

DR LAURA ELIZABETH FORSTER

Rob Leicester Wagner

As Dr Laura Elizabeth Forster stood on the platform at London's Victoria Station, she must have pondered with some amusement the fuss from bystanders over the departure of her medical unit's doctors and nurses for the war front. It was 4 September 1914 and Great Britain had only been at war with Germany a month when the British Committee of the French Red Cross, the umbrella group supervising Forster's unit, was established. The train was taking the team to Folkestone for the boat trip across the channel to a Red Cross hospital near the front in Antwerp, Belgium. It would not be Forster's first time in a combat zone. Although she was a seasoned physician in London, she had volunteered as a nurse – female doctors were not permitted near the front lines – to travel to Epirus in the autumn of 1912 to treat the wounded during the First Balkan War. Then, few Britons seem to notice that a war was raging. The commotion she was witnessing two years later at Victoria Station was an entirely new experience.¹

Nine nurses dressed in pristine violet cloaks and sky blue dresses, four male doctors in khakis and four female physicians were on the platform for a send-off by family members and colleagues. Accompanying them were drivers, orderlies and an unexpected quartet of women farmers dressed in crisp officer's khaki tunics, breeches and sun helmets. At Folkestone the attention was even greater as a film camera operator convinced the group, about 20 members in all, to march down the quay as he cranked his camera to record their departure. They may have been heroes in their mismatched uniforms, but they were not military. Unlike the Royal Army Medical Corps, where only male physicians were sent to the front, women medical officers had no such military support. They volunteered to private organisations to treat the wounded and the rampant diseases among refugees in war zones. While the British Expeditionary Force documented the services of its personnel, many private organisations' record-keeping was haphazard or lost.

As a result, most independent women doctors were rarely recognised for their sacrifices during the Great War. Forster's contributions to the war effort are officially documented through the British Committee of the French Red Cross as serving a single month in a combat zone – 14 September to 14 October 1914 – although she worked as a surgeon and epidemic specialist for 29 consecutive months at the fronts in Belgium, France, Russia, the Caucasus and Turkey.² Even documentation from members of the British Committee gives female physicians short shrift. In his book, *A Surgeon in Belgium* (1915), Sir Henry Sessions Souttar gave a detailed first-hand account of the committee's Antwerp operations while under attack by the German Army in September and October 1914. Souttar praised the unit's medical director, Dr J. Hartnell Beavis, for supervising the delivery of aid under fire, but he mentioned no other staff member by name. Beavis's four female doctors – Forster, Alice

¹ Jennifer Baker, 'Australian Women Doctors who served in WW1',

<https://sites.google.com/site/archaevidence/home/ww1womendoctors?tmpl=%2Fsystem%2Fapp%2Ftemplates%2Fprint%2F&showPrintDialog=1>.

² British Committee French Red Cross, *Roll of Individuals entitled to the Victory Medal and British War Medal Granted Under Army Orders*, London, 24 February 1921 (Forster, Sept.-Oct. 1914), pp.B19, B20, B21; Dr J. Hartnell Beavis, late director, British Field Hospital for Belgium and H.S. Souttar, FRCS, assistant surgeon, West London Hospital, 'A Field Hospital in Belgium', *The British Medical Journal*, Vol.1, No.2819 (Jan. 9, 1915), pp.64-66; Dr Henry Sessions Souttar, *A Surgeon in Belgium*, Edward Arnold, 1915, pp.1-42; Katherine Storr, *Excluded from the Record: Women, Refugees, and Relief, 1914-1929*, Peter Lange AG, 2009; 'Casualties in the Medical Services – Dr. Laura E. Forster', *British Medical Journal* 10 March 1917, p.345.

Benham, Dorothea Clara Maude and Ethel Baker – were never identified, nor was their performance in the operating theatre acknowledged. None of the original four women doctors returned to Beavis's medical unit after the Antwerp operation when the group was later dispatched to Furnes, France.³

Such is the lot of an independent physician. Forster would join the Millicent Fawcett Hospital Units operated by the National Union of Women's Suffrage Societies (NUWSS) in early 1916 in Russia. *The Common Cause*, a magazine published by the NUWSS, and *The British Journal for Nursing* reported on some of Forster's work. As an itinerant surgeon, she travelled after about a year in Northern France to Petrograd in the autumn of 1915 to treat the ill and wounded. Later she joined the Russian Red Cross to serve in the Caucasus and then in Erzurum, Turkey. Although she sacrificed her life saving thousands of war refugees and soldiers, her work remains largely unknown.⁴

A Medical and Military Family



Fig.1: Laura E. Forster at 21 years old while a student at the University of Karlsruhe in Germany. (Courtesy The Women's College Archives, University of Sydney)

Not that it mattered to Forster. Unassuming and private by nature, she inherited a fierce independent streak from her father, William Forster, a mercurial Australian grazier, politician and poet. Her mother was the former Elizabeth Jane Wall. Few details can be found of Laura's early life in Ryde, New South Wales, where she was born. Her grandfather was Dr Thomas Forster, a surgeon in the 14th Light Dragoons in the British Army. Her childhood was spent on the sprawling 25-acre grounds of the Brush Farm Estate near Ryde that had been in the family since 1807. Her upbringing by all indications was idyllic and comfortable.

