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John Springthorpe's war

John Springthorpe¹ was a prominent Melbourne physician, reformer and public intellectual, having been active in a variety of positions from the 1880s. During World War I, he played a significant and often controversial part in important debates, both overseas in Egypt and Europe and at home in Australia. In each of the specific instances discussed in this article, Springthorpe revealed a preparedness to venture outside the boundaries of behaviour expected of a medical figure of his standing. While he used his reputation in the community to express his views, as he had done prior to 1914, this approach may have been inadvisable in the highly charged atmosphere of the Great War.

Though his engagement reflected a passionate belief in the war effort, his reputation suffered setbacks and he was frustrated by lack of success in achieving some of his main objectives. Returning to Melbourne after serving his country, and seeking to re-establish himself in the community he had left behind, Springthorpe was met with a response that he failed to anticipate and was left bitter, bruised and disenchanted, for the expected rewards and recognition of his service and commitment were never forthcoming.

Born in 1855 in Staffordshire, England, Springthorpe was educated at Fort Street Model School, at Sydney Grammar in Sydney and at Wesley College in Melbourne before attending the University of Melbourne where, by 1884, he had accumulated a Master of Arts, Bachelor of Medicine and Doctorate of Medicine. He took up his first position as a medical officer at the Beechworth

Lunatic Asylum before travelling to Britain in 1881 where he became the first Australian graduate to be admitted to membership of the Royal College of Physicians. He returned to Australia in 1883 and proceeded to work as a pathologist at the Alfred Hospital and as a lecturer at Melbourne University. He also established a private practice in exclusive Collins Street and, over the ensuing years, held a number of key roles in the Victorian medical community.²

Springthorpe could not, however, be characterised as a conventional medical man. Nor was he set in the mould of the Victorian era, of which he was nevertheless a product. As one local newspaper summed him up in July 1914, about a month before the outbreak of the Great War:

Dr JW Springthorpe is more, much more, than a practising physician, from whom medical advice can be obtained for a certain fee. He is, and always has been, during a fairly long and busy life, a social and physical reformer. Custom has not kept him in one rut, or confined him to certain prescribed grooves.³

Springthorpe's interests and endeavours were not confined to any one cause, nor were they limited in scope. Energetic and indefatigable, he was a ubiquitous presence in many parts of Melbourne society. From the late nineteenth century, Springthorpe's name was synonymous with several topical issues of the day. He was, for example, a vocal and outspoken critic of the Victorian-era asylum system, which he sought to reform.⁴ He engaged frequently in issues relating to 'insanity and the law', testifying in a number of high-profile murder cases where he offered expert medical opinion from the emerging field of psychology.⁵ The scourge of tuberculosis was another subject on which Springthorpe delivered regular public lectures. And he was especially committed to the promotion of good health through the new recreation of cycling.⁶

Springthorpe was devoted to promoting, nurturing and building his profession and his discipline of medicine, and this became his lifelong vocation. He achieved their advancement through the various associations in which he participated from the 1890s, including the Dental Association of Victoria, of which he was president;⁷ the Dental Board of Victoria; the British Medical Association, Victorian Branch;⁸ the Odontological Society;⁹ the Melbourne Dental Hospital;¹⁰ the St John Ambulance Association,¹¹ and the Australian Health Society.¹² In 1907, he campaigned vociferously for government updates to the facilities at the Melbourne Hospital.¹³ Meanwhile, in 1905, Springthorpe was appointed the founding dean of dentistry at the University of Melbourne, a position he held until the outbreak of war took him abroad.¹⁴

Springthorpe's short, stout figure could often be seen at spring balls, society openings, and afternoon teas with governors, politicians and academics. One such key event was the international meeting of representatives of the British Association for the Advancement of Science, which was held in Melbourne just after the outbreak of the war in August 1914. Welcomed by the government of Victoria with great pomp and ceremony, the delegates and guests included an extraordinary number of leading Victorian scholars, politicians and administrators. Among them, John Springthorpe's name appeared alongside those of luminaries such as historian Henry Gyles Turner; Alexander Leeper, head of Melbourne University's Trinity College; Premier Alexander Peacock; and Governor-General Sir Ronald Munro Ferguson and his wife, Lady Helen. Among other guests and local delegates at the welcome were leading Victorian political figures Alfred Deakin and Herbert Brookes, leading medical men James Barrett and William Beattie Smith, and university professors Walter Baldwin Spencer and Richard Berry.¹⁵

