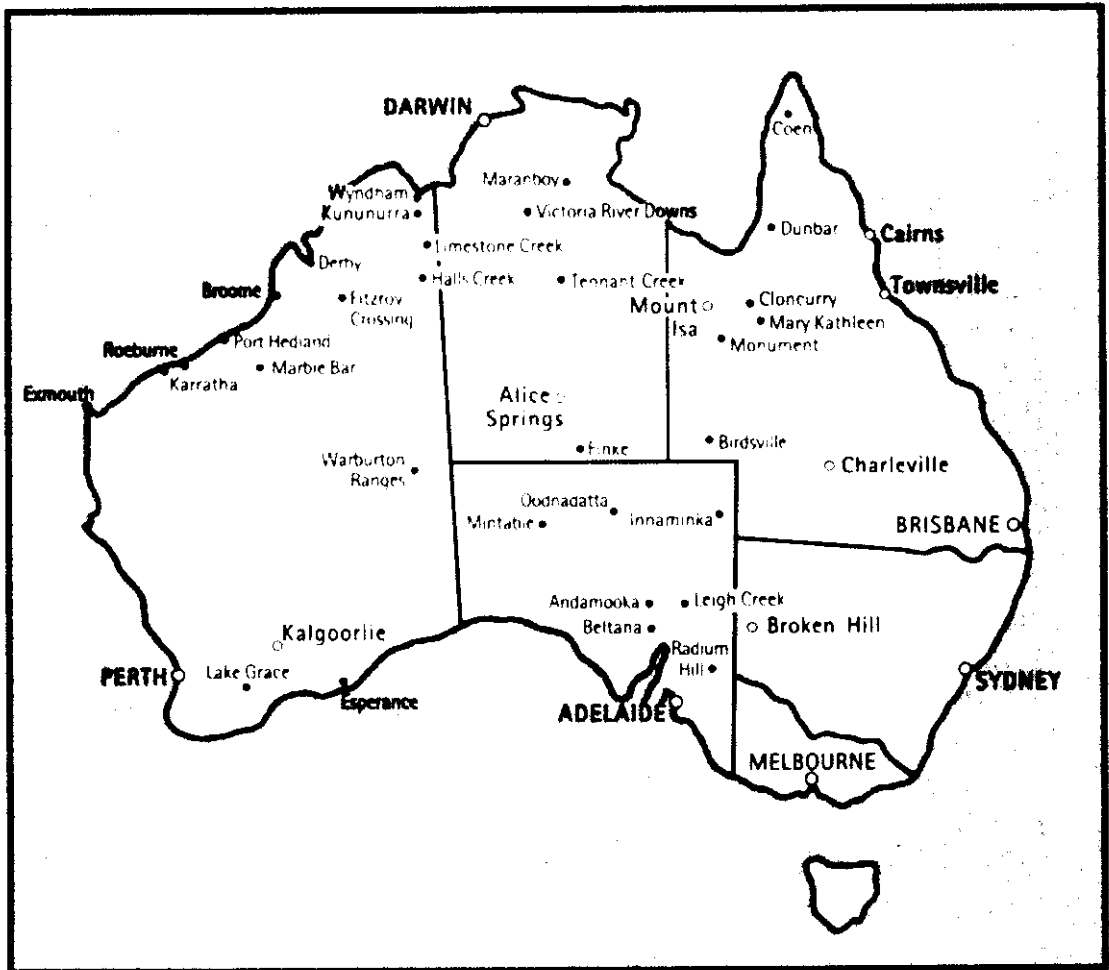
*And departing, leave behind us*

*Footprints on the sands of time.*

H.W. Longfellow

Jillian Newlands  
11 September 2003  
South Australia

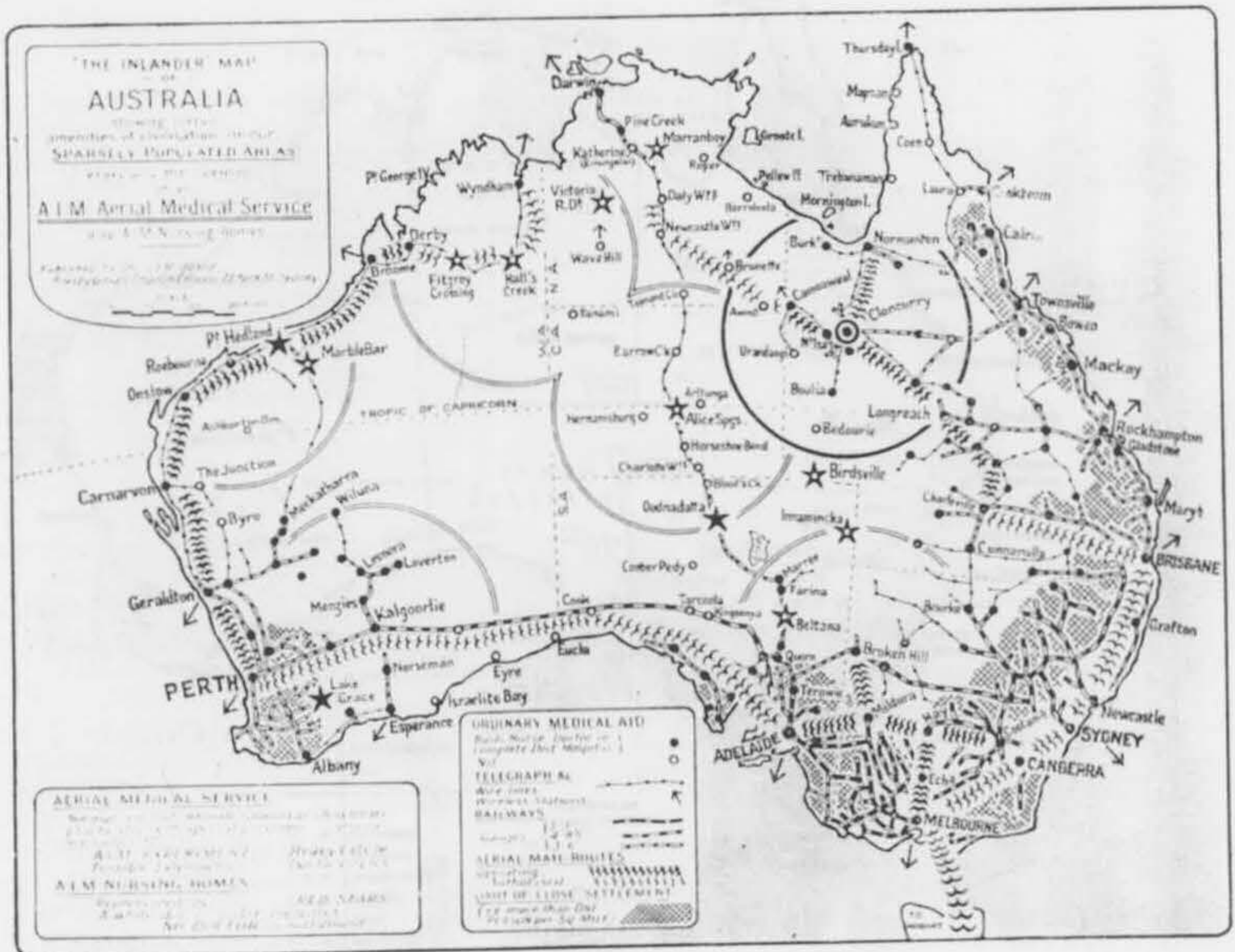
Appendix A



Australian Inland Mission and Frontier Services  
Hospitals and Health Services 1911-1990

Appendix B

Map showing AIM Aerial Medical Services 1928



# Appendix C

## Map showing RFDS Bases 2000

Australian Archives (National Library, Canberra)



## *Appendix D:*

### *Australian Archives (National Library, Canberra)*

Series / Accession Number: A1928  
Item Number: 652A/4 Part 1  
Item title: Medical Services. Australian Inland Mission. Aerial Medical Service. Section 1.  
Item Range: 1929-1937  
Access decision: OPEN  
Date of Decision: 07 Mar 1974  
Dossier reference: PT 1 F 101  
Location: ACT  
Database accession number: 143423

Series / Accession Number: A1928  
Item Number: 652A/4 Part 2  
Item title: Medical Services. Australian Inland Mission. Aerial Medical Service. Section 2.  
Item Range: 1932-1939  
Access decision: OPEN  
Date of Decision: 08 Mar 1974  
Dossier reference: PT 1 F 100  
Location: ACT  
Database accession number: 143424

Series / Accession Number: A461/9  
Item Number: N314/1/4 PART 1  
Item title: Aerial Medical Service.(4 folios only 1922;1929; 1932 - 1935).  
Item Range: 1922-1935  
Access decision: OPEN  
Date of Decision: 19 Nov 1976  
Dossier reference: PT 20 F 75  
Location: ACT  
Database accession number: 92128

Series / Accession Number: A461/9  
Item Number: N314/1/4 PART 2  
Item title: Aerial Medical Service. Part 2.  
Item Range: 1936-1950  
Access decision: OPEN  
Date of Decision: 04 Dec 1980  
Dossier reference: PT 2 F 83  
Location: ACT  
Database accession number: 92129

Series / Accession Number: A659/1  
Item Number: 1939/1/8365  
Item title: Aerial Medical Service. Australian Inland.  
Item Range: 1929-1939  
Access decision: OPEN  
Date of Decision: 18 Jan 1989  
Dossier reference: PT 10 F 130  
Location: ACT  
Database accession number: 448951

Series / Accession Number: A1658  
Item Number: 614/2/1  
Item title: Medical Services. General Flying Doctor Service

Item Range: 1947-53  
Access decision: OPEN  
Date of Decision: 29 Apr 1981  
Location: ACT  
Database accession number: 138978

Series / Accession Number: A1658/1  
Item Number: 614/2/7 Part 2  
Item title: Medical Services. Aerial Flying Doctor Services Bulletins  
Item Range: 1947-1961  
Access decision: OPEN  
Date of Decision: 25 Oct 1994  
Location: ACT  
Database accession number: 138982

Series / Accession Number: PP 361/3  
Item Number: AID4/168/1  
Item title: Flying Doctor Service  
Item Range: 1947-1962  
Access decision: OPEN  
Date of Decision: 02 Jun 1995  
Location: ACT  
Database accession number: 1385202

Another 36 items held at State Archives in New South Wales, Queensland, South Australia and Victoria were searched, but did not prove to be relevant to this thesis.

*Appendix E:*

**Confirmation of Interview Arrangements**

Dear

Thank you for agreeing to my request for an interview to provide input into my PhD study titled: ***The Royal Flying Doctor Service - The Nurses Story***. I confirm that the date and time that we agreed upon are