Laura was the youngest daughter. Her mother died when she was four. She was left in the care of her sister, Mary Elizabeth, who was 12 years older. In 1873, the 55-year-old William married Maud Julia Edwards, a 26-year-old beauty from Devon, England. With William,

Maud gave Laura a half-sister, Enid, and three half-brothers. The boys – John, Herbert and Lionel – would have distinguished military careers and all would die in the Great War.⁵

³ Beavis and Souttar, 'A Field Hospital in Belgium', pp.64-66; Anonymous War Nurse, *A War Nurse's Diary: Sketches from a Belgian Field Hospital*, MacMillan, New York, 1918; Souttar, *A Surgeon in Belgium*, pp.1-42.

⁴ *The Common Cause*, 'The Millicent Fawcett Hospital Units', 8 December 1916, p.464; 15 December 1916, p.478; 5 January 1917, p.516; 19 January 1917, p.535; 23 February 1917, p.610; and 2 March 1917, p.625.

⁵ Dr Laura Elizabeth Forster family tree, Ancestry.com,

<https://www.ancestry.com/family-tree/person/tree/65253452/person/160052625067/facts>; Bede Nairn, 'Forster, William (1818-1882)', *Australian Dictionary of Biography*, Vol.4, Melbourne UP, 1972.

It was Maud who would have a profound influence on Laura, but it wasn't until her father died in 1882 and Maud re-married that her impact on Laura would become apparent. John, Herbert and Lionel's interest in the military, and Laura's as well, was due to Maud's new husband. In 1884, Maud took the children to Devon. There, she married in 1889 Capt John Burn-Murdoch, the son of a physician and member of the Royal Engineers. He served in the 1879-80 Afghan War, where he was severely wounded, the 1882 Egyptian Expedition and the Boer War in South Africa in 1900. Listening to her stepfather's adventures in exotic countries, and watching from a distance her brothers enjoy important military careers, surely had shaped young Laura's appetite for adventure and government service.⁶

Laura, who was educated at Sydney schools, was already thinking ahead to adventure and how she could achieve her dreams of travel and service. One piece of tantalising evidence of her passion for travel is a photograph of her taken when she was 21 years old and inscribed with 'Karlsruhe 1879-1882', indicating that she spent some time in the German city and perhaps at Karlsruhe University, although there is no known documentation that she was a student there. It is likely she also mastered German since her dissertation at the University of Berne, 'Zur Kenntniss Muskelspindlen', *Virchow's Archive* (1894), on muscle spindle fibres, was written and published in German.⁷

In June 1887, Laura sat for her preliminary examinations for admission to medical school. After passing her exam, she registered at Berne University on 19 July. On 1 November she began her first day of classes. She studied at the Pathological Institute for twelve semesters researching muscle spindle fibres. After graduating with a medical degree in 1894, she returned to England. The following year she passed her British Qualifications exams to become a Licentiate of the Royal College of Physicians and Surgeons of Glasgow, and the Royal College of Physicians and Royal College of Surgeons, both in Edinburgh. She was among 39 medical graduates to pass the qualifications out of a total of 95 sitting for the exams.⁸

Despite her impressive credentials and becoming a member of the British Medical Association and the Association of Registered Medical Women, Forster faced the same obstacles virtually all female physicians in 1895 encountered: There were no jobs available to women in British general hospitals, and certainly no surgical positions. Female physicians were relegated to employment at hospitals and clinics founded by women and specifically to treat women, children and orphans. Forster found work as a medical officer at the Cutler Boulter Provident Dispensary in Oxford and established a separate private practice.⁹

⁶ Statement of Services of John Burn-Murdoch of the Royal Engineers, p.361, <https://www.fold3.com/image/524723525?rec=613982727>.

⁷ Laura Forster, *Zur Kenntnis der Muskelspindeln*, Inaugural Dissertation, Erlangung der Doktorwürde einer hohen medizinischen Fakultät der Universität Bern, vorgelegt von Laura Forster, (Aus Sydney), Berlin, 1894.

⁸ *The British Medical Journal, Universities and Colleges*, p.253; *The Medical Directory for 1905* (Sixty-first annual issue); Mary R.S. Creese and Thomas M. Creese, *Ladies in the Laboratory III: South African, Australian, New Zealand, and Canadian Women in Science: Nineteenth and Early Twentieth Centuries*, Scarecrow Press, 2010, pp.37, 64, 75, 230; *Registered During the Year 1894: The General Council of Medical Education and Registration of the United Kingdom*, London, 1895, p.34; *Council of Medical Education and Registration of the United Kingdom*, London, 1895, p.34.