Springthorpe regularly hosted social gatherings of Melbourne's elite at his home. In November 1914, the society paper *Punch* described a 'Good-bye Afternoon' tea that he arranged to farewell his daughter, Enid, who was to be married in London, and to mark his own departure to the battlefields of Europe. The garden party was a sparkling event, epitomising upper-class elegance in Melbourne and taking advantage of the spectacular garden surrounding Springthorpe's residence in Murrumbeena. As the 200 friends and acquaintances arrived:

Dr and Miss Springthorpe received their guests in the eastern hall, which was decorated with foliage, palm, and white roses from the garden. The drawing-room was tastefully arranged with pink roses, and the works of art there received much attention from the guests. Afternoon tea was served in the dining-room and drawing-room, whilst on the lawns were strawberries and cream and ices. Pink and red carnations were used for the tables.¹⁶

Yet, for all his social élan, Springthorpe was not above attending the most mundane of medical emergencies. When one John Robb, a railway contractor, suddenly collapsed in the street and had a 'fit' while talking and laughing, Springthorpe was immediately summoned.¹⁷ His sense of public duty meant that, as one paper observed, his 'keen intellectual face', was seen at many public meetings 'called to consider the general welfare of the community'.¹⁸ He was thus never out of the public eye for very long.

On volunteering at the outbreak of war for active service as a medical doctor, Springthorpe transferred this considerable energy and drive to the



No. 2 Australian General Hospital, Mena House, Egypt. The first batch of wounded Australian soldiers from Gallipoli, May 1915. John Springthorpe is standing at centre (a woman wearing a large hat is at his left). Irene Victoria Read pictorial material and relics, 1839–1951, State Library of New South Wales, PXD1143 R1117

No. 2 Australian General Hospital. Consistent with his engagement in public life in Melbourne, in this new role he was equally outspoken and prepared to be critical when he believed there were issues that required scrutiny.

In this article I discuss three instances when Springthorpe occupied the public limelight during the war. The first was his criticism of the Red Cross and the handling of supplies to Egypt in 1915. In this case, his inappropriate accusations revealed poor judgement and lack of understanding of the war and its military operations, and the incident thus served to damage his reputation. The second incident to be examined concerns Springthorpe's public comments on the medical treatment of soldiers on the battlefield, a topic he was eminently qualified to discuss. On this issue, his views were progressive and ahead of the medical opinion of his more traditional and conservative peers, though his choice of unconventional methods invited criticism. Finally, on the issue of conscription, Springthorpe united with the majority of his medical colleagues in openly supporting the 'yes' case during the referendums of 1916 and 1917, but was atypical in publicly joining the campaign trail.

Springthorpe and the Red Cross

From the earliest months of the war, Springthorpe enthusiastically supported war mobilisation in Melbourne. On 11 August 1914, the Melbourne Town Hall was 'filled to overflowing' with those who were eager to assist in providing comforts for Australia's expeditionary force and to offer their help to wounded soldiers. The gathering was attended by the state's leading dignitaries – Lord Mayor David Hennessy, Lady Helen Munro Ferguson, Governor Arthur Stanley and well-known doctors and officials of the St John Ambulance Association. John Springthorpe was one of these doctors. He briefly addressed the meeting in words that were stirring and entirely appropriate to the occasion; his speech captured the mood of patriotic enthusiasm. Springthorpe, reported the *Argus*,

said that after a generation of preparation such as the world had never seen, and decades of weary watching, Europe had been transformed into a veritable Armageddon. But the possibility of immediate invasion had been thwarted, by the heroism of Little Belgium. (Applause.) They have placed Liege alongside that of Waterloo in the history of the world. (Renewed applause.)¹⁹

Unified on one cause – winning the war – Springthorpe and Helen Munro Ferguson shared the stage and directed their combined sentiments to mobilisation of the St John Ambulance and the Red Cross societies for the war effort. This good will between the two was, as we shall see, short-lived.

In the early months of the war, Helen Munro Ferguson and John Springthorpe worked closely together. It was through his presidency of the St John Ambulance that Springthorpe first encountered her ladyship, who went on to establish the Red Cross in Australia.²⁰ The St John Ambulance conducted demonstrations of first aid,²¹ and Springthorpe boasted that his association had trained 29,000 people and that 2000 volunteers could be found for service.²² His daughter was on the organisation's women's committee with Lady Munro Ferguson,²³ and Springthorpe was a key figure in the formation of the Victorian Branch of the Red Cross on 22 August 1914. Early in the following year, however, he was embroiled in a public furore that put him on a collision course with both Lady Munro Ferguson and Dr James Barrett who, along with his sister, Dr Edith Barrett, was also a key founding figure in the Red Cross. Springthorpe's unguarded comments would make him two bitter enemies as well as colouring his period of active service on the front.

