

Australians at War Film Archive

Maurice Sainsbury (Maurie) - Transcript of interview

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Tape 1

00:47 **We'll start with a brief summary of your life to date?**

Right, well, I was born in Concord West, in a little private hospital along

01:00 Concord Road, on the 18th of November, 1927. My father was, I think he must have been a third generation Australian. He was born at St Marys. His grandfather came out in the mid 1880s from the family business of West Levington Devices, at the age of nineteen. He became mayor of St Marys and built the [UNCLEAR] of the old St Marys.

01:30 That's where my father started. His grandfather was the St Marys mayor at one stage, and his father was also born in St Marys, and my father lived in Dulwich Hill. My mother was born in Deniliquin, a country girl, and she went to Wagga High School and then managed to do a BA [Bachelor of Arts] degree at Sydney University. So,

02:00 that's my background. I was the second child. I had an elder brother. I lived four and a half years in Sydney, in Concord West. My father then went as a Sherwood Williams Paint representative to Queensland. He had the whole of Queensland as his stamping ground. In Queensland, I went to school, I did

02:30 all my schooling there. Hendra School for a little while, but there was so many young fellows, strappers from the local racecourse, that used to beat me up on my way home from school that we moved. Then we lived in other places in Brisbane. I went to Eagle Junction State School. Then spent a year, after doing a scholarship there, spent a year at Brisbane Grammar School.

03:00 At the time of the Brisbane Line, in 1942, at that stage my father was chief signals officer Queensland Lines Of Communication. He had a bit of a knowledge of what was going on, so he sent my elder brother and I to boarding school, up to Toowoomba Grammar, so that's where I did my schooling. They came back to Sydney, the family, and I in fact

03:30 managed to get into Sydney University where I qualified as a doctor and did my BS [Bachelor of Surgery] in 1952. We had started in 1946, when there was a great influx of ex-Service personnel, straight after the war. In fact, the numbers in those years... We started with over seven hundred. Three hundred and nine

04:00 finally passed, and that included some folk who repeated from the year before. So we had fifty percent failure rate pretty well. From there, I did a residency at Cowra District Hospital, and some locums following that, and then I decided... I went into general practice in the Illawarra area,

04:31 a place called Windang, north of Lake Illawarra, spent four years as a general practitioner, as an honorary on the Wollongong District Hospital and some time during my last year there I decided that psychiatry was for me. Here's an interesting story. I used to have about six reasons why I did psychiatry, all rationalisations no doubt, but the one thing that stands out in my mind

05:00 is that an old war-time friend of my father who was in Mesopotamia, between the Tigris and the Euphrates in the First World War, Dad was in the signals corps in those days, finished up a lance corporal... He and this old friend of my father's, he was interested in the light tubes of the pyramids and things in the east and he loaned me a few books, and a read a book by Van Pelt

05:31 on hypnosis, so I decided in fact that this was something that I could try. And after very busy practice days, late in the evening, I had one fellow who I thought had a psychological reason for his stuffed nose. He was a good hypnotic subject, so I gave him about four sessions... When you're bringing a person out

06:00 you say, "You will awake when I could from ten to one, feeling refreshed and confident and all the rest of it." Now he had been pretty inept socially before he had these few sessions, and he became a treasurer of a local club or other, so I thought, "Well, there's something in this mind business," so I

decided I would try psychiatry. So I applied for a job in Omaha, Nebraska, university.

- 06:30 It was okay, they said, "Yeah, you can come, but there's a ten months wait, even for top priorities." They only allowed a hundred in from Australia in those days. It was based on some amount of Australians in there, in a particular year, some time ago. So we decided we would sell the practice and go to England and wait, and then go across to America. There was
- 07:00 some hitches about the visa situation... I would have had to become an American citizen, incidentally, in those days, which I wasn't really happy about. So we went to England, and there was so many Rolls Royces and Bentleys driving past the street where we were in a moderately private hotel. We decided that England hasn't had it, the pound had recently been devalued you see, so we decided to stay in England. There I stayed for five years doing psychiatry.
- 07:30 I worked at a number of hospitals, Claybury, North Middlesex, St Clement's at Bow, that was where my youngest daughter was born, so she was really a Cockney, and I spent some time as a clinical assistant to Professor Lynford Recent at St Bartholomew's Hospital. So having done that, been there five years, I came back, got a job at the North Ryde Psychiatric... Actually I wanted to go to Orange.
- 08:01 My wife came from Blayney and I knew Orange very well, knew the district, but I was sent to North Ryde. It was great, it was the newest of the psych [psychiatric] hospitals in the country. I think it was built about 1955. I got there... I was in England from '57 to '62, so I started at North Ryde in '62 and I left in about '68.
- 08:33 I was deputy medical superintendent at that time. A job came up at the New South Wales Institute of Psychiatry. It was a job for a director; they hadn't had one before. I applied for this and managed to get it, so I was director there from 1968 right through to... I was there for fifteen years
- 09:01 which was a great experience. We trained doctors to be psychiatrists, and we had a course in child psychiatry and a course in culture and mental health. We taught people from developing countries some psychiatric principles and those things. After that I went up town as senior specialist mental health services for four years, after which I retired
- 09:31 at the age of sixty, which was the time people retired. Since then I've worked for about twelve years or so with the Guardianship Tribunal, part time, and also with the Mental Health Review Tribunal, and I still do that about one and a half days a week.

The only thing I would like you to add to that life arc is your involvement in Vietnam. Can you tell us the dates of that?

- 10:02 Yes, my involvement in Vietnam. I joined the Citizen Military Forces on the 13th of March 1969. I was first with 1 Field Ambulance, and some time about the 22nd of May a message came up from the south that they wanted a young energetic
- 10:30 psychiatrist in Aust [Australian] Field Hospital who was willing to do general duties. So what I did after that, a couple of days after I got this message from the CO [Commanding Officer] of the 1 Field Ambulance, a fellow called Lieutenant Colonel Habuat, I wrote to DDMS [Deputy Director of Medical Services] Major John Duwitt and said, "Look, I'm the fellow. I would like to go." He said, "I will get in touch with our HQ [Headquarters] Melbourne and see."
- 11:01 Now at that time, they were having short term, full-time CMF [Citizens' Military Force] specialists helping out at that hospital, because they were very short staffed. What happened with that, there seemed to be a bit of an altercation between Melbourne and Canberra as to the short term duties. So it was filled up for a while,
- 11:31 but sometime towards the middle of the year I was rung by Major Duwitt to say, "You can go fellow. We'll send you out on the 17th of June and you can come back on the 22nd of October." What happened very quickly then was trips to the Eastern Command Personnel Depot, trips to the rifle range at,
- 12:00 I think it was Maroubra, where they taught me how to fire a pistol and strip it and use an F1. I wasn't too good at the F1; I didn't get many on the target. But the fellow who was teaching me, he said, "A lot of them went through the same holes." Of course I didn't believe him. It wasn't very long then, just a matter of getting some cholera, some anti-tetanus, some
- 12:31 other vaccines, so you didn't get intestinal diseases and this type of thing, and ECPD [Eastern Command Personal Depot], and within a very short time I was issued with the relevant gear. From there I went to the clothing store at Moore Park, got my clothing and sure enough, we set off on a Qantas plane on the 17th of June, as Major Duwitt
- 13:01 had said would happen. So that's how I got into Vietnam as a full-time CMF officer. Indeed, in those days, there was very few permanent ARA [Australian Regular Army] staff. There was Ray Hurley, the CO, Lieutenant Colonel Hurley, the adjutant Bob Smith, the 2IC [Second in Command] Rod Kennedy... I think John Bowen was
- 13:30 the so-called dispenser, and a couple of others, but the rest of the place was actually served by CMF officers who had short term appointments. A pathologist, a surgeon, a physician, and so forth. And a

psychiatrist.