⁹ *The Medical Directory for 1905* (Sixty-first annual issue); Creese and Creese, *Ladies in the Laboratory III*, pp.37, 64, 75, 230; *British Medical Journal*, 'Casualties in the Medical Services – Dr. Laura E. Forster', p.345; and Dr Laura Forster, LRCP & S Edin, MD, Berne, 'Histological Examination of the Ovaries in Mental Disease', communicated by F W Mott, Major RAM (T), MD, FRS, 13 March 1917. pp.1, 3, 67, 70, 83.

While the Cutler Boulter position was perhaps unchallenging, working in Oxford gave Forster access to the top medical practitioners at Oxford University. Her first interest was determining the causes and effects of ovarian diseases in severely mentally ill women. Using the pathology laboratory at the Claybury Asylum, she performed autopsies on about 100 deceased women received from London and Charing Cross hospitals. An important mentor on the project was Dr Frederick Mott, who published Forster's findings posthumously one month after her death in 1917. In 1907, she published a research paper on the histology of tubercular human lymphatic glands under the supervision of Dr Gustav Mann. In her paper on diseased ovaries, Forster credited a dozen male physicians for assisting her in the research, an extraordinary number of doctors in a profession that in Victorian England was generally hostile to women physicians.¹⁰

Onward to Belgium

At 56, Forster was older than the rest of the medical staff leaving for Antwerp. Very small, with elfin features, and somewhat frail-looking even when she was in the best of health, Forster was someone who didn't necessarily telegraph her presence. But she was the only member of the medical team with experience in a combat zone.

Fig.2: Dr Alice Benham at a young age in England. She was Dr Forster's best friend during the war. (Courtesy Anne Gretton)



Following two nights in Folkestone, the party on 8 September took an old paddle steamer, the *Marie Henriette*, with a destroyer escort and crossed the English Channel in rough waters to Ostend. The unit spent a night in a train station waiting room. Part of the group then took the night train to Antwerp while the rest followed in six automobiles through Bruges and Ghent to their destination.¹¹ Their hospital on Boulevard Leopold was a former Duke's palace converted to a grammar school. The staff unpacked their equipment and belongings but otherwise remained idle for three days until a flood of wounded Belgian and British soldiers, about 170 in all, arrived and overwhelmed the wards. There were not enough beds, and nurses were turned out of their quarters to give the wounded accommodation.

Forster, Benham, Maude, Baker and nine nurses spent long shifts in the operating theatre assisting Beavis and Souttar. The theatre had three long windows facing a courtyard that

¹⁰ Ibid.

¹¹ British Committee French Red Cross, *Roll of Individuals entitled to the Victory Medal and British War Medal Granted Under Army Orders*, pp.B19, B20, B21; Beavis and Souttar, 'A Field Hospital in Belgium', pp.64-66; Anonymous War Nurse, *A War Nurse's Diary: Sketches from a Belgian Field Hospital*.

provided good lighting during the day. From the ceiling hung an abundance of electric lights while in the corner water boiled throughout the day and evening. Souttar observed the operating theatre rivalled any London surgical room in equipment and cleanliness. Most of the wounds treated were minor, but surgeons soon discovered that injuries resulting from gunshots and explosives were nothing like the traffic- and work-related injuries they treated in England. Even puncture wounds seemingly minor could kill a man. Soldiers arrived soaked to the bone with their uniforms caked with dirt. Most patients were septic with shrapnel wounds filled with mud.¹²

The operating team worked quickly and efficiently, and celebrated the fact that they performed no amputations with the first wave of wounded. By dawn the next day, most of the patients had been treated and dressed and were resting. The hospital was divided into 14 wards with the largest accommodating 70 patients. The remaining wards had up to 12 beds each. By this time the medical staff had grown to about 40 doctors, nurses, drivers and orderlies.¹³ In the weeks that followed, small contingents of doctors and nurses travelled by automobile to the front to treat Belgian and British soldiers in the trenches for minor injuries and ailments. Forster and Benham stopped at every village along the route to the front to treat civilians and soldiers alike.



Fig.3: The operating theatre at Antwerp, Belgium, in 1914, shortly before it was abandoned as German troops advanced on the city. (Courtesy University of California Libraries/Internet Archive)

Over the next three weeks, the hospital fell into a rhythm as the staff adjusted to the constant influx of men. However, the front lines were inching closer to Antwerp as defences around the city began to fall to German bombardments. At a reservoir near one defensive position at Walaem, six miles south of the city, dead British and Belgian soldiers were stacked up against the walls to form a barricade against invading Germans. With the threat of

¹² Ibid.