.....

Please let me know if this is not convenient for you. My telephone numbers are  
Work: 08 8302 6508 Home: 08 8353 1260

The length of the interview will depend upon how we feel about it, as we go along. The interview will begin with an overview of your story and will continue with an exploration, at greater depth, of particular aspects of your experience in relation to the study topic. If more than one interview session is required we can make arrangements for this.

I will have prepared a brief introduction on the tape and then I usually begin with questions about your name, date of birth (if you agree to giving this information) and a little about your family background. This may include where you grew up, members of your family, schooling, etc. Then we will move onto questions that relate to study. I would suggest that in preparing for the interview you make jottings of things that you don't want to forget - but don't write detailed notes. The written word can take away from the spontaneity of the interview.

Thank you for your interest and co-operation. I hope that you will enjoy the experience of contributing to a very important part of Australian history and Australian nursing history. When the interview has been transcribed I will give you a copy of the transcript to check and a copy of the tape to keep. When the final document (thesis) of the study has been completed, you will receive a copy of the summary.

Looking forward to meeting with you,

Yours sincerely

Jill Barclay

*Appendix F:*

**Conditions of Use for Oral History Interview**

**(Assignment of Copyright)**

I, (person interviewed).....hereby assign to Jillian Barclay (interviewer) for the duration of the study and then to the J.D. Somerville Oral History Collection at the Mortlock Library, Central Repository in South Australia, any copyright owned by me in the interview record on (date)..... by (interviewer)..... on the understanding that Jillian Barclay will use the interview, or allow others to use the interview, only on the following conditions:  
(cross out any part below that does not apply)

1. No conditions.
2. Conditions: The interview may be listened to or read for research purposes but anyone wanting to edit, reproduce, publish, broadcast, transmit, perform, or adapt the interview either during my lifetime or before (date)..... must get my written permission first, unless reasonable attempts to contact me are unsuccessful.  
I understand that I may send change of address notices to Jillian Barclay for the duration of the study and then to the above named repository.
3. Other conditions:

I understand that I have the right to withdraw from the study at any time. I am aware that this research is part of the data collection for a PhD thesis through the University of Sydney, Faculty of Medicine, Menzies School of Health Research, Alice Springs, Northern Territory.

I understand that the interview tape and manuscript will be held in the J.D. Somerville Repository where it will be used for research, publication or broadcast by the public under the same conditions.