All right, let's go right back to the beginning now. Can you tell us about

14:00 **your parents? Your mother did a BA, which must have been unusual for that time.**

It was. She was a pretty able woman, I think. She got involved in all sorts of things like president of the Signals Comforts Fund during war years. She was in the Country Women's Association

14:30 and was very active in that, and was secretary of a place called Linger Longer, which was somewhere near Sandgate I think, in Brisbane, where the kids came down from the country to spend time. I can always remember as kids, we went along and we used to make scones and tea at the Royal Easter Show. And we used to go along there and help to wrap up the sixpences and whatever other money they had.

15:00 It was quite interesting. And there we used to watch Aboriginal Australians throw boomerangs and camp drafting. As kids it was great. But she was a very active woman. In fact, she didn't stand much lip from we kids and she used to chase me around the kitchen table with a feather duster on the odd infringement occasions. I don't know whether it did me a great deal of harm.

15:32 **How many siblings did you have?**

Well, my elder brother Robert, he did first year Engineering at Queensland University, and by virtue of being very friendly with the sons of one of the professors, three of them were able to leave university and join the air force. So he joined the air force, this is my elder brother Robert, and became a navigator

16:00 on Mosquitoes. That was the first Australian Mosquito Squadron. He spent not a great deal of time on active service, but they were in Borneo. He and his pilot Reg Fighter, they flew the peace terms from Borneo down to Adelaide and Melbourne. In fact, they broke the record coming across Australia in their four hundred mile an hour Mosquito. That was my elder brother.

16:30 My younger brother, he had a varied experience. He was an auctioneer in cattle and so forth. He became a parson, and he's actually a police chaplain at the moment; he's getting on in years. He lives up the Central Coast, but he's still going strong. And my younger sister, Ruth, she

17:00 studied at the Conservatorium of Music. She really wanted to do science eventually, but she became head of the Arts Education Department at the Armidale University. As an aside, she raised thoroughbreds. Some of them won some races, too.

17:30 **And what about your father? I understand he was involved in the First World War?**

Yes, he was in the First Pack Troop Signals in the First World War. And they were mounted. Their actual wireless sets that they used, they used to have to put up masts, aerials, and the wireless sets would be like a great cart, pulled by a donkey, about this size. You could fit that type...

18:01 Something that does just as much into a matchbox these days. That was the sort of thing that they did, and they had to pull these things down under shellfire. He was in the Relief of Baghdad in those days, and we had plenty of photographs of what they called bitumen lakes. This must have been oil coming to the surface somewhere.

18:30 Actually, he left school after Intermediate, which I think he probably regretted, but he was very interested in wireless. Early in the war he volunteered to be a wireless operator on a ship. Well that didn't happen, but he went over in this First Pack Signals mob to Mesopotamia. Later on,

19:00 he had been at school with Kingsford Smith. Kingsford Smith was a bit older, and I have a letter from Kingsford Smith saying, "Dear Sainsbury, thank you for your asking to come on this trans Tasman flight, but politically we must take a New Zealander. So, sorry old son." That sort of thing.

How much did your father talk to you about his World War I experiences?

Not much.

19:30 His main thing was to... Mainly advice not to collect any sexually transmitted diseases. That's a no, no. He didn't talk much, but he did have some very good photographs and so forth, that my younger sister has still.

And what about your early childhood memories? About

20:00 **what you did in your free time?**

In Brisbane we had relief workers who used to come around, and they were presumably putting in sewerage and stuff, digging great holes in the road. Later we had people laying bitumen and I had a great deal of fun picking up bitumen in my hands and being castigated by my mother for coming in covered in crap.

20:31 But I was interested also in cricket. I played a lot of cricket from a very young age. In primary school as a matter of fact we played against Virginia State School when I was at Eagle Junction, against a great

cricketer, McKie. We couldn't get that fellow out, I can tell you. I think they called him 'Stone Wall' McKie, I'm not quite sure. He did have a nickname. But he

21:00 played for Australia later on. Cricket was one of my main interests then, and tennis, of course. And at school, I was champion gymnast one year and played a bit of football, not much. My mother wasn't keen on me playing football, but I did get away with it in my last year of schooling. I managed to play a few games in Toowoomba Grammar School firsts. Mainly as full back for their seconds.

21:30 But I was also in their tennis team for a couple years, captain of their cricket team for a couple of years, so I was interested in sport, very much so.

And what about your schooling? You must have done quite well academically?

I would say FAQ [fair to average quality]. I did quite well in the primary school exams. I think I got... I can't remember the exact figure,

22:00 but it won a scholarship given by the Commercial Travellers' Association. I think it was 78.6 per cent. That was pretty reasonable. That meant I got into an A form at Brisbane Grammar School, where anybody who got over seventy-five per cent got into the A form. At Toowoomba Grammar, I did a lot of sport there. I was a prefect. I passed the senior examination

22:30 on the first occasion, but being only seventeen my mother thought that was a bit young to go to university and I had to repeat a year, which was a great year for me. In fact I became a senior prefect and had a lot of responsibility. And it was during my final year there that the war in the Pacific, peace was declared. Being senior prefect

23:00 I couldn't very well climb down the fire escape and go downtown like a lot of the other boys, so I had to stay there and let them join in the celebrations.

How do you remember hearing about Australia becoming involved in World War II?

That's a very difficult one for me to answer

23:31 for some reason. Can you phrase it another way?

Yes I can. Tell us about when your dad went away to Darwin?

Well, he had been Chief Signals Officer in Queensland for some time, and in 1942 he in fact went to Darwin

24:00 to the Advance Headquarters in Darwin, at that stage, as temporary colonel, which he was for a couple of years. He retired as an honorary colonel. He used to write to us and send us long pieces of grass that grew in the wet season, all wrapped in his letter. Or he might send us a bit of his rations in a letter. So we knew roughly

24:30 what was going on, but he didn't say much. I know they were bombed quite a lot of times while they were up there. He went up after the first lot of bombings. He was a bit disappointed that he didn't get to New Guinea in fact, because that would have meant a little bit of a relief from taxation, I understand.