¹³ Ibid.

contamination, Belgian citizens filled a dry-dock with salt in an attempt to purify the water. Water was shut off for 23-and-a-half hours a day, leaving nurses to scramble with pails to secure as much water as possible in a single half-hour. With a hospital containing more than 200 staff and wounded, and an operating theatre that required copious amounts of water, the task stretched the limits of endurance among the nurses and doctors.¹⁴

By 30 September the waterworks at Walaem had been destroyed and nurses scattered to gather water from the wells of nearby residences. Electricity and gas became unreliable and 42-centimetre German artillery shells were falling closer to the hospital. A massive explosion at the fortress at Wavre St Catherine on the perimeter of the city brought dozens of men suffering second- and third-degree burns. The burns were a new type of injury and the most challenging to treat. Every square inch of the men's bodies had to be treated slowly and carefully, with the dressing for each man taking one hour to complete.¹⁵

During the first week of October it was clear the German Army was poised to seize the city. On a Friday, British Counsel-General Sir Cecil Herstlet informed the hospital that his office was evacuating Ostend. The following morning the Belgian Army Medical Service ordered the hospital to evacuate the wounded to the railway station for transport to England. The same day the Germans sent word they would shell the city in 24 hours and urged civilians to escape to safety. On 6 October civilians on foot and in automobiles and lorries evacuated the city in en masse, clogging the streets leading to the countryside.¹⁶

Precisely at midnight the shelling began with a mighty roar. One British nurse recalled being frozen with fear. 'My friend reached out her hand and said, "Remember we are British women, not emotional continentals. We've got to keep our heads".'¹⁷ Shells were falling in two-minute intervals as nurses and doctors, Forster, Benham, Maude and Baker among them, methodically moved patients in pitch-black darkness from ward to ward on stretchers to an underground passageway deep in the bowels of the hospital. Two hours after the bombardment began, all patients were safely underground. A headcount showed the staff was responsible for 73 Belgians and 40 British wounded soldiers and marines.¹⁸

Evacuation

As dawn broke the Germans pounded Antwerp block by block, although shells dropped short of the hospital. Gas and electricity were no longer working. By noon, many of civilians had been cleared of the city and homes disappeared in the heavy shelling as the bombing crept closer to the hospital. Beavis rounded up the six automobiles available to the unit since first arriving in Belgium and commandeered five London buses from a nearby omnibus garage.¹⁹ By 3pm the wounded were loaded on the buses and jammed in automobiles. One young doctor had forgotten his kitbag and dashed upstairs to retrieve it when suddenly a wall collapsed, exposing the destroyed home next door. He quickly turned around and boarded a bus without his equipment. More wounded soldiers showed up expecting treatment, only to find the staff and patients were ready to leave. Those soldiers were quickly treated and joined the group. It was a horrific 14-hour drive to Ghent, the first leg of the retreat. The convoy slowly moved through severely damaged streets. In one neighbourhood the group had no

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Anonymous War Nurse, *A War Nurse's Diary: Sketches from a Belgian Field Hospital*.

¹⁸ Ibid.

¹⁹ Beavis and Souttar, 'A Field Hospital in Belgium', pp.64-66

choice but drive through a wall of flames. There was no turning back. When Germans were spotted, the convoy slipped down back streets and alleys, slowly winding their way out of Antwerp.²⁰



Fig.4: Dr J Hartnell Beavis, medical director of the Antwerp medical unit, supervised the female medical and nursing staffs. (Courtesy Univ of California Libraries / Internet Archive)

The trip was agony. Some patients had compound fractures, severe head wounds, gunshot wounds to the lungs and others had broken backs. Even on London streets taking the

bus can be a rough ride on all-rubber tires and primitive suspension. Dodging potholes and driving over debris on cobbled streets aggravated wounds and forced Dr Maude to administer morphine to the men. The only exit from the city was to cross the Scheldt River on a pontoon bridge. Hundreds of refugees jammed the city square on foot and in vehicles waiting to cross. The bridge could only accommodate one vehicle at a time, requiring nearly a two-hour anxious wait for the convoy's turn to cross. After the last bus of the 10-vehicle caravan crossed the bridge, a German artillery shell scored a direct hit on the bridge, splitting it in two and stranding civilians in the square.

Outside the city the main road to Ghent was clogged with fleeing residents. As darkness fell the buses picked their way through the crowds. The vehicles were often mired in sandy ruts, which required the medical staff to use ropes and pulleys to upright the buses onto all wheels. Whenever someone spotted Germans in the distance the order went out from vehicle to vehicle, 'Lights out and silence!' Often the medical team encountered columns of British marines marching to Antwerp. They ignored warnings the enemy now occupied the city. Through it all Forster said little and displayed no emotion other than to offer soothing words to the men. Benham, in typical restrained British fashion, observed Forster's work ethic during the entire Antwerp operation:

Dr Forster was a very keen and enthusiastic member of the staff, and was ready to take part in Red Cross expeditions to villages just outside Antwerp, where the fighting was taking place. When the bombardment of the city was followed by the evacuation, Dr Forster took her part in moving the patients, and showed great pluck and endurance during the retreat to the coast.²¹

²⁰ Anonymous War Nurse, *A War Nurse's Diary: Sketches from a Belgian Field Hospital*; Conscientious Objector, 'An Heroic Woman Doctor', (New Zealand) Press, Volume LIII, Issue 1590, 11 July 1917.