I also understand that I will receive a copy of the tape recording of the interview and that I am granted a licence (permission) to reproduce, publish, broadcast, transmit, perform or adapt the interview myself.

**Signature of the person interviewed**.....

**Address of the person interviewed**.....

.....

**Telephone number of person interviewed**.....

**Signature of interviewer**.....**Date**.....

*Appendix G:*

**Oral history interview questions (guideline only)**

Name

DOB

Some background -

where did you grow up?

where did you do your nurse training?\*

1. When did you work at .....RFDS base? \* & \*\*

Or when where you associated with the RFDS?

2. What did your job entail?\* & \*\* Or what was your association?

3. What was it like working with or for the RFDS? \* & \*\*

4. Can you elaborate on your clinical work?\*

5. What clinical skills did you need to work as a flight nurse?\*

What preparation did you have for the aeromedical work?\*

6. Did you work alone in the aircraft?\*

If yes, can you describe what was it like caring for patients at altitude?\*

Who else did you work with or consider part of the team?

7. What percentage of your flights were made by flight nurse alone?\* & \*\*

8. Who were the people you provided a health service for?\*

9. Do you know any current day flight nurses or have you needed their services? \* & \*\*

If yes, how would you compare your role with theirs? \* & \*\*

10. Are there any particular stories that you would like to tell me about of your involvement with the RFDS?

11. How would you describe your time working with or associated with the RFDS as a flight nurse?

12. On reflection, how would you describe the contribution that flight nurses have made to the RFDS and the people of the outback?

13. Do you know anything about Myra Blanch, the first RFDS flight nurse?

\* directed to nurses

\*\* directed to pilots

***ALICE SPRINGS INSTITUTIONAL ETHICS COMMITTEE***  
***PO Box 8569***  
***Alice Springs NT 0871***

23 December, 1996

Ms. Jill Barclay,  
MSHR,  
PO Box 8569,  
Alice Springs NT 0871,

Dear Jill,

The Alice Springs Institutional Ethics Committee has considered your application entitled

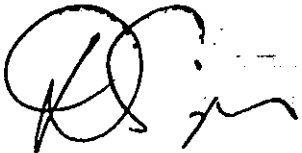
**The Royal Flying Doctor Service - the nurses' story**

and has granted approval for the project to proceed.

A progress report should be forwarded to the Committee every six months, and a final report should be submitted on completion of the project.

Good luck with your work.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'David Scrimgeour', written over a faint circular stamp or watermark.

Dr. David Scrimgeour,  
Chairperson

## Appendix I:

### Photographs of Myra Blanch and John Woods Extract from FDS Booklet 1950



*Dr. J. Woods and Sister M. Blanch crossing flood waters between an aircraft landing strip and homestead.*

#### THE FLYING SISTER.

The work of the Flying Sister is not to assist the Doctor on his flights, but to watch over the welfare of the womenfolk and the children at their isolated outposts. Over the Pedal Sers she becomes acquainted with the women and the children taking a sympathetic personal interest in them—her presence gives a feeling of security in time of trouble and is a strong morale maintaining influence.

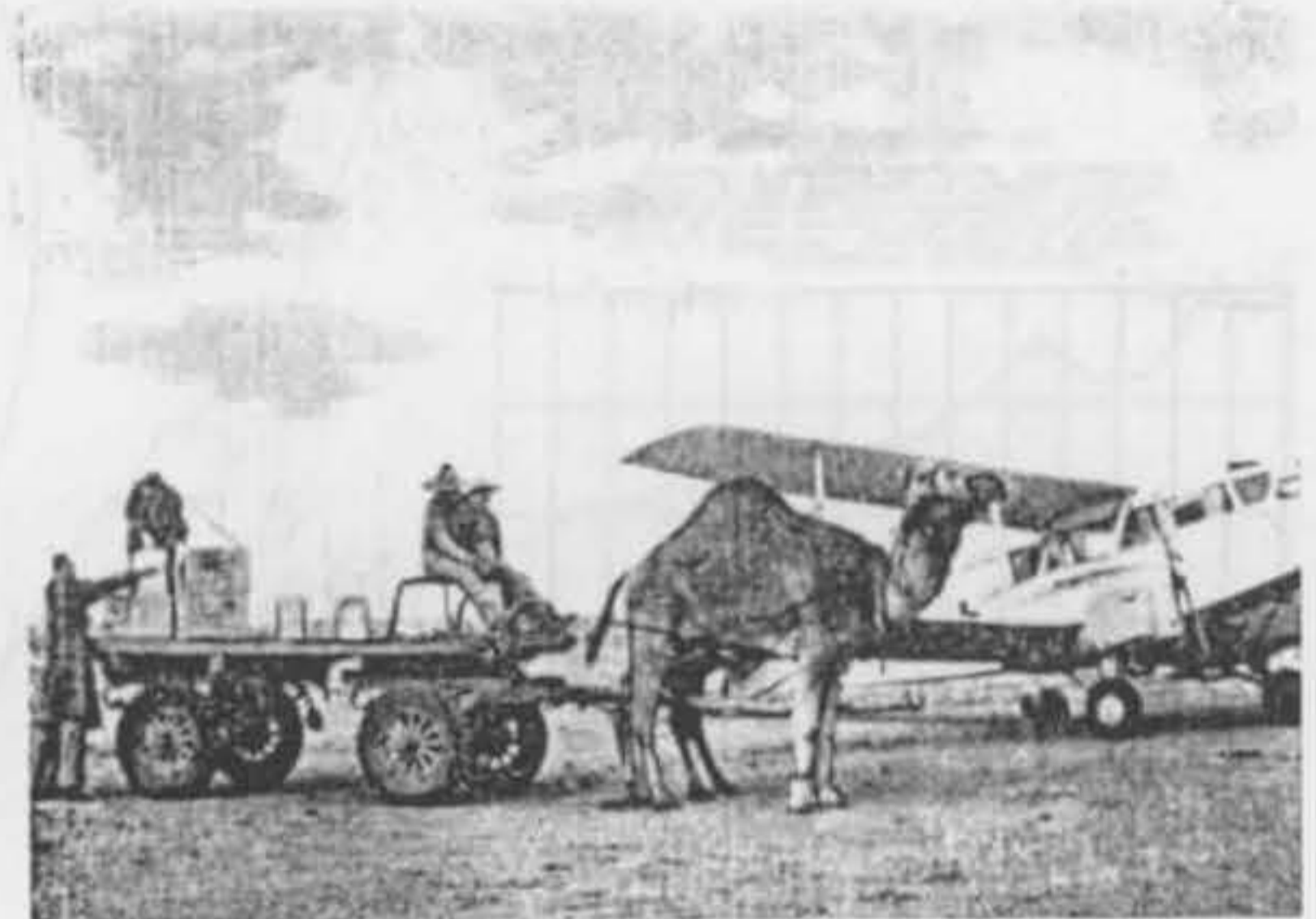
Numbers of pioneer women only see another white woman at long intervals—often intervals of many months. When a doctor notices, in his