Once the Australian Imperial Force (AIF) arrived in Egypt, its director of medical services, Surgeon-General William Williams, was appointed to oversee the distribution of goods provided by the Red Cross. Springthorpe and

Barrett arrived in January 1915 and, on their advice, Lady Munro Ferguson established a Red Cross Depot at the 1st Australian General Hospital. As the war progressed, the Red Cross played a vital and central role in supplying comforts such as shirts, tobacco, towels, cigarettes and other everyday needs not provided by the army. Barrett took charge of Red Cross funds, which, by 1915, amounted to £10,000.²⁴

In August 1915, Springthorpe sensationally complained publicly about the distribution of supplies. He accused the Red Cross of administrative mismanagement, poor distribution of goods and miscommunication. His letter to the Red Cross included the following details:

Serious need for Red Cross assistance began only when and after our men met their baptism of fire at Gaba Tepe. I have, I am sorry to say, to give you wide spread and reliable evidence that ever since then this department of Red Cross effort has failed to a degree that is almost incredible. Up to date there has been no depot near the front, and no arrangements for forwarding any comforts. Eleven weeks after the forward movement a Red Cross depot is to be established at Lemnos, and thousands of tins of condensed milk, badly needed at the front, were lying – unused – at Alexandria.²⁵

Springthorpe went on to describe a dire situation characterised by the:

same neglect with regard to troopships and hospital ships, as while the British Red Cross and St John Societies supplied necessaries and comforts to the troops, the Australian Red Cross Society was woefully behind, and this in the face of the fact that, ample supplies had been forwarded from Australia. The Red Cross Society ... failed so signally to distribute what was required that a new society, i.e., the Australian Comforts Fund, had to be started to distribute comforts and necessaries.²⁶

Springthorpe had his supporters. The Melbourne *Advocate* believed that disquiet surrounding the distribution of supplies had been ‘a matter of common report’, so it seemed strange, ‘in view of these very definite charges’ that James Barrett, who was leading the distribution of goods, ‘writes that everything is going well’.²⁷ There were also complaints made by Springthorpe of financial mismanagement and misuse of funds.²⁸ The *Advocate* suggested that the state should probably assume ‘more direct control, not only of Red Cross funds, but also of other patriotic funds which are known to overlap’.²⁹

The dispute was rehearsed in the public press, and Lady Helen Munro Ferguson was forced to respond to these accusations directly. She was at pains to point out that, in fact, Springthorpe’s accusations were erroneous, and

presented letters from Lieutenant-General William Birdwood, commander of the Australian forces at Gallipoli, and other high-ranking officials complimenting the Red Cross on its sterling job distributing materials at Gallipoli.³⁰

In 1916, the committee appointed to investigate the charges came to the conclusion that Springthorpe's accusations against James Barrett reflected his inability to distinguish between Red Cross and ordnance. Barrett was not to blame; Springthorpe should have taken notice of all the evidence and the facts. The committee characterised the letters of complaint written by Springthorpe as an 'appalling indictment' of his judgement, and severely chastised him for not taking measures to verify his accusations. Barrett emerged from the incident with dignity, and was described as an 'exceptionally capable man'.³¹

It was Springthorpe's reputation rather than Barrett's that was tarnished. The committee found that there was no evidence of the type of mismanagement described by Springthorpe and, even worse, his behaviour reflected an ignorance of the responsibilities and work of the Red Cross. He did not understand which matters came under the auspices of the army, the navy and other military bodies, and which were the responsibility of the Red Cross. Springthorpe had, in fact, shown great ignorance about the mechanisms for equipping military hospitals. He had failed on many levels, the inquiry found. 'One might have expected with confidence', concluded the committee:

that no one would launch such an indictment without having gravely weighed all the evidence possible to obtain, without having made strict inquiry without having demanded and asked for explanations, without being sure of his facts, and without having chapter and verse whereby to prove the truth of every word he set down. One might have expected that a medical officer of the standing and position of Lieut. Colonel Springthorpe would have been more than ever careful of his ground. He took no such precautions.³²

In particular, the committee believed Springthorpe's criticism of supply and distribution was reckless behaviour.³³ These were not times for unfounded accusations of impropriety and incompetence, which, it was believed, only served to undermine the war effort by damning the competence of key medical and military personnel.