²¹ *Ibid.*

The convoy arrived in Ghent shortly before dawn, and remained for 24 hours before continuing its journey to Ostend via Bruges. At Bruges it became clear the Germans were prepared to march on the city, and the team fled at two in the morning. At Ostend a 500-bed Red Cross hospital was partially filled with wounded and the team was permitted to take empty beds to get some sleep. On a Tuesday, three Harwich-to-Antwerp steamers were secured for the evacuation. Each vessel could accommodate 500 wounded. The staff moved the soldiers and marines onto the vessels, but refugees began to panic on the quay, demanding that they be permitted to board. As the steamers left their moorings several men and women leaped to the boats, hanging on to the railings. Nurses and doctors pulled many aboard, but others fell into the water and drowned. Ambulance trains and members of the Royal Army Medical Corps were waiting for the steamers at Dover. After removing the wounded from the boats, the Antwerp staff boarded a train for London.

Beavis had taken the names and addresses of his staff members and began contacting them in London for the next operation in Furnes. Forster, Benham, Maude and Baker declined the invitation. Benham joined the NUWSS and eventually left for Russia. Maude left for a Royal Army Medical Corps hospital in Calais and later went to Serbia. Baker, a fellow Aussie, remained in England. Forster decided on northern France near the Belgian border to continue treating Belgian soldiers and perhaps be closer to her brothers.²²

The Family's First Casualties

It would seem reasonable that Forster would join Beavis's unit when it arrived in Furnes toward the end of October 1914. Furnes was 15 miles east of Dunkirk and only 30 miles from the France-Belgium border. But she chose to go it alone. Although she was able to work in the operating theatre in Antwerp, Dr Benham once remarked that Forster's passion was surgery. Perhaps she did not have the freedom with the British Committee of the French Red Cross that she wanted.²³ Although the French Red Cross had liberal views of female surgeons and welcomed them into their hospitals with enthusiasm, her medical unit in Antwerp was under British supervision with an apparent less than open mind on the role of female doctors. Rather than continue with the Antwerp staff, she established herself as an itinerant surgeon moving from one field hospital to the next. She remained at one hospital until the call was made for volunteers to assist at another, given the ebb and flow of wounded in one particular area of the combat zone.²⁴

Forster's family in Australia and England was aware that she was in northern France, but could never pinpoint her location. Forster's half-brother, Capt Lionel Archibald Forster, a seasoned officer and veteran of the Boer War and Orange Free State campaign, was not far away when he joined the British Army's First Battalion from the Reserve of Officers list at Le Mesnil, France, on 24 September 1914. He was wounded in action at Voilaines on 22 October and taken prisoner by the Germans who seized Douai, a commune in the Nord Department, and held onto it until 17 October 1918. Capt Forster died at the Lycée Hospital, Douai, on 4 November.

²² Ibid.

²³ *Australian Dictionary of Biography*, 'Martha's Family Connections', Issue 13, 2014, p.7; *Perth News*, 3 March 1917; Stella Bingham, *Ministering Angels: A History of Nursing from The Crimea to The Blitz*, Dean Street Press, 2015; *The Common Cause*, 'The Millicent Fawcett Hospital Units', 2 March 1917, p.625.

²⁴ *Australian Dictionary of Biography*, 'Martha's Family Connections', p.7; *Perth News*, 3 March 1917; Stella Bingham, *Ministering Angels*.

In the spring of 1915, the month-long second Battle of Ypres raged just 11 miles from the France-Belgium border. Forster's other half-brother, Capt Herbert Cyril Forster, was fighting with the 4th Bn Royal Fusiliers at Bellewaarde Ridge just a short distance away during the last two days of battle to seize control of Ypres. On the last day of fighting on 25 May, Capt Forster was killed in action.²⁵

Petrograd

While Forster chose to work alone near the front in Northern France, her friend Dr Alice Benham travelled to Russia with the NUWSS, which had established a string of hospitals in Zaleschiki, Kazan, Stara Chelnoe and Petrograd (these pre-revolution names no longer exist). The facilities were named the Millicent Fawcett Hospital Units after the NUWSS president Millicent Fawcett, a moderate suffragist who eschewed the movement's more militant factions that engaged in violence against the British government. The NUWSS was one of five charitable units in Russia, joining the Great Britain to Poland Fund, the Anglo-Russian Hospital, Quaker Refugee Units and Scottish Women's Hospitals.²⁶

Russia was doing poorly in the war with catastrophic food shortages in Moscow and Petrograd (now St Petersburg). Food distribution was poor and often food was left to rot on lorries and at train stations. Diseases ran unchecked. Typhoid, smallpox, measles, scarlet fever, diphtheria and dysentery plagued families, who suffered through the 1915-1916 winter with little firewood as temperatures inside their homes dropped to 8C.²⁷