---

talks over the air, that a woman is becoming overwrought and needs some companionship—when there is an epidemic among a family of children—where a patient needs nursing at the homestead—it is in such cases that the Sister is flown out to stay a few days at the outpost. Frequently she travels by motor truck from station to station. For some years Sister Myra Blanch has been the Flying Sister for Broken Hill Base, and has shown how best to care for the welfare of women folk and children scattered in the outback. It is the intention of the Flying Doctor Service to have Flying Sisters attached to other bases. Already in Wyndham area there is co-operation with W.A. Health Department Clinical nurse.

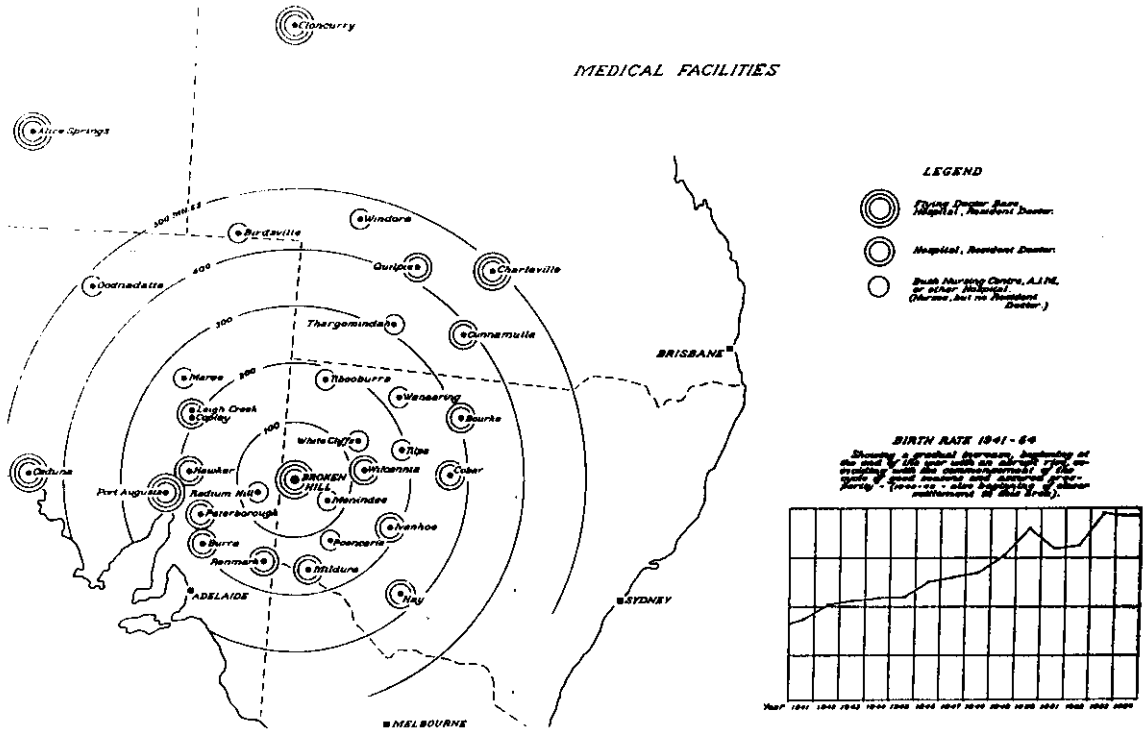
#### CONTRAST IN TRANSPORT.

*A Flying Doctor Plane being re-fuelled at Birdsville, S.W. Queensland.*



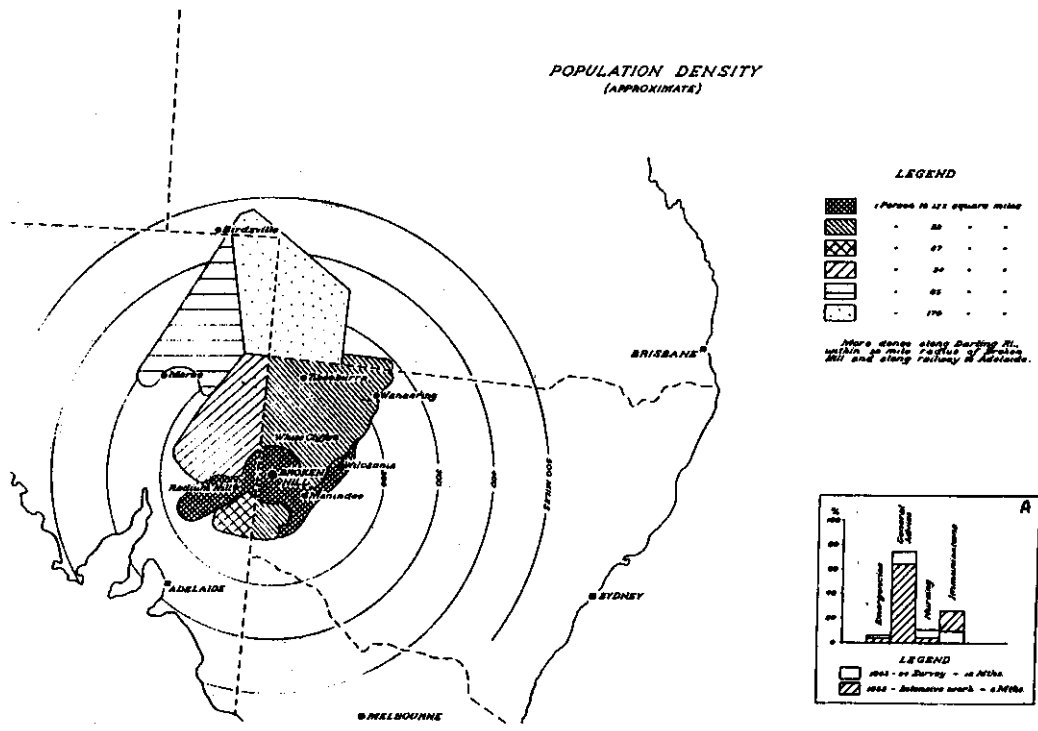
# Appendix J:

## Map Showing NSW FDS Network Medical Facilities 1954



# Appendix K:

## Map Showing NSW FDS Network Population Densities 1954



**ROYAL FLYING DOCTOR SERVICE OF AUSTRALIA (SE SECTION)**

**POSITION DESCRIPTION**

<b>POSITION NUMBER</b>	0510 - 2
<b>POSITION TITLE:</b>	<b>FLIGHT NURSE – BROKEN HILL</b>
<b>LOCATION:</b>	BROKEN HILL, NSW
<b>REPORTS TO:</b>	Flight Nurse Manager
<b>EMP CLASSIFICATION</b>	Full-time
<b>PROBATION</b>	

**ROLE**

The role of the RFDS Flight Nurse is to provide emergency and health maintenance services to the Broken Hill based network of operations and any area in which the Service is engaged in contractual arrangements or where the Service provides nursing and medical assistance.

