



GPCAPT Arthur Poole Lawrence

Part two of an article by WGCDR John Williamson about Lawrence's life and activities as a pioneer in aviation medicine.



A possible first military aviation medicine flying experiment in Australia?

Squadron Leader Lawrence was in charge of the Point Cook "sick quarters" – which was simply a small hut. However, with his enquiring mind he quickly became interested in aspects of aviation medicine, in particular in the selection of

recruits for flying training and in the little understood problems that then beset high altitude flying.

One day his attention was caught by two flight lieutenants in a DH9 aircraft¹⁵ after they had landed from a flight to a claimed altitude of 28,000 feet without oxygen supplement.¹⁶ One airman was visibly centrally cyanosed¹⁷ and both showed other clinical signs of hypoxia (lack of oxygen). They remained rather unwell for the next few days. Typically, Lawrence then persuaded a squadron leader to take him up to allow him to study the effects of high altitude without supplementary oxygen on himself. At a confirmed altitude of 22,000 feet Lawrence identified the clinical signs, symptoms and effects of hypoxia in himself, finding that he was quite unable to think or observe accurately.¹⁸ This may have been the first aviation medical experiment conducted while flying, in Australian military history?

A career in ophthalmology

In 1922, along with the RAAF expansion, Lawrence was relocated to Victoria Barracks in Melbourne, and appointed as the first Director of Air Force Medical Services. On 3 March 1923, Amy and Arthur's third child, William, was born. At this stage Arthur decided to study ophthalmology (the study of the eye and its diseases) – perhaps influenced by his RAAF role in flight crew selection and by a specialty clearly of relevance to the RAAF Medical Services. So he travelled to Moorfields Eye Hospital in London on 27 July 1924 under Air Force authority, to study for his post-graduate qualifications in ophthalmology. Arthur worked en-route as the ship's doctor on board SS *Jervis Bay* (a ship later to claim great fame during World War 2).¹⁹ Amy followed a short time later on SS *Bendigo* to join Arthur in England, while the three children remained with close relatives in Melbourne. Arthur was once again successful with his post-graduate examinations and obtained his Diploma in Ophthalmological Medicine and Surgery (DOMS [London]).

Inter-Service politics back in Australia

Squadron Leader Lawrence returned to Melbourne on 5 October 1925, as both a qualified general surgeon and specialist ophthalmologist, and as the Director of the Royal

Australian Air Force Medical Services at Air Force Headquarters, Victoria Barracks, with the right of private practice in ophthalmology. He conducted his private practice from 120 Collins Street, Melbourne (next to the Independent Church). In his Air Force role Lawrence soon became involuntarily caught up in the political wrangling among the service chiefs, particularly by the Army, which wanted to amalgamate the Naval and Air Force Medical Services under its own control. This Lawrence and his naval counterpart firmly resisted, despite interminable committee meetings and reports at Federal Ministerial level.

For example, following a decision made at a conference on 9 November 1925 that amalgamation was simply not workable, he participated, at Squadron Leader rank it should be noted, an equivalent rank to major, in a sub-committee with the then two other Directors of Medical Services (Navy – Surgeon Captain CA Gayer Phipps, and Army – Major-General GW Barber). This sub-committee submitted its report two days later, advocating "cooperation" rather than "amalgamation" (even though Major-General Barber in a "minority report" continued to urge "amalgamation"). Reading between the lines, one can only imagine the difficult discussions that must have taken place in that sub-committee!

While all these heavy debates were going on, Air Force Medical Services were undergoing steady expansion. This included the establishment of sick quarters at Point Cook and other RAAF bases, and rapid, world-wide advances in aviation medicine. On 1 July 1927, amidst all these stresses Squadron Leader Lawrence was promoted to Wing Commander.