Benham would rotate through the hospitals as the chief medical officer, spending much of her time in Petrograd and later at Stara Chelnoe in southwestern Russia. Born Alice Marian Benham in 1873, she was single and had lived comfortably in Chelsea with three servants. She graduated in 1904 with a Bachelor's of Medicine degree and earned her advanced medical degree in 1910 from London University.²⁸

In the autumn of 1915, Forster learned, probably from Benham, that Petrograd was in desperate need of doctors to treat the local population and refugees streaming into the city. With so much work in France, it is a mystery why Forster chose Russia to offer her services. W.H. Moberly, the administrator for NUWSS, recalled after Forster's death that her 'love of adventure' took her north. Moberly also implied the Australian was not getting enough time in the operating theatre in France and wanted to 'find scope for her beloved surgery' in Petrograd. Forster also could have felt no desire to remain in France since Lionel and Herbert were dead and her third brother, John, had yet to arrive at the front.²⁹

²⁵ Christleton Village History Group, 'Lionel Archibald Forster', <http://www.christleton.org.uk/christleton2/heroes/forster/index.html>; *The London Gazette*, 6 October 1908, p.7228; *Eagle House Book of Remembrance, the Great War, 1914-1918*, <http://www.oehs.org.uk/greatwar1418.html>; and *Forces War Records*, <https://www.forces-war-records.co.uk/records/1951174/captain-herbert-cyril-forster-british-army-london-regiment/>

²⁶ *The Common Cause*, 'The Millicent Fawcett Hospital Units for Refugees in Russia', 13 October 1916, p.340; 10 November 1916, p.396; 1 December 1916, p.432; 8 December 1916, p.464; Helen Fraser, *Women and War Work*, HardPress Publishing, 2013.

²⁷ Public Health Reports, 'Public Health Administration in Russia in 1917', 28 December 1917, Vol.32, No.52, p.2206; Peter Grant, *Philanthropy and Voluntary Action in the First World War: Mobilizing Charity*, Routledge Studies in Modern British History, 2014.

²⁸ *Medical Directory of 1927* (Alice Marian Benham).

²⁹ Leah Leneman, 'Medical Women at War, 1914-1918,' *Medical History*, 1994, 38, pp.160-177; Katherine Storr, *Excluded from the Record: Women, Refugees, and Relief, 1914-1929*, Peter Lange AG, 2009; *The*

Forster journeyed 1,600 miles from France to Petrograd, arriving about three months before the NUWSS was able to firmly establish itself in the city. Upon arrival, Forster immediately found a position as the first Australian or British female physician at a 2,000-bed hospital to perform surgery in the Men's Surgical Department. Already fluent in German, she quickly mastered Russian, allowing her to easily transition into the new environment.³⁰

The NUWSS, meanwhile, sent Moberly and nursing organiser Violetta Thurston in December 1915 to investigate the medical needs at Petrograd. In January 1916, Dr Mabel Eliza May and Dr Beatrice Coxon arrived with a 12-member female staff to open a maternity hospital.³¹ In the spring and summer, five more female physicians and about 20 nurses followed. This was Forster's first contact with the NUWSS. It also reunited her with Benham. Forster moved from the men's department surgical unit to the NUWSS 116-bed maternity hospital when it opened on 13 March 1916.³²

A Journey Takes its Toll

As was her custom, Forster usually responded quickly to calls for doctors at other hospitals. In May the Russian Red Cross sought physicians to work in the Caucasus where more than 220,000 refugees were streaming into the region. The number eventually climbed to 367,000 registered civilians by the end of October.³³ Forster immediately volunteered. It was a long and gruelling journey. As summer approached temperatures peaked at 35 C, often accompanied by intense thunderstorms, and sometimes dipped to freezing at night. The convoy often stopped at the roadside for the night exposed to the elements, and then continued the next morning. Benham observed that her friend 'had to put up with a good deal of discomfort, and had found the summer heat and dust very trying. The way she ignored her own comfort and undertook strenuous work was very much admired.' Moberly recalled that Forster 'was no longer young. She was without friends or connections there.'³⁴

The long hours in surgery and catching only a few hours sleep nonstop began to take its toll on the doctor. She remained in the Caucasus briefly before moving to Erzurum, Turkey, to take charge of one of the field hospitals. In January 1916, the Russian Caucasus Army began their assault on Erzurum against the Ottoman Third Army with 165,000 infantry and cavalry and 180 guns. The Turks had 126,000 men, but only 50,000 were combat-ready. By 18 February, the Russians seized the city, but 2,300 men were killed and 13,000 wounded. The

Common Cause, 'Our Millicent Fawcett Hospital Units in Russia', 20 October 1916, p.352; 27 October 1916, p.365; 1 September 1916, p.176; and Sybil Oldfield (ed.), *International Woman Suffrage, 1913-1920*, Routledge, London, 2003.