**ACCOUNTABILITY**

RFDS Nurses are professionally and administratively responsible to the Executive Director through the Flight Nurse Manager.

**PROFESSIONAL REQUIREMENTS**

1. Current registration as a registered nurse/midwife in New South Wales, Queensland and South Australia.
2. Emergency service/intensive care experience and or certificate is desirable.
3. Aeromedical nursing experience is desirable.
4. Demonstrate an ability to vary approaches toward clientele taking into consideration the differing social, cultural and physical conditions of our Network. The clientele will include rural communities, mining towns, aboriginal communities, pastoral properties and travellers in rural areas.
6. Must have an aptitude to work well without direct supervision.
7. Must be able to adapt to and be flexible in the unusual extremes of the working environment and show initiative under these conditions.

8. Current drivers license.

#### **SPECIFIC DUTIES AND RESPONSIBILITIES**

1. The delivery of nursing services and care during the duration of rostered time in liaison with co-ordinating bodies. This, essentially, is the provision of 24-hour emergency nursing care.
2. Initiate, where appropriate, necessary treatment of clients in accordance with defined RFDS (SE Section) protocols and to liaise with appropriate medical personnel in regards to any cases of concern. This will include the condition, observations and other facts relating to diagnosis and management of clients.
3. Maintain emergency flight health records.
4. Initiate preflight and post flight health assessments of clients and identify health outcomes of RFDS (SE Section) service. Liaise and co-ordinate with appropriate health staff with regards to transport of clients.
5. Maintain medical equipment both in the aircraft and the hangar, ensuring that equipment is functional and regularly maintained per RFDS (SE Section) maintenance procedure.
6. Maintain and review all pharmacy, stores and sterile stocks utilised by the RFDS (SE Section), both within the aircraft and the hangar and ensure that adequate stocks are available at all times. Review new and innovative health developments which may be of benefit to aero health services and to present this information to the Flight Nurse Manager as appropriate.
7. Assist in the collection of research data and statistical information as directed by the Service and to be actively involved in the updating of and research of all RFDS (SE Section) standards and protocols.
8. Assess, develop and maintain preventative health programs for both staff and the RFDS (SE Section) network clients. Maximise on services already available, rationalising as necessary and prioritising for new needs and implement where possible.
9. Maintain close liaisons with other health related colleagues both within the RFDS of Australia and its network and offer assistance and courtesy to other medical/nursing professionals. Promote a professional liaison with other RFDS departments and sections and ensure every courtesy is forwarded to all members of staff. To be involved in cross departmental projects as is required by the Service.
10. Be an active member of the Quality Assurance process.

11. Attend relevant administrative/clinical meetings as required and be involved with relevant committees within the RFDS and its Network.
12. Participate in the professional development of self and others and in the training of other RFDS nurses and relevant others given the parameters of specific qualifications and experience.
13. Attend to other administrative duties as required by the Service.
14. Co-ordinate the efficient and effective transfer of clients between Broken Hill and outlying health facilities.
15. If directed by the Flight Nurse Manager, be able to provide relief duty, at any site, for any RFDS (SE Section) flight nurse position.
16. To attend and present inservice lectures conducted by both RFDS (SE Section) and Base Hospital staff.
17. Support and be actively involved in the formal appraisal of performance and to set personal and professional objectives for nursing care and duties.
18. To support and be involved in fund raising, promotional and marketing programs as directed by the RFDS (SE Section).

#### **TERMS OF EMPLOYMENT**

Salary and conditions for this position are outlined in the current RFDS (NSW Section) Certified Agreement, flight nurse annexure.

It should be understood that all staff at the RFDS (SE Section) have a commitment to promote the organisation and may well be asked to attend social and fundraising activities outside of rostered time. The option to attend is up to the individual but attendance at such fundraising and social events will not accrue payment or overtime.

All nursing staff employed by the RFDS (SE Section) must be aware that the job descriptions and specifications provided are current at the time of issue but are subject to change given the environment, structure, responsibilities and dynamics of the nursing department and the organisation. As such, all nurses are subject to current job specifications and descriptions and not limited to those duties and as outlined at the time of employment.

**ROYAL FLYING DOCTOR SERVICE OF AUSTRALIA (NSW SECTION)**

**POSITION DESCRIPTION**

<b>POSITION NUMBER</b>	5100-2
<b>POSITION TITLE:</b>	CHILD AND FAMILY HEALTH NURSE
<b>LOCATION:</b>	BROKEN HILL
<b>REPORTS TO:</b>	CHIEF MEDICAL OFFICER
<b>EMP CLASSIFICATION</b>	FULL-TIME

**ROLE**

The role of the Child and Family Health Nurse is to provide early childhood services to the network, in a primary health care setting, along with other service providers.

**PROFESSIONAL REQUIREMENTS**

Essential qualifications are -

- Registered Nurse with a minimum of five years post basic experience.
- Postgraduate qualifications and experience in midwifery and infant welfare or equivalent.
- Drivers licence

Desirable but not essential qualifications or experience are -

- Experience in remote area nursing, and dealing with indigenous peoples
- Accident and emergency experience or qualifications.
- Immunisation Certificate.

**ACCOUNTABILITY**

Accountable to the Executive Director through the Chief Medical Officer. The Child and Family Health Nurse is directed by and reports to the Chief Medical Officer.

**SPECIFIC DUTIES AND RESPONSIBILITIES**

1. Immunisation, clinical and screening services to the 0 -5 year age group as well as older children in the network.
2. Antenatal and postnatal consultations as required from time to time.
3. Counselling to families on matters relating to children.
4. Develop and implement health promotion and prevention programs in consultation with network community members, the Far West Area Health Service, and other RFDS staff.
5. A staff immunisation program.