However, control by the Army Medical Services was ratified by the Minister for Defence, and as part of the consequent reshuffle, Lawrence's commission in the Permanent Air Force was terminated on 24 September 1928. He was appointed the next day, at the same rank of Wing Commander, to the Citizen Air Force. His official appointment was now as "Part-time Deputy Director of Medical Services (Air)" (DDMS (Air), answerable to the Director-General of Army Medical Services. By December 1928, the RAAF medical appointees numbered six officers, including and commanded by Lawrence. Also at this time, Arthur and Amy's fourth child, Stephen (Steve), was born on 20 December 1929. During these and ensuing years Lawrence headed a continuing expansion of Air Force Medical Services, weathered the reduction in Air Force numbers and budgets during the great depression, and attempted to correct the lack of liaison with the RAF in the rapid advances occurring in aviation medicine. He was promoted to Group Captain on 1 August 1933. However when his advocacy for himself and a full time Squadron Leader on his staff to be sent on exchange to the RAF in

England was rejected by the Air Board, he tendered his resignation from the RAAF. It was accepted on 20 November 1935. So ended Dr Lawrence's distinguished military career on behalf of his country.

The personal costs of many stresses

Around this time the accumulation of the many years of stress began to take its toll on Group Captain Lawrence's health. First there was the indelible mental and emotional imprint of the Great War, the terrible injuries, slaughter and suffering of so many young Australians in the prime of their lives which he had witnessed while under fire. Added to this were the horrific surgical and relatively rudimentary anaesthesia situations in which he would have been involved as a young doctor. Following this was the acute pressure of his post-graduate exams and the raising of a young family of four children through the depression years. Superimposed upon all this was the protracted turmoil in which he became innocently embroiled at senior medical military level, trying to obtain justice for the expanding RAAF Medical Services which he, a conscientious and responsible leader, headed and guided with skill.

The result, understandably, was that Lawrence's health declined and required that he take a significant break from his work and duties. Following a period of rest and recuperation he fortunately recovered well and embarked with his customary vigour on the next phase in his life.

Civilian life and activities

Thus, after a varied, committed and distinguished military life in the AEF and then the RAAF, spanning a terrible world war and 18 tumultuous pioneering years and achievements, Dr Lawrence returned to civilian ophthalmological practice in Collins Street, Melbourne. He conducted his practice successfully for 30 further years. To expand his private practice he would spend five days in the first week of each month providing valued specialist ophthalmological services to various Gippsland towns. His family report that he subsequently never wore his uniform during this time and chose not to march on subsequent Anzac Days. No one can recall him ever wearing his medals after his military life was over.



Other personal accomplishments

Arthur Lawrence was reasonably fluent in French and German and he played the piano competently by ear. In his ophthalmology work he was again meticulous. His operating scalpels were always sent to England for sharpening. Upon their return he would test them by dragging the unweighted blade lightly across a small piece of pig skin stretched to make a miniature drum. If the blade either failed to slice the pig skin or permitted his fingers to slide, that scalpel would be sent back to England. Dr Steve Lawrence also reports that his father gave up playing tennis in case that activity caused his hand to develop a tremor during his ophthalmological surgery. Arthur and Amy's family of four children, two girls and two boys, grew up, married and raised families. One daughter became a physiotherapist, another worked for stockbrokers, and both sons graduated in medicine. The elder son, William, briefly absconded as a medical student and tried unsuccessfully to enlist in World War 2 while under-age. One of Arthur's sons-in-law, James Hume, served with distinction and was seriously wounded in action as a Royal Australian Navy (RAN) officer during World War 2. He retired as a Commander RAN.

Group Captain Dr Arthur Poole Lawrence, MC FRCS (Edin.) DOMS (London) died in Melbourne on 19 January 1966 at the age of 72 years. Three of his children survive at the time of writing; his eldest son, William, died peacefully in his sleep in 1987. Although no great-grandchildren were born before Arthur died, his progeny now number 20 grandchildren and 37 great grandchildren.

He was interred in a private grave in Templestowe Cemetery, Melbourne on 20 January 1966.²⁰ His was an heroic life, spent in both the AEF and then the RAAF with distinction, in the cause of his country. The RAAF and its Medical Services in particular remain indebted to him for his pioneering and far-seeing influence at a critical time in their evolution. Australia should remember him with honour and gratitude.



A small bronze statuette thought to be of GPCAPT Lawrence.