And you were sent away to boarding school at this time?

Yeah, that's right.

25:00 But he actually had his own wireless station, VK2YOJ. He was one of the early wireless amateurs in wireless who built his own gear. He was able to contact each of the continents and he had a whole book of cards from people he had contacted. He expected us kids to go downstairs and say hello to Hank or somebody. I found that quite embarrassing, talking

25:31 to Hank in the States, but he was quite at home with it. And morse code, he was brilliant at it.

What do you remember about the Brisbane Line?

Only that it was talked about quite a lot, and it seems that from what I understand that some people, I don't know who they were, were quite prepared to let everything north of Brisbane go to the Japanese.

26:00 Now I do now that at certain times the Japanese landed along the Queensland coast. I've spoken to people who were actually aware of it at that time. But we were saved by the Coral Sea Battle, there's no question about that.

What did you think of the Japanese during the Second World War?

26:30 They were the enemy, I guess. I thought later on, reading of some of the things that they did, and of course the march from Sandakan across the top of Borneo, I think they were devils myself. But this in fact, I guess, you make your enemy virtually an enemy and you can do anything with him.

27:00 But they butchered a lot of Australians on that march in Borneo. But I wasn't very happy...

Were you at Toowoomba Grammar School with your brothers?

With my elder brother, yes. By the time my younger brother went to secondary school, they were back in Sydney. He went to Sydney Grammar.

How did you adjust to moving around quite a lot of the time?

27:31 I didn't find it very difficult, but yes, in a way one couldn't keep up any constant friendships. You made a lot of friends at school, but if you came down to Sydney, well... I kept in touch with a few only. This was a difficulty. You made good friends and then you had to leave...

28:00 **And what subjects did you take at school?**

Latin... I didn't take Greek, I wasn't bright enough. We only had one fellow who did Latin and Greek. He was a fellow called Ralph Dougherty. He became a very famous scientist... French, Geography, of course Math 1 and Math 2, Psychics. The usual sort of stuff.

28:34 **What was your favourite subject when you were at school?**

I think physics was probably, yeah. I enjoyed that.

And what was your uniform like?

Well, first of all when I started the junior year I wore a pair of shorts. Then I went to the long pants in sub senior. The uniform was quite reasonable.

29:03 We had a hat with a band. There was nothing flash about it. We didn't wear kilts or anything, like some.

What were the living conditions like in Toowoomba Boarding School when you were there?

The living conditions? Well, let's first of all deal with the food. It was wartime, we knew precisely what we were going to get

29:32 at each meal in the evening. It was corned beef and mash potatoes on Thursday, for example. The butter was rationed. In fact, I was the head of a table and it was my job to chop up the butter into little squares, and everybody had little squares of butter. In the afternoons we had bread and scrape. Which might be bread without any butter, and melon and

30:00 lemon jam. You'd queue up for this, so things were pretty tough, food-wise. And the swimming pool, it was fed by water that came from a windmill. It was full of tadpoles. But still, we used to be able to swim down at the town pool at times. It was pretty rough. But very enjoyable.

30:30 A very enjoyable school, no questions.

What sort of mischief did you get up to?

Well, on one occasion, the only real time I got up to real mischief was going up to the top of the old pole bar with a cigarette or a cigar. I don't know where I got it, but I know I was violently sick after that. No, there was no other real mischief I don't think.

31:00 I was a real goody-goody.

Being senior prefect, what did you have to do?

Well, be an example to others, I guess. Yeah, that's about it. That's probably the main issue. You had your group of prefects around you.

31:31 I don't think there were any great duties associated with it, except the honour and glory of being a senior prefect.

At what stage did you decide that you wanted to take the medicine route?

Well, that was a bit of a long history, a long story... My paternal grandfather, who lived in Dulwich Hill, once gave us a book on animals,

32:03 and I decided at that stage I would like to become an animal doctor. But gradually over a period of time... And I didn't know if my parents could afford it. They were not rich. My father earned as much a year as what would buy a Ford V8, for example.

32:30 So I didn't know if they could afford to send me to school, but eventually they sacrificed it and... You're talking about medicine now, yep? And so I managed to get into medical school. In those days you didn't need to have a HECS [Higher Education Contribution Scheme] or whatever they called it these days, and you could get in on an average pass. I don't know that I'd get in it on the pass I had

33:00 in those days, in this day and age. But there it was, I passed every year in each year. I didn't have any posts. I got a couple of credits and at fifty you got a distinction and two credits. I had to work hard. It was heads down, tails up, otherwise you would go to the wall.

Did you have to sit any entrance exams to get into medicine in those days?

- 33:30 Not in those days, no. As long as you had passed your Higher School Certificate here, or your scholarship in Queensland. In fact my father had a bit of a battle to just get me into the Queensland scholarship examination. Beg your pardon, the Queensland senior examination. But they accepted me, and that was great.
- You mentioned that you started in 1946 with a lot of returned servicemen. Tell us about that?**
- 34:00 Yes. I had actually written something, and one of my colleagues suggested I should call it 'What A Year We Had'. I tried to introduce this into the Medical Journal of Australia, but they didn't think it was meritorious enough. But we had a very fascinating year with people like...
- 34:30 Some marvellous ex-service fellows. Ken Paper, had a mate who had been air force, Wall Hughes... The governor's brother, he was in our year, the governor at the time. It was an interesting year. But we also had, as well as ex-servicemen, we also had a number of folk from Europe
- 35:02 who left the country for various reasons. And these poor folk, they had to do three years at least, they were not given their degree until about 1972, but they were allowed to practice. So, they were our migrants. They were an interesting group, too, as well as the ex-servicemen.
- 35:30 **How much interaction was there between the ex-servicemen and you guys straight out of school?**
- It would just depend. If you were playing sport with them, you were mates. You'd have to be tied up with some particular thing. Whether it was the Evangelical Union or what, and you'd meet them. But I don't think there was a great deal of mixing.
- 36:04 **Do you remember any rivalry or pulling rank over you kids?**
- No, not at all. They settled in very nicely, and were just students like the rest of us.
- Where did you live while you were doing your medicine degree?**
- Concord West. We used to catch a train in every day to Redfern, and walk across from Redfern, pass the Arnott's Biscuit Factory where thousands
- 36:30 of biscuits when past. You could see them through the window. It had its own smell.
- What was Redfern like in those days?**
- Quite safe. Nothing like it is these days.
- And what were your education hours like at the university?**
- Yes, well...
- 37:00 It was pretty full on. Nine o'clock to whenever we finished. It was full on. I used to take time off in the lunch hour to do a bit of boxing. In fact I was Australian University Lightweight Champion in 1957. And we used to have time in the afternoon to go down the gym to train and run around number two oval and that sort of thing.
- 37:33 The program was pretty tight actually, in terms of the academic program.
- How many women were doing your course?**
- I have a photo in there, in my study, but I would say there was about a tenth.
- 38:00 A tenth of the class in third year. Now it's more women than men, I understand.
- In terms of social interaction, how much did you mix with the women you were studying with?**
- Not a great deal. You'd see them in your biochemistry laboratory and so forth, or you might watch a couple of the ex-services ladies playing tennis. But no,
- 38:30 it was hard work all the time really, except when you got on to your sporting efforts there. For me it was cricket and hockey and tennis. I was secretary of the tennis club for one year.
- When did you find the time to do all that sport?**
- Well, after the lectures.
- 39:01 And Saturdays.
- And what was the social life like for you?**
- I didn't have one, virtually.
- When did you first go into a hospital to do practical work?**
- Well, in our fourth year, I went to Prince Alfred as a student, and to King George the Fifth to deliver

babies and that sort of thing.