6. Identify and monitor community needs in relation to early childhood services and regularly evaluate the effectiveness of RFDS services in relation to these needs.
7. Bush clinic nursing support.
8. Assist in aero medical evacuations when emergency Flight Nurse's are not available.
9. To maintain concise and accurate records in connection with duties performed.
10. To ensure that reports required by the Chief Medical Officer are prepared and despatched as required.
11. Attend inservices and Best Practice days and participate in quality assurance activities as required.

**SALARY**

Salary for this position is as per annexure F of the RFDS Enterprise Agreement.

**HOURS**

The ordinary hours of work are 152 hours per 28 day cycle and hours worked in excess of this amount may be taken off as time off in lieu subject to approval of the Chief Medical Officer.

Where possible days off should be rostered to avoid disruption to normal operations and they should be taken as soon as possible within 60 days after they become due to avoid accumulation of excess time off.

## *Appendix N: Oral History Interviews*

*Interviews were conducted with the following people:*

Cover, Vic

Hepworth, Val

Kealy, Michelle

King, Gloria

Kleinig, Moira

Longbottom, Jann

Malone, Geri

McKay, Fred

Osborn, Marie

Rufus, Megan

Sandercock, Don

Smith, Christopher

Stevens, Margaret

Stevenson, Lillian

Thomson, Clyde

Treloar, Jeny

Walter, Dominica

Warby, Margaret

Woolcocks, Selwyn

## Footnotes

### Chapter 1

- <sup>1</sup> This thesis refers to the Royal Flying Doctor Service (RFDS) as a general rule, using the earlier name in specific contexts as appropriate.
- <sup>2</sup> *RFDS Central Section* was renamed *Central Operations* and the *Council* became known as the *Board* in 2000. *Central Operations* extends from Tennant Creek in the Northern Territory to Adelaide in South Australia and it shares western and eastern borders with *Western Operations*, and Queensland and *South Eastern Operations*, respectively.
- <sup>3</sup> Oral history transcripts and tapes have been archived in the J D Sommerville Collection of the Mortlock Library, South Australia.

### Chapter 2

- <sup>1</sup> Fred McKay: interviewed by the author, 20<sup>th</sup> April 1998, tape and transcript deposited at the J.D. Sommerville Collection, Mortlock Library, Adelaide, South Australia. Fred McKay was the successor to the Rev John Flynn in his mission to the people of Outback Australia.
- <sup>2</sup> The *Inlander*, Vol. 5, No. 1, 1918 published Peel's letter to Flynn and included clippings from a Sydney newspaper about the commercial use of aeroplanes; from the *West Australian*, Tuesday, 30th August 1921, about Flynn's idea of taking doctors to isolated and remote centres of Australia by aeroplane; and from the *Melbourne Herald*, 24th Feb, 1922, observing that aeroplanes in the Outback could be life saving.
- <sup>3</sup> RFDS Consumer Network Central Section reports the issues of poor communications and resultant feelings of isolation in unpublished Consumer Network meeting minutes, December 1995.
- <sup>4</sup> AAMS Letters of Articles of Association can be found in the Australian National Archives, Canberra, ACT.
- <sup>5</sup> Lillian Stevenson, interviewed by the author, 9<sup>th</sup> April 1998, tape and transcript deposited at the J.D. Sommerville Collection, Mortlock Library, Adelaide, South Australia. Lillian Stevenson was an AIM nurse at Birdsville in the 1936. She married and remained in the bush at Durham Downs until 1952, when her husband died tragically in a fire, the result of their kerosene refrigerator exploding. She returned to live at Broken Hill with her three small children and opened a boarding hostel for children of the bush, near to the Broken Hill High School.

<sup>6</sup> The original drawing of the body chart and notation on its use is archived at the RFDS Australia Council Office, York St, Sydney, NSW.

<sup>7</sup> The Women of the Year Luncheon, 1995, p 33

<sup>8</sup> At the International Conference on Primary Health Care, held in 1978 at Alma Ata, participants from 134 countries identified primary health care as the best way to achieve the World Health Organization's goals of Health For All by the Year 2000. Primary health care was described as 'Essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self determination. It is the first level of contact of individuals, the family and community with the national health system, bringing health care as close as possible to where the people live and work, and constitutes the first element of a continuing health care process' (WHO, UNICEF 1978).

### **Chapter 3**

<sup>1</sup> Fred McKay, 1998, p. 8.

<sup>2</sup> Dr John Hepworth in discussion of University of South Australia Ethics Committee stance on oral history research, 1997.

### **Chapter 4**

<sup>1</sup> Taken from a paper written by Adelaide Miethke, dated 1961, entitled 'The Pioneer Garden of Remembrance', from a collection of papers relating to the topic, held by one of the Pioneer Women's Memorial Trust current trustees, Mrs. Barbara Hardy. The paper outlines the formation of the Pioneer Women's Trust, deliberations and discussions between the women of collective groups who raised the monies. Descriptions of their ongoing role until the dedication of the Alice Springs Base and Pioneer Women's Garden in 1941, provide insight into the vision, strength and humour of these women. The content of the time capsule interred at the site, for the women of South Australia to open in 2036, is also included.

<sup>2</sup> The debate about the Flying Doctor Service being a 'black' man's taxi and a 'white' man's taxi has been ongoing, but for those who provide the service, all people in need of medical care are treated, regardless of cultural origins. In Central Australia a larger percentage of flying doctor patients are Aboriginal people compared to those treated through the Pt Augusta and Adelaide bases of RFDS Central Section.

- <sup>3</sup> Individual Sections of the Flying Doctor service developed their own newsletters or journals. The *Flying Doctor* was the official journal of the NSW Flying Doctor Service Section.
- <sup>4</sup> Selwyn Woolcocks, interviewed by the author, 6 April 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Selwyn Woolcocks was born and grew up in Broken Hill, NSW. He was a flying instructor for the Royal Australia Air Force during World War II. At the conclusion of the war he was employed as a flying instructor with the Aeroclub and a pilot with the FDS, both at Broken Hill, NSW. He soon realised that he could not manage the demands of the two positions and chose to work for the FDS only. He did so until 1948. Originally a fitter and turner by trade, he learned 'the radio' and was able to provide a radio maintenance service for the people in the NSW FDS network when required (p. 2).
- <sup>5</sup> Vic Cover, interviewed by the author, 22 August 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. He was born in Roseward, Queensland and grew up in a semi-rural community. He was a pilot with the Royal Australia Air Force during World War II. From 1946 to 1948 he was a pilot for the Dutch Airlines and flew in the Dutch East Indies. He replaced Selwyn Woolcocks as the FDS pilot at Broken Hill Base, commencing work on 1 January 1949 and retiring from that position thirty-four years later. During that time he contributed greatly to the FDS, not only in the areas of sound pilot practice, aerial mapping, air strip development/auditing and radio repairs, but in the area of dental health, by securing the services of a dentist for the FDS network (p. 2).
- <sup>6</sup> *Ibid.*, p. 2.
- <sup>7</sup> Woolcocks, p. 3.
- <sup>8</sup> Cover, p. 2.
- <sup>9</sup> Lillian Stevenson, interviewed by the author, 9 April 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Lillian Stevenson was an AIM nurse at Birdsville in 1936. She married and remained in the bush at Durham Downs until 1952, when her husband died tragically in a fire, the result of their kerosene refrigerator exploding. She returned to live at Broken Hill with her three small children and opened a boarding hostel for children of the bush, near to the Broken Hill High School.