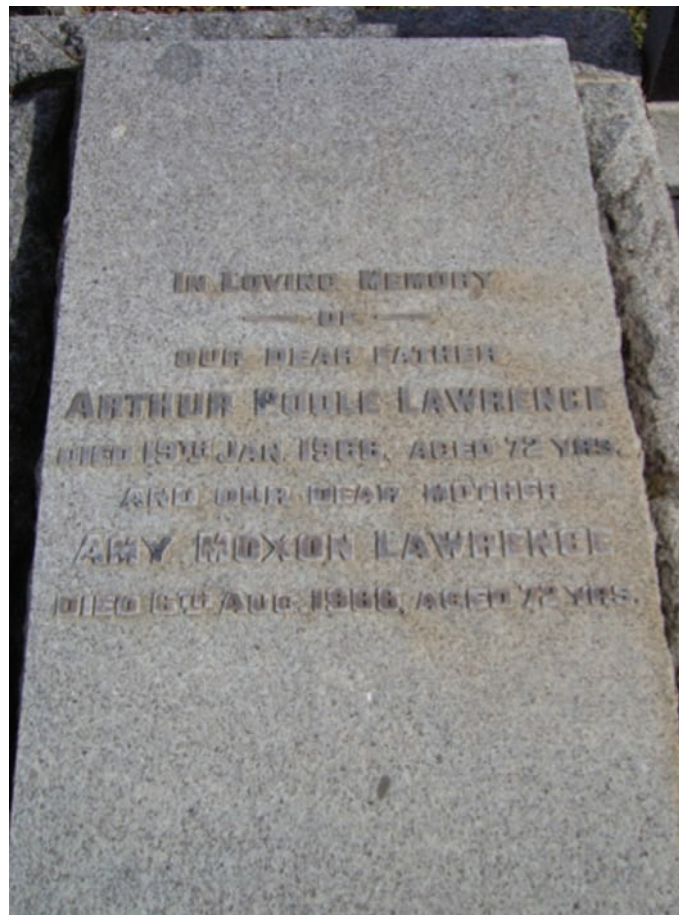
A story goes that a prominent artist engaged by the Australian War Memorial used Lawrence's likeness for many statues and so he began popping up all over the place!

Concluding Comments

In 2003, the writer stumbled upon the significant early Point Cook achievements of then Squadron Leader Lawrence, recorded in Dr Allan Walker's nationally valuable publication. When the writer sought further information about this Officer from various likely sources within the limits of his own resources, he was surprised to strike repeated blanks. In the absence of the writer's knowledge of any other previously documented accounts of Group Captain Lawrence's life and achievements, there appeared to be an inappropriate gap for such a significant military and medical life? The writer would be most grateful to learn if Group Captain AP Lawrence's military life (other than those in Dr Walker's seminal 1961 publication) has been documented elsewhere.

Acknowledgements

It is a pleasure to acknowledge the detailed support, information, and encouragement of Group Captain Lawrence's family, especially that of Commander (RAN Ret.) Jim and Mrs Suzette Hume (née Lawrence), Dr and Mrs Steve Lawrence and their son, Dr John Lawrence. Between them they supplied many WW1, Air Force and family details and photographs, kindly reviewed and corrected the draft writings and patiently answered many questions. Gratitude is also expressed to Pat Hall who provided valuable general Air Force details. Johan Dumez in Belgium, kindly assisted with some details relating to WW1 terminology. Finally the manuscript was expertly reviewed by friends Colin Simpson and Peter Harvey, both prominent members of the Military Historical Society of Australia. Their input significantly improved the accuracy and readability of this report. Any deficiencies and inaccuracies remain the responsibility of the author's alone.



Arthur Poole Lawrence and his wife, Amy, share a resting place at the Templestowe cemetery