39:36 Some of my mates and I used to sleep amongst the oxygen cylinders so we would be on hand to be there to have our hands in deliveries, rather than living in a house which was some distance away.

Do you remember delivering your first baby?

I've got a vague idea.

What was that like?

We were well supervised by some good sisters.

40:00 They were very good. And there was one there, we used to call her 'Whispering Smith'. She used to say, "Come on, dear. Push, push." I delivered quite a lot in general practice after that.

What were the hours like working in the hospital in the late '40s, early '50s? As a student...

40:38 I would just say nine to five. We attended to in-patients and outpatients. Ear, nose and throat and all that sort of thing.

What was your favourite form of medicine then?

Well, it's very hard to say. It took a long while to know what you really got interested in. Everything was of interest. Everything.

Tape 2

00:39 **What are your memories of Brisbane in that war-time era?**

Right, there were plenty of Americans about. In fact, some of the local population, they entertained the Americans. We had particular friends called the Brandons, who used to take them into their house and so forth.

01:15 Well, when I was at school, too, a lot of them descended upon Toowoomba. The prices of anything went up. A little bit of cordial

01:30 would cost about four times as much as it did. We poor schoolboys got a shilling a week. The Americans, of course, had a bit of time with our girls no doubt. They took over Lennon's Hotel in Brisbane, the officer types. And there was General MacArthur at one stage, and my father, at that stage, was

02:00 the chief signaller in the place, they had to put in the communications into St Leonard's. And he tells a story of MacArthur, who was a bit up himself, I think. I shouldn't have said that, but he in fact... There was fellows dressed in pretty nondescript clothing working in there, and there was one chap that MacArthur was said to have gone up to and said, "I say, my man, what are you?" He said, "I'm a clerk, sir."

02:30 "What's that, my man?" "I'm a clerk, sir." "Well, come over here. I can't hear you ticking." I didn't see a tremendous amount of Americans there, only at friends' places.

From your childish perspective then, what do you recall of the atmosphere of war-time Brisbane?

03:03 This is a bit difficult to say because I had gone up to Toowoomba early in the piece there, and I spent four years up there so I didn't see a great deal of Brisbane, actually.

What about the war-time atmosphere of Toowoomba then?

Well, we did have visits from Americans up there. And as I said earlier, the price of everything went up when they arrived.

03:30 **Were you excited as boys about the war?**

I don't know that we were excited. We followed it pretty carefully, but there was no great excitement about it.

What sort of things did your mother do to support the war effort?

I mentioned earlier that she was president of the Signals Comfort Fund,

04:00 that was probably the main thing.

What did that entail?

It entailed organising things for the signallers and sending things overseas. She obviously would have done a bit of knitting of socks and all that sort of stuff, like most people.

04:30 **Upon your graduation from university, you went to work as a GP [General Practitioner] in Wollongong?**

I went for a start to work for Cowra District Hospital for a year. Then I did some locums after that in various parts of the state.

What sort of conditions were there in country hospitals at the time?

05:01 Pretty thin, like they are now, actually. During the war years, there was one lady GP who ran the whole of Cowra, because the two, Alec and Bill McLaren, who were both doctors there, they were both at the war, and they left Enid, who was Alec's wife. She ran the town, virtually.

05:30 That was in war-time years. But yeah, there were four GPs in town in those days.

What sort of procedures as a young locum would you get to do in country hospitals that you perhaps might not in a city hospital?

I, in fact, had worked in the pathology lab [laboratory] at Repat [Repatriation] Hospital in my student days,

06:00 so I set up a path [pathology] lab in Cowra Hospital. There had been no pathologists there. And I used to do Ziehl-Nielsen stains for TB [tuberculosis], testing urine and so forth. Indeed, on one occasion, I had one gentleman who used to work for the council, who had been a bit of a hero in a 1952 flood

06:30 driving his road grader and picking up people out of the water and so forth, who came into hospital, gradually lost his hair and in fact I did some urine tests on him and he had it full of casts and other things. This guy in fact eventually died. And Bill McLaren, the GP, who was a very wise man, he trained at North Shore, he said this looks a bit like thallium. And there had been a thallium

07:01 episode with a footballer called Bobby Lullum in the newspapers, so I sent a specimen down to Sydney. Yes, he had thallium. I picked up another guy with culminating tuberculosis. The little path lab, that was quite useful. I did anaesthetics with a rag and bottle. You know, ethyl fluoride.

07:30 Nothing flash with machines, although they brought Kesser machine in one for me to learn that, but I never learned that. As an outcome of that thallium poisoning, it was a coroner's case and they decided, yes, he died of this. And then there was a case down in Bathurst, where I went down with Ian McLaren, one of the GPs, and I was put in the witness box, and they tried

08:00 to rubbish the medical evidence, this bright barrister. He was saying, "And doctor, what do you know about thallium poisoning?" I suppose one doctor in so many thousand had ever seen a case. I said, "Well, he fitted the text book description and I do read the local newspapers." This is because they had written up about Bobby Lullum. He said, "Doctor, do you mean to tell these good people here

08:30 that you glean your medical knowledge from the local newspapers?" So I was flattened.

Where would one get thallium poisoning from?

Well, there was a thing called thalrat, and indeed the locals from a little hillbilly place called Noonbinna believed... This bloke's name was Allen. They thought it

09:01 would be no different from the [UNCLEAR] sandwiches. It was colourless and tasteless, you see. But the Crown witnesses was such a pack of lies that nothing came out of it at all.

So from Cowra, where did you move on to from there?

09:30 I did some locums. I did some locums for a start for Bill Atkins in Cowra. Another interesting story there, he had a bitch who used to attract most of the dogs around the town when it came on heat. And his wife really wanted it to be desexed. So while I was assisting in this practice, we took the dog

10:00 into the examination couch, and I gave it an anaesthetic. There was Tom Atkins, he opened it up and he couldn't find the ovaries or whatever you've got to find, so he sewed it up and swore me to secrecy not to tell his wife that he hadn't succeeded. But she would have found out sooner or later.

At what stage did you start to decided that GP was the way for you to go?

10:32 Oh well, I did some other locums, both in Parramatta and in Young. I was just interested in... That's what it amounts to. I enjoyed the work and there it was. It was varied and...