The condition of soldiers

Springthorpe was also outspoken regarding the health and suitability of Australian soldiers to fight in the war. In the *Medical Journal of Australia*, he was overtly critical of the medical and physical stamina of the soldiers at

the front. The minister for defence, George Pearce, was quick to discount the accusations that soldiers were ill equipped. He described the view expressed by Springthorpe as 'alarmist' and regretted that it had been publicly aired.³⁴ The question of the stamina of the Australian soldiers was raised in federal parliament and Pearce was questioned as to whether Springthorpe's statements were correct that men of 19 and 20 'could not stand the strain, physical and mental'. Springthorpe claimed to have witnessed boys as young as 17, 'who, it was considered, would never be the same again through shock and strain'. Pearce retorted that this was not the view of other medical men.³⁵

Springthorpe, however, was proved right in his view that the psyche played a central role in the condition of shell shock.³⁶ At the close of the war he argued that the most valuable lesson learnt from the experience was that it 'has taught us, trumpet-tongued, the fundamental value of psychology'.³⁷ For Springthorpe, as for all doctors at the front or in the rehabilitation hospitals in England, it was shell shock that had illustrated this point most graphically. At the army hospital where he was stationed, Springthorpe found himself frustrated at being forced to process his patients too rapidly, and he believed the pressure exerted on doctors often led to inaccurate diagnosis. In 1916, he noted in his diary that there were 'so many, no time to diagnose, even if able',³⁸ and 'cases are run through as fast as possible'.³⁹ In the wards, he observed 'case of shell shock after shell shock – yet – kept at the front, emotional overthrow after overthrow – what will be the end?'⁴⁰

Moves towards encouraging soldiers to talk about their stress, and encouraging doctors to listen psychotherapeutically, signalled an important shift in dealing with psychological problems. This method, as with acknowledgement of the condition itself, cast doubt on existing understandings of military medical treatment. Springthorpe was amongst those who supported such disclosure, and encouraged the treatment of shell shock through talk and, more importantly, through listening. But, at the time, it was not considered masculine, or socially acceptable, for a soldier to discuss emotions – let alone fears, anxieties and vulnerabilities – as it undermined the approved masculine qualities of stoicism, emotional discipline and self-restraint. In contrast to these methods of listening and talking, the military understanding of shell shock was that it was the result of poor discipline, and that the cure lay in physical treatment, which included everything from electric shock treatment to bathing.⁴¹ The condition of shell shock thus attracted heated discussion about male subjectivity, for the key issue at stake was the question of manliness in war.⁴²



Doctors Colonel Springthorpe (right) with Sir Stanley Seymour Argyle (left) c.1914–18.
Australian War Memorial, AWM PS1087

Among Springthorpe's publications were a pamphlet that appeared in 1916 'The great withdrawal' and a play, written well after the war and published in 1932, *War's Awakenings*. In these writings, as in the various public campaigns in which he became involved, Springthorpe attempted to disseminate ideas and arguments to a wider audience beyond the medical fraternity. In *War's Awakenings* he aimed to popularise the issues and arguments about the war that preoccupied him long after the event, and to convey through a polemical drama his main concerns about the aftermath of the war. Springthorpe used

this play as a vehicle to promote his views on psychology and the treatment of shell shock, to challenge the view that soldiers suffering these ailments were malingering, and to argue that ‘nerve’ cases required genuine and informed treatment. In constructing a conversation between medical officers on the Western Front, he has one of them wonder ‘why 80 per cent of your cases are sent “Back to the Front”, when practically none of mine are fit to return’. Written 14 years after the war, and a year before his death in 1933, the play demonstrates how the tragedy of the war continued to preoccupy him.

Doctors and the war

A focus on Springthorpe’s war suggests that the role of the doctors who served at the front has been under-researched in Australia. ‘Patriotic doctors’ were among the first to enlist in October 1914.⁴³

The war created many challenges for the medical profession, not least of which included the demand for medical discoveries to deal with the new medical problems created by modern warfare. By February 1915, new technologies and techniques of warfare had resulted in a variety of wounds that demanded novel solutions, and theories derived from earlier battles about how to treat soldiers were already considered defunct or impractical.⁴⁴ In the *Medical Journal of Australia (MJA)*, one correspondent detailed the difficulty of dressing wounds in the dark at Anzac Cove, where the only light available was that from the enemy’s shells. Further administrative and logistical difficulties of organising medical facilities on the front are captured in several accounts, often with a stress on lack of organisation.⁴⁵ Particulars about the conditions of a medical hospital were included in an *MJA* editorial, which also provided a detailed description of war life. Its tone was heroic and patriotic, with an emphasis on mateship.⁴⁶