<sup>10</sup> Don Sandercock, interviewed by the author, 7 April 1998, tape and transcript deposited at the J D Sommerville Collection, Mortlock Library, Adelaide, South Australia. Don Sandercock was a Royal Australian Air Force radio and maintenance mechanic. At the end of World War II he joined the FDS as assistant to the Officer in Charge of the Radio Base. He continued in that role for twenty years and then for a further eighteen years as the Officer in Charge of the Radio Base.

<sup>11</sup> Vic Cover, p. 3.

<sup>12</sup> Woolcocks, p. 7.

<sup>13</sup> Sandercock, p. 4.

<sup>14</sup> Housekeeping Monthly, May 1955.

<sup>15</sup> Stevenson, pp. 2, 3.

<sup>16</sup> Cover, p. 5.

## **Chapter 5**

<sup>1</sup> Medical chests were kept at Outback stations and homesteads. They contained emergency medications. Each medication was numbered, so that direction as to which medication to use was very simple, when the FDS doctor was prescribing over the radio. The medical chests are still used in conjunction with the RFDS today.

<sup>2</sup> Selwyn Woolcocks, interviewed by the author, 6th April 1998.

<sup>3</sup> The border fence was also referred to as the boundary fence, the dog fence and the rabbit fence. It was indeed all of those. It extended from South Australia through to Queensland and its purpose was to keep dingoes and rabbits out of the sheep and cattle grazing areas of the states. The boundary riders with their wives and children formed a unique community of approximately 15 families. A single wire telephone line provided the means of communication for the community. There were relay stations at every 60-mile point along the line. The line was not always reliable, but it was very important to the well-being of the community, and their only means of making medical/emergency calls.

<sup>4</sup> There is room for confusion when it comes to this survey. She spent two years on the project, beginning in January 1953 and ending in December 1954. During that time she wrote three reports: the *Positive Health Visiting Survey Interim Report* in March 1953, the *Positive Health Visiting Survey Six-month Report* in June 1953, and in December 1954 her final report, a document entitled *Health Survey* subtitled *Report on the 1953–1954 survey of the Broken Hill Radio Network Area made by the Nursing Sister*

*employed by the Royal Flying Doctor Service of Australia (NSW Section)*. With three reports on the one survey, there is inevitably a degree of overlap among the reports—one might say that the first two are to a large degree subsumed in the third—but it has proved desirable to quote from all three. It is worth noting that the first two reports included a number of recommendations to the RFDS NSW Council. The Council did not implement her recommendations and there is no record of any reaction to them, or of any acknowledgement. The third and final report included no recommendations, and once again there is no record of any reaction to the report, or of any reaction.

- <sup>5</sup> It is interesting and frustrating to note that a scrapbook containing just a few newspaper photographs of Myra Blanch was cited in the NSW FDS collection; however, references had been cut off the photographs. Somebody had made an attempt to include some references but on verification these references were not always accurate. The 'clippings' were damaged through aging of the poor quality newspaper and numerous layers of Sellotape.
- <sup>6</sup> Large populations of Aboriginal children and adults, living on the traditional lands, suffer with trachoma, an eye infection caused by a strain of bacteria, *Chlamydia trachomatis*. It is characterised by infection of the conjunctiva and the cornea, causing photophobia, pain and lacrimation. Prevention of trachoma begins with an adequate supply of clean water for hand and body washing, control of flies and community education about the cause and spread of the disease. Early treatment of young children avoids against the complication of blindness.
- <sup>7</sup> Some of these letters were located with her diaries at the NSW FDS base archive. They included international as well as national inquiries from health organizations and women's groups.
- <sup>8</sup> Hirschsprung's disease: the bowel lacks parasympathetic nerve ganglia resulting in massive enlargement of the colon (large bowel), constipation and obstruction. Severe cases require surgery in early infancy while less severe cases can be treated with enemas and laxatives, but usually require surgical intervention eventually.
- <sup>9</sup> Letter to Miss Nan McDonald, 53 Belsize Park, London, England dated 3 May 1954.
- <sup>10</sup> She inserted a note among her diaries to the effect that *Health Survey 1953–54* was a further development from the *Positive Health Visiting Survey* 'independently'. The note is ambiguous. Anecdotal evidence from the then FDS pilot and FDS radio operator suggests as a reasonable interpretation of the note that she had received written authority for the 1953 survey, but none for the 1953-54 survey.

## Chapter 6

- <sup>1</sup> The FDS was granted the Royal prefix in 1956, and is referred to in this chapter as the RFDS.
- <sup>2</sup> Prior to and during the early part of World War II, the FDS Base was located near the Wyndham hospital in Western Australia. However, during the Japanese bombing raids on the north/western parts of Australia, Wyndham was attacked and the FDS base was quickly moved to Derby.
- <sup>3</sup> Marie Osborn (nee Franklin), interviewed 18 June 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Marie Osborn was born and grew up in rural Victoria. She undertook her general nurse training at Ballarat Hospital in a regional Victoria and her midwifery training at King Edward hospital in Perth, Western Australia. She then moved to Broome, in the north of Western Australia, and worked at the local hospital, quickly gaining the position of Matron. After some time she decided to work back in Victoria. However she very rapidly became disillusioned with the city and sought work at the Derby Hospital, gaining the flying nurse position in 1959.
- <sup>4</sup> Osborn, p. 4
- <sup>5</sup> Ibid., p. 9
- <sup>6</sup> Ibid., p. 8
- <sup>7</sup> Jann Longbottom, interviewed by author, 7 November, 1997, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Jann Longbottom was born in and grew up in rural South Australia. She trained as a nurse at the Royal Adelaide Hospital and as a midwife at the Queen Victoria Hospital, in Adelaide, South Australia. After working at King Edward Hospital in Perth, Western Australia, she commenced employment at the Derby Hospital and became the relieving flight nurse for the Vic Section FDS at Derby, during 1967.
- <sup>8</sup> Ibid., p. 5
- <sup>9</sup> Osborn, p. 18
- <sup>10</sup> Longbottom, p. 6
- <sup>11</sup> Moira Kleinig (nee Slattery), interviewed by the author, 16 June, 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Moira Kleinig was born and grew up in rural South Australia. She

trained as a nurse at a Calvary Hospital, Adelaide, South Australia and as a midwife at Crown Street Hospital, Sydney, NSW. Prior to applying for the flying nurse position she had worked at Port Hedland in northern Western Australia, in the Vic RFDS Section area.