And why did you choose Wollongong?

Well,

11:00 that was interesting thing. A mate of mine who had been a resident down there, he was offered the job, and he wished not to do that; he wished to become a surgeon. He was an serviceman bloke, this fellow was. He said, "There's a position going down at Windang." I had no money of course. There was a general practitioner down there who was quite willing to loan me

11:30 the money, and he made a few quid, and eventually he put an extension on his house in terms of what I had paid back. I got some money from the bank and paid him back and that was it. So I was helped a great deal. But that was only because this job was in the offing and he didn't want... There had been a GP there, Kevin Kennedy, who eventually went to Leura. Kevin unfortunately had only one leg and this was the

12:00 most rapidly growing part of Australia at this stage with the steelworks and the other heavy industries there. Kevin was finding it a bit much, so he went to Leura and I bought into that practice.

I know that you in later years went into psychiatry, but how do you think general practice in those days when you started differs from what it's become today?

12:30 Well, most things these days are computerised. I had cards I wrote everything on. I had to write things out in longhand. Things are a lot improved. I had a very busy time incidentally. I averaged two hundred and fifty-six a week for a long, long time. At least twenty per cent of those were calls, which were anything

13:00 from next door to several miles. It was pretty busy. I got over three hundred a week on some occasions. Some GPs today see a lot more because they don't spend as much time with people as I did. If you were a GP there, in those days, you had to have surgical operations performed. If a patient wanted them, you were supposed to be there. Either you did it, or if you didn't feel competent enough to do it you got somebody else and assisted them.

13:32 So one did a reasonable amount of surgery in that way.

How do you think that's changed today?

A GP dare not touch anything like that.

Were you more involved in those days with fields like obstetrics?

Oh, yes. I delivered quite a lot of babies in those days.

14:00 **What about the dispensing side of things? How would that compare to today, as to what medicines were available?**

There's no comparison. You've got so many anti-hypertensives that will help you if you've got an oedema and those things. In those days, we'd check Mercer lists if the person had dropsy or something. The medicines have blown out of all proportions compared with what they were.

14:32 The chemist would... They call them compounding chemists now. They were all compounding chemists in the good old days, they did their own mixing of things. Things are quite different. They all come in bottles prepared now, or in packs and so forth.

As a GP, what was your relationship with your patients in your community?

15:02 Oh, it was good. I was given a public send-off when I left. I found that if you were prepared to go out any time of the night or day they didn't bother you quite so much. That's the interesting thing. No, I got on very well with the patients.

15:30 **So now we move onto the era of your life when you begin your interest in psychiatry. Can you expand a little bit further about how you developed that interest?**

Yeah, well I had mentioned earlier of my interest in hypnosis. I became interested in this and decided I would try it out. I found out there were certain people it didn't work on, of course. People who had a major depression,

16:00 for example, it was no good at all. I had mentioned the case where I had a gentleman who was pretty ineffectual socially, and I gave him a few sessions. Even though it didn't cure - it was allergic bronchitis, it wasn't any psychological cause - he became secretary of some social club. So I thought, yeah,

16:30 this is interesting, this mind business.

How was hypnotherapy regarded in those days?

I don't think many people did much of it. A specialist would be able to answer that question for you, but as a GP I couldn't estimate that.

So you developed an interest in hypnotherapy, and therefore the mind?

17:00 Yes, that's it.

Why did you have to consider overseas as a place to train?

Well, I wasn't terribly impressed with Callum Park as it was, or any of the local places, and I suppose different places, the fields are greener. And it looked like a good training place, three years in the States and then three years working in a state hospital at the base of the Rocky Mountains.

17:31 That appealed to me. But as I said earlier, I didn't wish to become an American citizen. So we went to England and stayed there.

What sort of status did psychiatric medicine have at that time?

It's always been a bit at the bottom of the barrel, really. And I think probably in terms of

18:00 attracting finance to it, and in terms of interest in governments in it, I think it is still somewhere down at the bottom of the ladder.

At that time, were there negative implications in the medical fraternity about psychiatry? I now that a lot of medical people are very

18:30 **empirical about their medicine and psychiatry is not really an empirical thing?**

That's right. You can't call it highly scientific. It's a bit more intuitive, I guess, in a way. But it's becoming more and more so. MRIs [Magnetic Resonance Imaging] and different techniques that they're finding. It's probably got a physical basis in many cases. But this was not known in those days.

19:01 **So logistically, how did you get yourself to England and get out of practice in the Illawarra?**

Well, logistically, we got a berth on the Southern Cross, which was a one-class boat. We went over via Panama. The most I earned in my first year in England was eight hundred and seventeen pounds,

19:31 of which ninety pounds was spent on coal and coke for heating, which caused a lot of smog and that. But I had sold the practice, and my father used to go from Sydney to Windang to collect the dough, put it in the Bank of New South Wales for us over there, and that helped us a bit. We could actually put jam on our bread.

20:00 **I take it that you were married by this stage?**

Yep. Married with two kids who were born in Wollongong, and a third child arrived two months after arriving in England, born in the London Hospital to the sound of Bow bells - makes her a Cockney, yeah.

Where were you living in England?

Barkingside. In the south-west corner of Essex. We lived in two houses there. One for about three years or so.

20:31 And then I decided that we would try to buy a place, which we did. And I think we lost on the deal. If we had bought it as soon as we got over there, and borrowed on it... The house prices went up. I was never very good at these sort of things.

And when you began to study psychiatry, was it what you hoped it would be?

21:01 Oh yes, it was very interesting. And the way one did it in those days, one worked in a hospital, and hopefully one had some good consultants who could teach them. I worked with some great people. A person by the name of Dennis Martin was one such, who developed a hospital therapeutic community in a large hospital. And another fellow, John Pippard, who was a wizard on physical medicine....

21:33 Then you would go to the Maudsley Hospital, you would have a series of Maudsley lectures. You would go there one or twice a week and get harangued by the pundits. Then there was other places where one could get experiences in say psychotherapy at the Tavistock Clinic. And one used to attend this. And one went along to neurology seminars on Saturday mornings at the London Hospital,

22:00 and one picked up what one could in that way.

And what sort of cases do you remember seeing there?

A whole variety. Schizophrenia, depression... I was mostly interested in depressive illness, myself. In fact, I did some research with Lynford Reese and a fellow called Michael Perrats and [St] Bartholomew's Hospital,

22:30 showing that if one particular relative responded to a particular form of drug, whether it was a tricycline, usually the first relative would respond to the same type of drug, as opposed to the ones who responded to monoamine oxidase inhibitors, which is another group of drugs. Their first few relatives would also respond to that and not to the others.

23:00 That was a fairly early paper on that, I just did some hackwork on it. But they were the pundits.

Do you ever recall any cases that might have stemmed from combat in World War II?