By 1917, however, such accounts were no longer uniformly positive and some explicitly acknowledged the difficulties of military surgical work. M Gorman O’Hughes, a Sydney surgeon, wrote that, without wanting to appear a pessimist, ‘two years surgical work ... has resulted in a certain amount of disillusionment’, and that it had produced something other than brilliant results.⁴⁷ The treatment of limbs, in particular, offered new insights into orthopaedic surgery. The *Medical Journal of Australia* fostered discussion and much exchange of information on a range of issues and debates within the medical profession. The journal, which began in 1914, provided a rare opportunity during the war years for doctors to publish their case studies and reflect on their surgical techniques in applying certain methods to treating soldiers afflicted with a range of new war injuries.⁴⁸

Doctors and conscription

Another under-researched area in Australian scholarship is the views of doctors on conscription during the Great War. Only rarely did the medical fraternity engage in discussion of political issues relating to the war. The one exception to this was the issue of conscription. In October 1916, an open letter was published in the press signed by a number of medical officers serving on the front. It asked 'Can a woman vote to send another woman's son to his death?' The signatories put forward a medical argument for conscription:

As army medical officials who have seen service abroad, we feel it our duty to impress upon all members of the community that the actual deaths in our army on active service occur not only from mortal wounds, but also from several forms of infectious and exhausting diseases, such as dysentery, pneumonia, meningitis, and para-typhoid fever. If men are not given periods of rest from trench life, if companies are not relieved by the arrival of reinforcements to take their place at the proper time, then the physical resistance of the men is lowered by strain and exhaustion, they become more liable to disease, more liable to die from such diseases, and more liable to die from serious wounds.⁴⁹

They directly and explicitly appealed to women and the help they could offer in sending their sons to save others. 'One way to save another woman's son from being sent to his death is to send someone to help him, to reinforce him, and then both may be saved'. The appeal stressed the importance of reinforcements. 'Many of our finest men would not report sick but held on, literally unto the death, in the trenches helping their mates, awaiting for reinforcements which never arrive, or arrive too late.' It was a matter of life and death, the aim being to prevent deaths by bringing men back to hospital and allowing them to convalesce:

we can help to prevent these deaths by sending fresh men forward and bringing men back from the fighting line before they are exhausted and worn out. If they are not relieved the spirit of our Australian soldier will not let them withdraw from positions they have won until their bodies are worn out. In a fine army nothing lessens the war wastage of life so surely as sufficiency of men.⁵⁰

Although this was a rare public expression by doctors of the need for conscription, the profession as a whole was passionate about the issue. Doctors believed so strongly that there should be conscription that, in July 1917, the medical profession itself conducted its own plebiscite suggesting the government be requested to introduce legislation imposing compulsory

enlistment of its members in Australia for service in the AIF and overseas.⁵¹ The NSW branch of the British Medical Association, which initiated the vote, argued that the task of providing adequate medical service for the armed forces was becoming increasingly difficult to sustain. If compulsory recruitment were not introduced, delivering medical treatment would be ‘cumbersome, slow, uncertain and costly’.⁵²

A vote was taken with 68 per cent of the medical men who were in Australia replying to the question. Of this group, 74.28 per cent favoured the profession being conscripted for war service. It was reported in the *Medical Journal of Australia* that Acting Prime Minister William Watt said it was highly unlikely this would be approved because the vote was not unanimous and because the government was opposed to conscription unless the people agreed to it. The journal ‘expressed disappointment that the loyal request of a majority of the medical profession was refused’. The journal then urged its readers to come forth voluntarily.⁵³

Springthorpe was a vocal campaigner for conscription beyond his own profession and emphasised the need to send more reinforcements from the early stages of the war. The best way to assist the Australian soldiers was by sending more soldiers. By all means, ‘Help them by comforts’, he proclaimed in 1916, ‘but help them more by sending others to reinforce them! It is a war we must win!’⁵⁴ In February that year, speaking at an overflowing meeting at the Malvern Town Hall, Springthorpe said he ‘pitied those who knew of Anzac and still wanted to stay away from the war’. There were individual life lessons to be learnt from war, and the nation too would benefit:

The young man who wanted adventure, wanted to have an interest in life, and wanted to have comrades who would grip him to their hearts, should he go to the war. In one year of war Australia had gained more than she would otherwise have gained in times of peace in a hundred years. It would have been absolutely impossible for Australia to get into such a position in a peaceful period of a hundred years.