<sup>12</sup> Ibid., p. 3

<sup>13</sup> Ibid., p. 6

<sup>14</sup> Margaret Warby, interviewed by author, 20 July, 1998, tape and manuscript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia.

Margaret Warby was born and grew up in rural NSW. She trained as a general nurse at the Royal Prince Alfred Hospital, Melbourne, Victoria and as a midwife at Broken Hill Base Hospital. It was during her midwifery training that she flew with the RFDS.

<sup>15</sup> Marg Stevens, interviewed by the author, 6 April 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Marg Stevens was born and grew up in Broken Hill. She trained as a general nurse and a midwife at the Queen Elizabeth Hospital in Adelaide, South Australia in 1954. She returned to Broken Hill Base Hospital in 1972 and has continued to work there ever since.

<sup>16</sup> Val Hepworth, interviewed by the author, 7 November 1997, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Val Hepworth was born and grew up in suburban Adelaide. She trained as a general nurse at the Queen Elizabeth Hospital in 1962.

<sup>17</sup> Ibid., pp. 4, 5.

<sup>18</sup> Meagan Rufus (nee Holloway), interviewed by the author, 17 April 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Meagan Rufus was born and grew up in Broken Hill. She trained as a general nurse at Broken Hill Base Hospital in 1980 and after working in England, returned to that hospital and completed her training in midwifery in 1981.

<sup>19</sup> Ibid., p. 2

<sup>20</sup> Ibid., p. 16,17

<sup>21</sup> Geri Malone, interviewed by the author, 11 September 1997, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Geri was born and grew up in rural South Australia. She graduated in Nursing at Flinders University, South Australia, in 1981 and completed her midwifery training in

Scotland in 1983. She worked as a flight nurse for the SA RFDS Section for two years prior to her employment as a flight nurse with the NSW RFDS Section. After her employment with the NSW RFDS she was appointed senior flight nurse with RFDS Central Section (previously called SA Section) at Alice Springs and then later flight nurse manager in Adelaide, SA. During that time she was responsible for the successful integration of Territory Health nurses into the RFDS and the positioning of RFDS flight nurses on all RFDS aircraft in South Australia, in 1992 and 1996 respectively. This interview was recorded prior to her departure for a six- month work placement as an area coordinator with the International Red Cross in Somalia.

<sup>22</sup> Ibid., p. 3

<sup>23</sup> Ibid., p. 5, 7, 8.

<sup>24</sup> Chris Smith, interviewed by the author, 7 April 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Chris Smith was born and grew up in suburban Adelaide, South Australia. He trained as a general nurse and midwife at the Queen Elizabeth Hospital in Woodville, South Australia, in 1978 and 1982 respectively and worked in the intensive care and accident and emergency departments of that hospital before being employed by the NSW RFDS in 1989. In 1990 he became the flight nurse manager and continued in that position until 2002.

<sup>25</sup> Dominica Walter, interviewed 8 April 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Dominica Walter was born and grew up in rural NSW. She trained as a registered nurse at St. Vincent's Hospital, Sydney, NSW, in 1983 and as a midwife with the Oxfordshire Health Authority in the United Kingdom, in 1984. After working overseas for five years she returned to Australia and was employed by the NSW RFDS in 1989, as a flight nurse. Unfortunately shortly after employment she suffered a severe back injury while loading a large patient on the RFDS aircraft and had to cease full time aeromedical evacuation work. Management offered her the opportunity to further develop the women's health nurse role and following successful completion of a women's health course in Sydney, she returned to Broken Hill Base of the RFDS to fulfil that role.

<sup>26</sup> Michelle Kealy, interviewed by the author, 10 April 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Michelle Kealy was born and grew up in rural Victoria. She trained as a general nurse at St. Vincent's Hospital in Melbourne, Victoria and as a midwife at the Galloway College of

Medicine and Midwifery, Scotland, in 1992. Prior to her employment with the NSW RFDS she worked in Nepal as a public health nurse with the British Volunteer Service on a Maternal and Childhood Program.

<sup>27</sup> Gloria King, interviewed by the author, 8 April 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Gloria King, an aboriginal woman, was born and grew up in Wilcannia. She was appointed an elder in her family and is highly respected and viewed as a spokesperson for the Aboriginal community at Wilcannia.

<sup>28</sup> Clyde Thomson, interviewed by the author, 7 April 1998, tape and transcript deposited at the JD Sommerville Collection, Mortlock Library, Adelaide, South Australia. Clyde Thomson was born in the oil fields of the Middle East. He moved with his family to England and then Australia when he was a small boy. He grew up in William Creek, a town in Outback SA. He joined the NSW RFDS as a pilot in 1974, later became Operations Manager and in 1986, was appointed Executive Director and has been the incumbent since then.

<sup>29</sup> *Ibid.*, pp. 1, 2.

<sup>30</sup> *Ibid.*, p. 2

<sup>31</sup> Myra Blanch's diaries, Positive Health Visiting Survey Six Month Report, June 1953, p. 6.

<sup>32</sup> *Ibid.*, p. 6.

<sup>33</sup> Cover, p. 3

<sup>34</sup> Myra Blanch's diaries, Positive Health Visiting Survey Six Month Report, June 1953, p. 6.

<sup>35</sup> Sandercock, p. 5

<sup>36</sup> Stevenson. p. 3

<sup>37</sup> Sandercock, p. 4

<sup>38</sup> Cover, p. 3

<sup>39</sup> Myra Blanch's diaries, Positive Health Visiting Survey Interim Report, March 1953, p. 2.

## **Chapter 7**

<sup>1</sup> Warby, p. 6

<sup>2</sup> Mitchell Reading Room, National Library, Canberra (614.0994 -2)

<sup>3</sup> Thomson, p. 6

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