Not in England, no. I should have I suppose. But I saw plenty of cases later on when we did a survey for

23:33 [Department of] Veterans' Affairs, who work out what type of psychiatric facilities are available to vets [veterans] in New South Wales.

In those days, around about when you were studying in England, how severe did a mental

illness have to be before somebody would treat it? And how would that compare to today?

24:01 I wouldn't think there would be much difference. You went in an observation ward there for three days, and if it was deemed that you were not well, you went onto a larger mental hospital. I think it's the same.

How developed was the science of psychiatry in those days?

24:32 Nowhere near as much as it these days, that's for sure. I think there are techniques these days that were not available in those days, which enabled people to find out a lot more about what's going on in peoples' brains.

Are you referring to imaging techniques?

25:00 Yes, MRIs and CAT scans and that sort of thing.

Why did you decide to return to Australia once you'd qualified?

Well, I'd always intended to come back home. In fact, I did my DPM [Diploma of Psychiatric Medicine] within about two years or so of being over there, and I decided that I couldn't go back without a lot more experience, so I stayed an extra three years

25:30 and got more experience. But I had always intended to come back.

How did the state of psychiatry here, upon your return, compare to that in England?

Well, it depended where you worked in England. I worked in a pretty progressive situation there at Claybury Hospital where Dennis Martin had developed into virtually

26:00 a therapeutic community, if we can call it that way. They didn't have the same community psychiatry in England as we developed out here.

26:35 When I came back here, I wouldn't have known what it was like in Australia while I was in England, but when I came back I went into the most modern of the psychiatric hospitals. That was the North Ryde Psychiatric Centre, now Macquarie Hospital, where in fact in those days they did all the cold surgery from hospitals, and some of the warm surgery, too, incidentally,

27:00 from hospitals around the state. They had a tuberculosis unit, they had developed a medical unit and a good pathology service. So it was a top line hospital in my book.

What do you mean by the terms 'cold' and 'warm' surgery?

If somebody has just had an accident these days they got to A & E [Accident and Emergency]. If they tried to commit suicide or something, they would go to A & E. But in those days

27:32 our surgical team at North Ryde would handle quite a lot of those. That's what I call hot and cold surgery. More like hernias and that sort of stuff.

So it's like elective stuff?

Elective stuff, yes.

You're talking now about the North Ryde facility. What sort of treatments were there for mental disorders in those days? What were the options?

28:02 In my time there we developed that as a sort of therapeutic community, following in the lines of what Dennis Martin had taught me in England. And we used to have patient meetings, we used to have relatives in, drugs of course, we used to have relatives in. Drugs, ECT [electroconvulsive therapy] was used. And we used a lot of group therapy. I was introduced into that

28:30 at North Ryde. And we had a lass called Beth Stone who used to act as art therapist there. The people would draw paintings and they'd discuss what they meant to them. That was nothing new, it was done by people in Melbourne years ago, and I had also done this in the North Middlesex Hospital.

Were surgical treatment still used in those days?

Yes... When you say surgical treatment,

29:00 are you talking about lobotomies or anything like that?

Yes. Lobotomies and so forth.

Yes, they were. They're now virtually banned. I was on a lobotomy committee for years, for a while, where we used to... Things were presented to us and we'd think whether it was reasonable or unreasonable. But there was one gentleman,

29:30 but he in fact turned up when I was running an admission ward at North Ryde Hospital one Monday morning, and he picked up a young nineteen-year-old girl who was an obsessive compulsive, which is a

neurotic thing. The then superintendent who had been through the admissions that weekend, he had decided for so and so's theories, and this particular psychiatrist who'd come in was going to take this girl away

30:00 and do her, or get somebody else to do her, because another neurosurgeon did the work, on the Wednesday. I said, "What's this bastard doing here?" But they were doing lobotomies, quite a number, when I first came back to Australia.

How do you feel now about those sort of treatments in hindsight?

30:30 Well, what happened was, rather than doing a crude operation in the good old days, like they had done in England, too, like putting burr holes in, sticking a brain needle in and wiggling it around, and cutting the fibres between the frontal lobes and the dorso-medial thalamic region or something, they developed stereotactic techniques, where in fact they can knock out a small part of the brain

31:00 the size of a pea, or smaller. So things became very defined, particularly at Prince Henry Hospital. Then they developed, well... It's no longer practised, put it that way, because drugs that they didn't... In those days, in some severe cases that hadn't responded to much else, it actually did some good.

31:30 In some instances... Well, in quite a number.

How does the reality of that in a psychiatric institution compare with the Hollywood portrayal of a nuthouse?

Nothing like it. This Cuckoo's Nest [One Flew Over the Cuckoo's Nest] business is a load of codswallop in my book.

32:02 By the time I came back... They had departmental anaesthetists who came around and taught medicos how to incubate people who were getting ECTs. They were given muscle relaxants and an anaesthetic. It was very refined. And it's more refined now. And it's still a useful treatment.

32:30 **What sort of success rate did you have in treating people with mental disorders and returning them to the community in a normal way?**

That's a very hard thing to say. There are some conditions, and unfortunately there are some that are treatment resistant, particularly some varieties of schizophrenia which will always require some long term hospitalisation.

33:05 The Richmond Inquiry, on which I was an assessor, it didn't advocate the closure of all large hospitals at all. And Richmond got blamed for a lot of people who turned up in boarding houses and Matthew Talbot [Hostel] and all that, but his report didn't come out until 1983.

33:31 And in the 1970s there was a big move in terms of what they called 'rehabilitation', in just chooing people out into boarding houses and they were neglected, virtually, to a large extent. But there is a group of people who will I feel, unfortunately, will always require... until there are more advances in our knowledge of these things, but particularly in schizophrenia...

34:02 **How did you arrive at the exalted position of the Director of the New South Wales Institute of Psychiatry?**

Oh, dear. Well, having had reasonable experience in England, having worked for four years in Macquarie Hospital in a clinical capacity and as deputy, I applied and...

34:30 In fact, a fellow called Bill Barclay was Director General of State Psychiatric Services. He said, "If you want a bloke for this job, try Sainsbury." I applied and got the job. I was there for fifteen years.

What did that job involve?

That involved developing courses. That involved organising timetables and organising lecturers

35:01 who were experts in various fields to come and talk, and lecture. That's possibly... I guess I did a bit of teaching as well, too, but not a great deal, and just supporting the trainees. If they had any problems they came to me and so forth.

35:30 **Can you recall what year it was when you first became Director?**

On the 5th of February 1968.

Can you recall roughly how many psychiatric practitioners there was at that time? Would it be dozens or hundreds?

36:06 There probably would have been hundreds, but I'm guessing here. But during my time as Director there were two hundred more went through, but that's in a period of fifteen years.

Yeah, I was just seeking to make a comparison to then and now, that's all. Whether it would be low hundreds, high hundreds, compared to what...

It would probably be low hundreds.

In 2004, how would that compare do you think?

36:30 I can't give you the figures because I don't have them at my fingertips right now. You'd have to go to the college and see... I should have them at my fingertips but I don't.

