Excuse my long silence without passing on any news. It happens that I had a bad accident, which has delayed me writing to you. On the 21st of September, a shell exploded very close to me and the explosion took off my right arm. I am now an amputee recovering in Paris...

I am going to have to give up the clarinet. It will be necessary to choose something else. I was given the Military Medal and the Croix de Guerre a few days ago but it wasn’t much in comparison to what I have lost.

Maurice Jaspart, 6 October, 1914, The Paris Conservatoire Gazette

My interest in the Great War began when I was a small boy, listening to my beloved English Grandmother, Beryl Churchill, talk about her nursing experiences during the battle of the Somme. She served as a Red Cross VAD (Voluntary Aid Detachment), essentially a minimally trained civilian volunteer. The image that has stayed with me from her stories is of her, as a night nurse, kneeling before the most seriously wounded, grasping their wrists and praying that they might live. Many of the soldiers who did recover wrote letters to her afterwards, addressed to Little Miss Suffragette. Reading them now, they clearly loved her and felt she had healed them somehow. I imagine her touch would have been a rare moment of tenderness for those soldiers in pain.

Beryl Churchill (known as ‘B’), was born in 1892, and had campaigned for women’s right to vote before studying economics at Newnham College, Cambridge. During the war, she joined the London/14 Greenwich
and Woolwich division as a Nursing Orderly. She served for almost three years in France, mainly with the Scottish Women’s Hospital at the Abbaye de Royaumont, north of Paris, a suffragette hospital of 200 beds, where even the surgeons were women, who treated over 60,000 patients between 1915 and 1919.

‘B’ found it so confronting that after three years of nursing in France, she had to request a transfer, and ended the war decoding signals instead. For the rest of her life, she would suffer from a recurring nightmare - being in charge of a ward full of dying men, unable to save them. Her son, my father, Simon Latham, spent his life healing children at the Brisbane Children’s Hospital. I made this piece to honour these two healers in whose slipstream I follow in, because I believe that music can help the body to heal too. I made this opera to show that the violence imbedded in men by the Great War, was taken from them by the love of women, a process that often started with nurses.

The opera, set in a hospital during the 3rd Battle of Ypres, involves four historic characters: Maurice Jaspart, a French clarinet student from the Paris Conservatoire who has lost his arm; Maurice Maréchal, a famous French cellist who served as a stretcher bearer, playing a home-made cello friends had made from artillery shell boxes. Joseph Boulnois, a French composer who served as a medical orderly, who wrote a large amount of music before dying of the Spanish Flu plays violin. Miki Piré, a French nurse, who plays piano, is the composer Lili Boulanger’s best friend from the Paris Conservatoire. Lili and her sister Nadia Boulanger were both composers, but Nadia would cease writing and teach composers instead after Lili’s death from Crohn’s Disease in 1918, at the age 23. Lili is considered the greatest talent, lost at the youngest age, in the world of classical music. Even Schubert had another nine years, Mozart, twelve.

Nearby them the ‘Belgian Nurse’ is caring for the ‘Wounded Soldier’, neither of whom can bring themselves to admit they love each other, knowing the soldier will soon die from his head-wound. The soldier, a singer before the war, wishes to sing for her before he dies, proposing they hold a concert in the ward.

In the conclusion of Denys Arcand’s film, Jesus of Montreal, Lothaire Bluteau plays an actor who is performing the role of Jesus in a religious play. When he is accidentally killed, he is able, through the donation of his organs, to give sight to the blind, even restoring life via the donation of his heart. On a mythological level he performs miracles which are demonstrably real at the same time. The world of myth and science co-exist in the same event.

In The Healers, the audience gets to witness Maurice Jaspart being healed. His letter, quoted above, was sent to Lili and Nadia Boulanger, editors of The Paris Conservatoire Gazette, a mechanism through which the Conservatory’s students kept in touch with each other while serving. At the end of the opera, our young one-armed clarinettist finally manages to play his clarinet again, performing Bliss’s Pastorale, thanks to his nurse, who lends him the use of one of her arms.

For the rest of the score, we brought together works by three French women, Lili and Nadia Boulanger and Cécile Chaminade, who all wrote music for such hospital concerts. We mixed in works by serving composers, Arthur Bliss, Ivor Gurney, Jean Roger-Ducasse and E.J. Moeran, who were all wounded and treated in hospitals during WWI. We included André Devaere, shot in the lungs near Nieuwpoort, later dying in a hospital in Calais and F.S. Kelly, wounded at Gallipoli, who wrote out his Elegy for Rupert Brooke while recovering in hospital in Alexandria. Also Cecil Coles, a bandsman and stretcher bearer, who was fatally shot in the head near Amiens on April 26 1918 while recovering wounded soldiers from the field. Finally, Fernand Halphen, bandmaster for France’s 13th Territorial Infantry Regiment who also composed a number of works during the war. He dedicated his Vieille chanson to his nurse, Jacqueline de Fleury, on November the 16th, 1916, six months before his death from disease on May 16, 1917 at the 62nd Auxiliary Hospital in Paris.