Springthorpe was going back to the front and he did not know of any repatriated man who did not want to return.⁵⁵ In March 1916, he identified three possible reasons for the failure of men to enlist: ‘It was either that they did not know, or that they did not think, or else that they preferred their ease.’ None of these was, in his view, acceptable.⁵⁶ Springthorpe’s presence as a leading Australian doctor serving at the front carried considerable weight in these debates, although he was rare amongst the medical fraternity in assuming such a public profile.

Aftermath of war

At the end of the war, Springthorpe remained critical of the failure of the government to deal with the enduring impact of the war on soldiers and of the inadequacy of measures to ensure their seamless integration back into society. This was an issue of central importance to Springthorpe in light of his first-hand and painful experience of these difficulties. Springthorpe sought to be reinstated at the University of Melbourne on his return in 1919. At the age of 60, he had been compulsorily retired, but he wished to have his old job back. He made two attempts to seek employment at the university. The first was a written address to the university council requesting a moratorium on his age for two years of the four that he had served in the war, for he had retained his lectureship during the first two years. If he were reemployed, he believed that 'he would be able to give the benefit of his experience to the students'. Sadly, even tragically, it was reported that: 'A roar of laughter greeted the reading of Dr Springthorpe's letter and no action was taken.'⁵⁷ Repatriation of returned men was a wider platform on which Springthorpe spoke. Though he related the issue to soldiers more broadly, the situation was also now painfully relevant to himself. 'The very least Australia ought to do,' he argued in a public address in 1919, 'was to place the men in as good positions as they had before the war.'⁵⁸

Springthorpe's second attempt to gain employment at the university was by reappointment to the Faculty of Dentistry that he had assisted to create and of which he had been the first dean. A lively debate on the suggestion took place in the faculty and Springthorpe's war and peacetime service and contribution were fulsomely praised by faculty members in March 1919:

The members of the Faculty were delighted beyond measure, and more than words could express, to see Colonel Springthorpe with them all again. Colonel Springthorpe played a great part in winning the war; he had given up a splendid practice to go forth to battle against our enemies. Colonel Springthorpe's services had been unique in the progress and development of the Art and Science of Dentistry in the State of Victoria; but, however distinguished his services were in that direction, they had been eclipsed by the larger, higher and nobler service which he had rendered, as an original Anzac and as a member of the Australian Imperial Force, in connection with the war.⁵⁹

But, when they came to consider the matter of Springthorpe taking up his former job, the faculty members deemed the request inappropriate. The profession had moved on and the role now required a trained dentist:

Several members of the Faculty stated that they held Colonel Springthorpe in the highest estimation and honour, and were especially grateful to him for his services to Dentistry. The Faculty had already placed on its minutes the great respect which they entertained for Colonel Springthorpe. But they thought it no detraction from that regard, but quite consistent with it, if they thought and held that the position of Dean, one of the highest positions in the profession of Dentistry, should be reserved for a practising dentist.⁶⁰

During the 1920s, Springthorpe intermittently attended faculty meetings, but he did not take part in any discussions and decisions.⁶¹ This was clearly not the outcome he had desired or anticipated.

Conclusion

John Springthorpe spoke out on many issues during the war, as he had regularly prior to its outbreak. But debate in wartime conditions carried with it consequences that were not apparent in peacetime. Criticism could be as damaging, his critics believed, as open differences, which could undermine the war effort, especially on the battlefield. In particular, Springthorpe's handling of the Red Cross and its management of supplies did not reflect well on him. His opponents also believed that, in raising questions about the capacity of Australian soldiers, Springthorpe had damaged morale, as was the case with his insistence on the need to find better treatment for shell-shocked soldiers. Springthorpe was unusual in the medical fraternity as most of its members did not take such a public stand on these or other concerns. This was apparent in his outspoken support for conscription and his preparedness to campaign publicly on the issue, for most of his colleagues only pursued this issue collectively through the British Medical Association. After the war, Springthorpe sought employment at the university but was, as he saw it, cruelly rejected. His war experience was not without controversy, anguish and, at times, despair, but his belief in the value of the war effort remained resolute. What lingered was a frustration with the lack of recognition of its damaging legacies and of the difficulties of readjustment for returned men. As for so many with whom he served, John Springthorpe continued right up to his death to be haunted by the enduring shadow of the war.