And it was around about this time that you also started an interest in the CME. How did you come to be involved in that?

37:02 Well, a dental friend who used to live up the road here, he'd been in the air force and he used to fly around in Avro Ansons training navigators, which is what my brother became, and he was a particularly community minded fellow who joined the dental corps. And he said, "You're an idiot, as a public servant, if you don't join the CME.

37:30 You get paid for the two weeks in camp..." But it was also a bit of an excitement, too. And crickey, I had an uncle who was Captain Tom White, who was in 13th Battalion in the First [World] War. He wrote a book called Diggers Abroad. My Dad was in it.

38:00 I had another uncle who was in the First World War and who was in the RAAF [Royal Australian Air Force] in the Second World War, in Borneo. So it was in the family, virtually. But there was a bit of a pecuniary interest in it, too. Of course you could buy the extra things for the house with your... If you're still on pay, and you're getting paid by the army for two weeks.

38:36 So whereabouts did you join?

I joined 1 Field Ambulance, Chatswood.

So what did that involve?

That involved attending parade nights. My first camp, in fact, was at a place called Putty. That was with 1 Field Ambulance.

39:00 And some of us were seconded off to another unit to run an RAP [Regimental Aid Post] for them. That was the 19 Royal New South Wales Regiment. A fellow named Lieutenant Colonel Tom Crawford was the CO. That was at Holsworthy. And he had actually examined me in London when I was working at the North Middlesex, way back in 1962, before I was coming back to Australia. He was working in the government office there at the time.

39:31 So that was the first thing, was 1 Field Ambulance.

Was the army more interested in your medical skills than your psychiatric skills at that stage?

Yeah, I think so, at that stage.

And how often did you have to go to parade nights?

Once a week, generally speaking.

What rank did you join as?

I joined as a provisional captain, and I did my captaincy examinations and I became sub standard.

40:05 And you'd do how many camps a year?

We'd only do one in the field ambulance, in most of the places that I worked in.

And how did you take to the life as a part-time soldier?

I quite enjoyed it.

And what did you buy with all this extra money that you were getting?

40:30 A refrigerator, perhaps...

Tape 3

00:32 When you were in the UK [United Kingdom], what physical evidence did you see of World War II?

We visited Coventry, where the cathedral had been belted around. There was much physical evidence still in London, as I remember. We went along the south coast, along the

01:00 Dover coast, and there had been fortifications and things like that there. I don't really think there was much else that we did notice. I think there had been a hole in St Paul's Cathedral at some stage. We saw just bits and pieces. Most of it had been rebuilt, of course.

And you were at St Bart's [St Bartholomew's], right in the city there.

01:31 For a while. I worked at Claybury in the south west corner of Essex, and Claybury and St Clement's at Bow, and North Middlesex Hospital. My time at Bart's [St Bartholomew's] was not a full-time job. I worked there as a clinical assistant and did some research with a couple of the doctors there.

And I understand that you were in the cadets at school, during the Second World War.

02:01 **What did you learn?**

Golly, let me think of these weapons... We went to the firing range quite a lot. We learnt how to march. My father taught me that if you want to become an officer, you stand in the one place and you get people marching around you, you don't march around with them.

02:30 I was a sergeant for a start, then I became a lieutenant. In my final year, I was 2IC of the cadet corps, actually. We learned how to fire a Bren gun for example, how to strip it. We had quite a number of practices on the rifle range. In those days, they used to use a .310, which was a single shot thing that was used in the First World War.

03:00 **Bren guns?**

Yes, we learned how to fire Bren guns, and obviously some World War II diggers coached us in how to use the jolly things. The cadet corps were actually issued with .310s, which were a single shot thing that you pulled down a lever and shoved a bullet in the thing and closed it up.

03:30 And we used to go to the rifle range with these .310s. I believe they were used in the Boer War.

What sort of shot were you?

I wasn't too bad, actually. I don't think I won any championships, but I got a few on the target.

How comfortable did you feel shooting guns?

Quite comfortable. I wasn't shooting them at anybody, I was shooting them at targets or tiles or something...

04:05 I'd done a bit of rabbit shooting, too. My wife's people came from Blayney, and they had rabbits on their property. I used to have a Blue Nose .22 and I used to go around shooting rabbits. Later on, that is...

While we're on the subject of your wife, how did the two of you meet?

Well, we met at Cowra Hospital. She was a theatre nurse there when I was resident.

04:30 She had done her general training in Sydney, and then to Crown Street Hospital in maternity. That's how we met.

When you were working in the UK, how much contact did you have with outpatients?

05:00 Not a great deal at the large Claybury Hospital, no. We had a couple of neurosis units there where I worked. I did a lot of group therapy there. I used to do ECT clinics at Wanstead Hospital, but as far as out patients go, I don't think a great deal... I tell a lie...

05:31 I did see quite a lot when I was at North Middlesex Hospital.

And what sort of conditions did they suffer from?

Depression, schizophrenia, you name it. Anxiety states...

How did you diagnose depression?

There are usually a conglomeration of symptoms. If it is a major depression, they can have what they call 'early morning waking'. They very often have

06:01 dialivinating [?] variation in their depression. They usually feel worse in the mornings, they lose their appetites, they very often lose their sexual desire. They can become disinterested, very low spirited, even get suicidal. That's the major type of depression. Often there is a lot of anxiety associated with it, too, with depression. They go together.

06:30 **Can you explain that anxiety as separate from depression?**

Well, anxiety is a sort of a fearfulness, if we can put it that way, as opposed to a feeling that you're the last thing, that you're down the bottom of the trough.

So in your early days as a psychiatrist, what kind of treatment was available for people suffering from depression?

07:02 In Australia? The tricyclic anti-depressants had been introduced. They were using them in England. So were the monoamine oxidase inhibitors, they were in tablet form. There was ECT. They didn't have anything in those days like they have these days, like cognitive behavioural therapy, where you try and

teach people

07:30 to take a positive approach to life, and that sort of thing. That wasn't around when I was in hospital situations in Australia here. That's about it.

The drugs that you mentioned, what effects did they have on the patients who took them?

You could have a dry mouth, that sort of thing. And they found out later on that they could have an effect on heart rhythms and so forth. But in general they were pretty safe drugs.

And how did they alleviate the symptoms of depression and anxiety?

Just lifted them, that's all. People became a little bit more enthusiastic about things.

08:30 They became optimistic and just felt better. They slept better, ate better...

How long would you keep a patient on a course of these drugs?

That would depend on the individual actually. You'd never want to stop them too early.

09:02 I really just couldn't give an overall answer to that one. Some people required them for quite a long time, others not so long. They could be trialled with reducing doses and so forth, to see how they're going, as long as one monitors them very carefully.

Did you ever find examples of the drugs ceasing to work after long periods of treatment?

09:34 That's a difficult one to answer. I think you've got me a bit stumped there. I have not been in clinical work for a few years now. If they were going to respond, they usually responded. If they weren't going to respond, they just didn't respond. That's about the picture.