- Throughout this paper, parentheses are used within the text to enclose specific words or phrases to indicate a direct verbatim extract from AP Lawrence's Service Record, or from the references shown in the Footnotes. As the Service Record extracts are reproduced faithfully, it would appear in some instances that incorrect punctuation was used in the Service Record itself. Elsewhere italics are used to explain some contemporary military abbreviations and his Military Cross verbatim citations are also reproduced in italics.
- Australians at War. ©Australian Government Department of Veterans' Affairs. 2001.
- World War 1 abbreviations used in this paper are those used in Service Records and military customs of that time. For example, although the abbreviation "RAAF" is now customarily rendered without punctuation, throughout the body of this text it is written "R.A.A.F.", as was then the custom.
- Parkhouse was one of a number of AIF training camps and contained several depots including the AAMC depot.
- "Pyrexia" simply means a raised body temperature. A "PUO" is a medical way of saying we do not (yet) know the cause of the raised temperature!
- "Passchendaele" was the spelling used during the time of WWI. The present spelling is "Passendale" (personal communication, Johan Dumez, Waregem, Belgium).
- John Laffin. Montbrehain, a Guide to Australian Battlefields of the Western Front 1916-1918, 3rd Edition. East Roseville, NSW. Kangaroo Press. 1999:156-157.
- Laffin John. Digger: The Legend of the Australian Soldier. The Macmillan Company of Australia Pty Ltd, South Melbourne 3205. 1986:121 and 220.
- see http://www.awm.gov.au/cms_images/AWM28/1/122P2/0158.pdf
- Woden Valley Sub-Branch R.S.L. The serviceman, Special Eddison Park Edition No. 7 ("The Anzac Edition"), Canberra. 1998:10
- The eastern direction chosen for this journey seems curious, as hostilities had by then ceased?
- The Fredericksberg was a converted captured German vessel. During the journey back to Australia it had on board many German prisoners and on arrival in Fremantle, the ship's crew refused to sail on unless these prisoners were taken off.
- Walker A. S. Medical Services of the R.A.A.F. in, Medical Services of the R.A.N. and R.A.A.F.; Part 11. Canberra. Australian War Memorial 1961:173-179. According to some other sources, in 1920 the Australian Air Force was initially termed the "Australian Air Corps".
- Walker A. S. Medical Services of the R.A.A.F. in, Medical Services of the R.A.N. and R.A.A.F.; Part 11 Canberra. Australian War Memorial 1961:173-179.
- The more accurate designation of this aircraft, i.e. whether a DH9 or a DH9A and its subsequent series numbering, are not known to the author.
- The accuracy of this altitude was doubtful, for altimeters of that time were not completely reliable, especially at higher altitudes. In addition both airmen's abilities would have been seriously affected by hypoxia!
- "Central cyanosis" is the serious clinical sign of a visible blue discolouration, particularly of the lips – and tongue, due to inadequate oxygen supply to the vital organs of the body. Its significance was neatly expressed by the Queensland neurosurgeon, Dr Ken Jamieson: If the lips are blue, the brain is too!
- One can only wonder how the pilot also felt and how safe his flying was at the time! If this early experiment was ever published its whereabouts is not yet known to the author.
- The SS Jervis Bay, converted from a merchant ship and fitted with just seven 6-inch guns in 1939 to become HMS Jervis Bay, in November 1940, gallantly engaged the German pocket battleship Admiral Scheer in unequal combat in the Atlantic, to protect the allied convoy it was escorting. HMS Jervis Bay was left a blazing wreck and her Captain, Captain Edward Fegen RN (awarded the Victoria Cross posthumously), and many of her gallant crew were killed in action, in this courageous naval action.
- Lawrence's wife Amy died on 6 August 1966 and is interred in the same grave with him, in Templestowe Cemetery.

About the author

Dr John Williamson AM OStJ

Born in Queensland in 1936, John is married to Noeleen (BSc [Biochem] Qld.) with four children and one granddaughter. John is a retired specialist anaesthetist with additional qualifications in marine toxinology and diving and hyperbaric medicine. His clinical anaesthesia and intensive care experience includes Melbourne, Townsville, Wales, Saskatchewan and Adelaide.

He is a former National Serviceman (Army, Wacol, Queensland) and a retired Wing Commander from the RAAF Medical Specialist Reserve (No. 27 Sqn. RAAF Garbutt, North Queensland and No.24 Sqn. RAAF Edinburgh, South Australia).

His research experience includes clinical anaesthesia, marine medicine, hyperbaric medicine, aeromedivac retrieval and patient safety. He retired as a part-time Specialist Consultant to the Australian Patient Safety Foundation Inc., based in Adelaide.

He works in retirement as a volunteer guide at the Melbourne Shrine of Remembrance. His interests include military history, patient safety, vexillology (the collection and study of flags) and genealogy.