³⁰ *Perth News*, 3 March 1917; *The Common Cause*, 'The Millicent Fawcett Hospital Units', 2 March 1917, p.625.

³¹ *The Common Cause*, 'The Millicent Fawcett Hospital Units for Refugees in Russia', 13 October 1916, p.340; 10 November 1916, p.396; 1 December 1916, p.432; and 8 December 1916, p.464.

³² *Ibid.*

³³ Asya Darbinyan, 'Russia's Humanitarian Response to the Armenian Genocide', *The Armenian Weekly Magazine*, April 2016; Arnold Joseph Toynbee and James Bryce, *The Treatment of Armenians in the Ottoman Empire 1915-1916: Uncensored Edition: Documents Presented to Viscount Grey of Fallan by Viscount Bryce*, Taderon Press, 2000; Halit Dundar Akarca, *The Russian Administration of the Occupied Ottoman Territories During the First World War: 1915-1917*, The Institute of Economics and Social Sciences of Bilking University, September 2002, pp.66-70, 76; Helen Rappaport, *Four Sisters: The Lost Lives of the Romanov Grand Duchesses* Pan, 2015.

³⁴ *The Common Cause*, 'The Millicent Fawcett Hospital Units', 2 March 1917, p.625.

Turks suffered 40,000 casualties and 13,000 were taken prisoner.³⁵

Arriving at Erzurum, Forster found conditions better than anticipated. The Caucasian Committee of the All-Russian Union of Towns operated 11 medical-related facilities. The makeshift institutions included two 400-bed general field hospitals. Forster took charge of a 150-bed infectious diseases hospital. Typhus was the biggest killer, taking by the end of the summer an estimated 70 percent of the 40,000 infected refugees, soldiers and residents of the city.³⁶

Joining the Suffragists

In September 1916, the NUWSS asked Forster to replace Benham to take charge of a 15-bed hospital at Stara Chelnoe in southwestern Russia. Like her trip to the Caucasus and Erzurum, the journey to Stara Chelnoe provided little shelter and hundreds of miles under a blistering sun. Benham, who was returning to England for a break, noted that her friend arrived 'looking tired and thin.'³⁷ Stara Chelnoe was a sad little place; primitive and sitting just outside the village. Forster took the train and then travelled 20 miles by automobile from the station over rough roads to the village. The hospital, which was taken over by the NUWSS in May, took in Polish refugees, Russians and Chubasch, a Volga tribe. Russian soldiers and Austro-Hungarian prisoners of war often arrived in batches from the front. Many of the injuries Forster dealt with involved peasants who hurt themselves with harvest machinery. Although the number of patients far exceeded the beds available, Forster had only one nurse, Sister Josephine Percival, and a handful of orderlies to assist.³⁸

In January 1917, Percival reported to the *Gloucester Journal* that, 'I am running this hospital with Dr Laura Forster. We have kept well-occupied and I hope we shall not have to close, as it is a home of refuge for those poor people. The chief ailments seem to be skin diseases, tubercular troubles, abscess and pneumonia. We have just sent home, convalescent from pneumonia, a boy of eighteen who is shortly to be called to serve his country.'³⁹

In December, the NUWSS transferred Forster to its 80-bed Fifty-Second Epidemic Hospital, in Zaleschiki (also spelled Zalishchyky), Galicia, which now straddles the Poland-Ukraine border and had been established in June 1916. She joined Dr Helena Hall to replace Dr Kate King May-Atkinson, who was returning to England to raise more funds for the operation. Initially attached to the Russian Ninth Army, the hospital was transferred to the Seventh Army under the famed General Aleksei Brusilov, who was beloved by his soldiers for his successes in battles against the Austro-Hungarian Army. Brusilov would inspect the Millicent Fawcett Hospital Units' facilities and occasionally dine with the doctors.⁴⁰

³⁵ Darbinyan, 'Russia's Humanitarian Response to the Armenian Genocide'; Toynbee and Bryce, *The Treatment of Armenians in the Ottoman Empire 1915-1916; Seizure of Erzurum by Russian Troops*, Presidential Library website, <https://www.prilib.ru/en/history/619031>.

³⁶ Ibid.

³⁷ *The Common Cause*, 'The Millicent Fawcett Hospital Units', 2 March 1917, p.625.

³⁸ *The Common Cause*, 'The Millicent Fawcett Hospital Units', 2 February 1917, p.569; 9 February 1917, p.579; 16 February 1917, p.591; and 23 February 1917, p.610.

³⁹ *Gloucester Journal*, 20 January 1917, p.5.

⁴⁰ *The Common Cause*, 'Millicent Fawcett Hospital Units in Russia', 1 December 1916, p.432; 8 December 1916, p.464; 15 December 1916, p.478; and 19 January 1917, p.535.