This piece is dedicated to my grandmother, Beryl Churchill and all the brave women who served in the medical services in the Great War. Finally to all women who embraced men damaged by terrible fear, and slowly healed them through their love, kindness and constancy.

Red Cross

The Australian Red Cross was born out of the Great War. Within weeks of the outbreak of war, the Australian Red Cross had become a household name and attracted the support of thousands of Australians, especially women ‘left behind’ on the home front.

The motto of the International Red Cross was ‘humanity in the midst of war’, and in Europe, Red Cross volunteers cared for sick and wounded soldiers, assisted their dependants and tried to help civilians who had been caught up in the conflict. In Australia, far from the battlefront, the volunteers concentrated their energies on raising funds and making and collecting items to be sent to the front. They sent thousands of pounds overseas, as well as shirts and socks, towels and mufflers, packets of cigarettes and boxes of chocolates, medical supplies of crutches and artificial legs. Well-known Australians such as May Gibbs and Nellie Melba helped raise funds, in Melba’s case her concerts raised over £100,000.

Voluntary aid detachments, or VADs, were essential to Red Cross war work, and the idea proved very popular, particularly with younger women of
‘independent means’ – women who did not necessarily need a paid job. These women and girls could not actively participate in the war, as only fully trained nurses were required by the military. With their boyfriends and brothers enlisting, becoming a Red Cross VA was the next best thing, and they did so, with great esprit de corps. VAs became the public face of the Red Cross, with their white starched dresses and striking Red Cross emblems on bosom or sleeve. The VAs represented selfless, patriotic Australian womanhood, and they made their way with enthusiasm to London, Egypt and France. In addition, the Australian Red Cross sent 20 professional nurses as a gift to France, and the Bluebirds, as they were called because of their specially designed uniforms from David Jones, served in French hospitals and on the western front.

One of the most emotionally draining and heart-wrenching jobs for the VAs was struggling to deal with the inevitable flood of requests, after the catastrophic losses in the Somme, at Ypres and Passchendaele, from civilians back home in Australia, who had lost a loved one, or who had been wounded or gone missing on the battlefield. VAs would answer each letter personally as best they could, trying to piece together the fate of the soldier from eye-witness accounts.

The Volunteer Nursing Experience

Historically, nursing was administered by religious communities, often by nuns, which is the reason why early nursing uniforms resembled nun’s habits, why we use the term ‘sister’, and why the first nurses were not allowed to marry. The first professional training of nurses began in 1836 in Kaiserswerth, Germany where Florence Nightingale was initially trained. In 1854 she took a team of 38 nurses (24 of them nuns) to serve in the Crimean war, where she found abysmal conditions for the wounded, and a correspondingly high mortality rate.

From 1866, nurses were formally appointed to Military General Hospitals, and were first sent overseas in the 1st Boer War in 1879. By the First
World War, Britain had around 20,000 professional nurses supplemented by 70,000 volunteer Red Cross VAD nurses. The majority of French nurses, around 100,000, worked for the French Red Cross. The Red Cross volunteers underwent some first aid training, many eventually becoming highly skilled, but to begin with their role was to perform the ‘domestic’ work of the wards under the supervision of the trained nurses who performed the skilled nursing work.

In the public mind, largely because of the recruiting efforts, the role played by volunteer nurses became more prominent than that of their professional colleagues, causing friction and resentment. Volunteer nurses, often women with a private income and a suffragette activist background, would pay to serve, making a monthly contribution towards their food and board. This class difference caused strain, with many accounts of professional nurses resenting these young society women as romantic adventuresses, only being interested in gaining the attention of men. It set up two false stereotypes – the young society lady “slumming” as a volunteer nurse who was sexually attractive (though not active), and the chaste, obedient and nun-like professional nurse. In reality these young volunteers would have never seen a naked man prior to having to wash down the endless stream of broken and filthy bodies, which would have been
There seems to have been a clear distinction between their two viewpoints. Trained nurses had been taught the importance of setting strict emotional boundaries, whereas VADs often saw themselves as bringing a spark of humanity to the disciplined military hospital ward, and were more likely to treat the soldiers as friends. Soldiers often responded strongly to the VADs’ affections, and the touch of a woman was powerful medicine for these young men. As the internalised violence within them released, it seems that it transferred over and became absorbed by these young untrained women, who didn’t have the training to place boundaries and separate themselves.

My grandmother’s nightmare of being in charge of a ward of dying men, unable to save them, a classic combination of empathy and impotence, was located at the centre of these young women’s trauma. Depression, exhaustion and overwhelm were the hallmarks of these young nurses’ diaries. Curiously, one of the few honourable escapes for these women from the endless butchery was to marry one of their patients, as they could not continue to serve once married. They had to choose, therefore, between serving their country, remaining single and sexually chaste, or the easier path of accepting love, intimacy, physical affection and an escape from the battlefield, which surprisingly few did, though most would have desperately wanted to.