Death in the Winter

Zaleschiki was about 30 miles from the southwest front and a steady stream of Russian soldiers passed through the hospital – the only infectious diseases facility within 200 miles – with typhus and diphtheria. Joining the Russians were Austro-Hungarian POWs who were among the 400,000 soldiers captured by Brusilov’s forces, which was covering 15 miles a day along the 250-mile front. At one point the hospital had vaccinated 20,000 soldiers from both armies. Thrust into the maelstrom of wounded and infected soldiers, were the local population and refugees. Forster never managed to catch her breath. Once arriving in Zaleschiki, she alternated every other day with other doctors by travelling in an open car exposed to freezing January temperatures to the front to treat soldiers in the trenches and at field headquarters and aid stations.⁴¹



Fig.5: The medical team at Zaleschiki, Galicia, Russia, in 1916. Laura Forster is believed to be seated in the centre. (Australian War Memorial photo H18592)

Early in the first week of February 1917, she came down with influenza and was bed-ridden. About ten days later, on 11 February, she suffered a fatal heart attack. Her two closest friends, Alice Benham and W.H. Moberly, were in England and not with her. ‘I am sure she would have chosen to die in harness as she has done, preferring wear out rather than to rust out,’ Benham said of Forster. Moberly, who described Forster as an ‘intimate friend’, said the Australian was a ‘tiny, fair woman with indomitable courage’.⁴²

⁴¹ Muriel H. Kerr, ‘Six Months’ Medical Work with the Millicent Fawcett Units in Russia’, *The Common Cause*, 26 January 1917, p.553; *The Common Cause*, ‘The Millicent Fawcett Hospital Units’, 2 February 1917, p.569; 9 February 1917, p.579; 16 February 1917, p.591; *The British Journal for Nursing*, 5 February 1916, p.127.

⁴² *Perth News*, 3 March 1917; *National Probate Calendar*, 1917, p.288; Conscientious Objector, ‘An Heroic

For the rest of the staff there was little time to mourn her death, but hospital nurses gathered the next day to sew not the Australian Red Ensign flag but the British Union Jack to drape over her coffin. They recruited a Russian Orthodox priest from a nearby village, who brought some of his altar boys to lead a procession from the hospital to a nearby cemetery. As was the custom of Russian Orthodox rites, Forster was carried in an open casket with the Union Jack tucked up to her chin. Religious icons were placed in the casket with her body. Nurses in their formal Red Cross uniforms followed the priest to the cemetery. Dozens of villagers, who had received treatment from Forster, also turned out.⁴³

Nearly 20 months later, Capt John Gregory Forster, Laura's only surviving half-brother, was fighting in France near Epehy with the 7th Battalion, London Regiment, when he was fatally wounded. He died on 2 October 1918 at Boisieux-Saint Marc.⁴⁴

Dr Forster did not die destitute. Her nephew, Norman William Kater, was named executor of her estate valued at £816, adjusted for inflation, about £64,954, in 2017 pounds sterling.⁴⁵ In November 1926, Mary Forster Kater, a benefactor of the Women's College at the University of Sydney, established the annual £500 'Dr Laura Forster Memorial Fund' to be administered in her sister's name. The college awarded the scholarship to any student from any of the university's colleges until 1985.⁴⁶

Military scholars have not given the same attention to Russia's participation in the war on the Eastern Front as they had to events in Western Europe. Large gaps in the telling of the war in Western and Central Russia, particularly from the diaries of enlisted men and low-ranking officers in the Russian, Austro-Hungarian and Ottoman armies, remain unfilled. Not unexpectedly, many stories from the open fields in southwestern Russia and the mountains of the Caucasus have largely been told by British aid workers reporting conditions to newspapers, journals or in their own memoirs. Curiously, many such reports focused on Russian culture and customs and kept the news light. In many reports there was little on the specifics of what occurred in operating theatres and on the battlefield. It was as if the medical staff wanted to paint the brightest picture possible for readers. The consequences one hundred years since is that non-military – and often all-female – volunteer medical units, which did not have the resources of an army, received little attention in the media or from the British Expeditionary Force. The lack of focus deprived doctors and nurses acknowledgement of their contributions to the war effort.

Dr Laura Forster appears to have chosen a very private path to using her skills as a surgeon at the front. But that is also true of thousands of other medical officers whose work today on the Eastern Front is largely unknown.

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Woman Doctor'; *The Common Cause*, 'The Millicent Fawcett Hospital Units', 2 March 1917, p.625; and *Sydney Morning Herald*, 'Lady Doctor's Death', 16 May 1917.

⁴³ *The British Journal for Nursing*, 20 October 1917, p.253; *The British Journal for Nursing*, 'Care of the Wounded', 27 October 1917, p.269.

⁴⁴ Winchester College at War, 'Forster, John Gregory', <http://www.winchestercollegeatwar.com/archive/john-gregory-forster/>.

⁴⁵ *National Probate Calendar*, 1917, p.288.

⁴⁶ University (of Sydney) Colleges, *Scholarships*, p.521; *Sydney Morning Herald*, 'Sydney University, Women's College, 14 July 1928, p.14.