10:05 **Would you ever become involved with the families of patients that you were treating?**

Oh yes, yes.

What kind of involvement?

In a hospital situation, we used to have meetings with the families, in the evenings and discuss situations. One made oneself available to discuss anything

10:31 they wished to discuss with you. And you supported them all you could, yeah.

What sort of social stigma did depression have in your early experience?

Any psychiatric illness had a stigma. If you went to a nuthouse you were stigmatised. But I think it's probably less now; I would say so.

11:00 **How would you diagnose schizophrenia?**

Well, there are a number of cardinal symptoms here, like delusions, hallucinations, that's hearing voices and so forth, thought disorder, in other words people fail to link their thoughts together properly and they can jump all over the place. That sort of thing.

For a schizophrenic patient, what sort of treatment was available

11:30 **in Australia in the mid '60s?**

In Australia, we had Stelazine, and also Mellarule, they were around in those days. You've got a lot more modern ones these days. Stelazine wasn't a bad drug, actually.

What factors were involved in deciding whether or not to hospitalise a patient?

12:00 Well, I think you had to work out their suicidality for a start. If in fact they were becoming intolerable in the family situation, that's something else one has to keep in mind. It's mainly if there is a likelihood of self-harm

12:30 or great disruption to other people due to their... Because they might reflect back on them, if they disturb other people. The other person might reciprocate and do something to them.

In your experience, is there a certain age that someone could reach and be less likely to suffer from depression?

13:00 Depression, I think, can occur at any age, actually. We can have them starting quite young. In fact, even young kids can be quite depressed, going right through to seventies, eighties. I don't there's any specific age when it's more prevalent than others, really.

And did you find that depression was triggered by an event?

13:31 It can be, yes, which probably reactivated some earlier loss of some description. Yeah, a person can become depressed if the canary dies even. But I think there is some underlying tendency there to be

triggered off by a particular event. The death of somebody can precipitate it.

Did you find that depression or even schizophrenia ran in the family?

14:02 Yes, yes. I'm sure there is some hereditary tendencies, but they don't always show up unless the environment is unsatisfactory as well.

Is schizophrenia something that can develop quickly in a patient?

When you say quickly,

14:31 do you mean...?

Can it be triggered by an event?

Usually it takes a while. One can see prodromal features of the thing coming on. I presume it could be triggered by an event, yeah. Schizophrenia, these days, can be triggered by say the taking of cannabis, of course. Cannabis need not necessarily cause a psychosis.

15:02 This is still problematical in people's minds. But if a person has a tendency towards schizophrenia, it can certainly bring it on. And if a person has been schizophrenic and is helped by taking a drug, the taking of cannabis can bring on the symptoms again. There's little doubt about that. It's a big problem these days. And amphetamines, of course, well, they can produce a symptom

15:30 which is akin to paranoid schizophrenia, and this was discovered in England while I was there. Quite a series of patients, they had been on amphetamines, and they seemed to develop a paranoid psychosis. Paranoid means that they think somebody is getting at them, this sort of thing. And after a time in hospital, even without treatment, they'd got better when the stuff got out of their system. That was called an 'amphetamine-like psychosis of schizophrenia'.

16:00 Most people who take drugs these days seem to take a whole variety. It's a big problem.

Did you ever get involved with trials of placebo drugs for treatment of schizophrenia or depression?

No, not with placebos, no.

16:30 **Now moving on to your involvement with the CMF. When you first heard that you were going to Vietnam, what did you expect?**

Well, I was quite excited as a matter of fact. In fact, I was quite proud to be wearing Australia on my shoulders. I think there is a mixture of pride and excitement.

17:01 Not anxiety at all. I just thought, "Well, here is something else that's coming along. We'll do our best at it." That's all.

How did you handle learning to use a rifle for real, potentially, this time?

You see, my weapons were really my notes. And twelve years' experience in psychiatry, I didn't have to use weapons up there.

17:30 But in fact we all had to carry a pistol, which we had to keep an empty cartridge container in our holster, but we never used live ammunition in the things unless there was a red alert on. Then you were able to put a clip of live ammunition in. We had plenty of practice up there in times

18:00 when we had time, at the range to make sure we could use these things properly and didn't shoot each other.

What other training did you have in Australia before you went to Vietnam?

I'd say very little, none. Just a day on the rifle range at Malabar, and that was it. There wasn't much time.

18:30 **And did you spend time living on an army base before you left?**

No, no. I lived at home and went to Eastern Command Personnel Depot on South Head. I still worked at the Institute of Psychiatry for a while, in between getting shot. Anti-tetanus and typhoid and all that sort of stuff.

19:05 Then it was just off.

What did your family and friends think about you going?

Yeah. I think my father underneath was probably quite proud, I think. My wife was a bit apprehensive. She thought I would get into difficult situations, no doubt.

19:34 My kids came and saw me off at Mascot. One gave me a number of pebbles and said, "If you'd like them back some time, particularly the big coloured one..." And my younger daughter, she hadn't given me anything. She didn't want me to go at all. My son didn't see me off because he was at Barker College;

he couldn't get off that night.

20:00 I don't know, I think they might have felt a bit apprehensive in general.

Why don't you tell us about leaving Mascot, the day you left for Vietnam?

Well, we were told we had... I have actually documented the precise words the RSM [Regimental Sergeant Major] told us when we left

20:30 Eastern Command Personnel Depot, and I would very much like to read them out to you if I could, because it was quite a show. We were told that we'd have to get through customs and so on, then we'd have time to see our relatives for a short time, then away we went. We left in the evening. Yeah, they came to see us off.

21:02 **How did you feel about saying goodbye to your wife and children?**

Well, I was pretty excited about looking forward to what I was going into. I thought they'd cope all right.

In 1969 the moratorium marches were going on. What were your thoughts about public opinion to Vietnam?

21:34 They were going on while I was over there, I think. I didn't think much of them, because I in fact had some sort of belief in the domino theory. I had gone over there, not to fight, I had gone over to help our diggers because it was suggested they needed a psychiatrist over there.

How did that suggestion come about?

22:00 **That they needed a psychiatrist?**

Well, what had happened... My predecessor was a doctor who just completed his college membership examination, and he was in the CMF. And he went over there as a medical officer to 8 Field Ambulance, really as medical officer, not as a psychiatrist.

22:31 But he was to see anybody who had a psychiatric problem as well. But his main job was a medical officer. His name was Paul Granger Smith and he did a good job over there. Now he saw

23:00 only ninety-three people in the whole year he was there. That's about 1.8 a week. So Major General Gurner decided that they don't need a psychiatrist any more up there, so he arranged for two CMF colonels, who were physicians, to look after psychiatric patients.

23:30 Now these two people, they found it burdensome and onerous looking at the psychiatric things and they objected. So Major General Gurner decided then that, "Okay, we'll send Sainsbury over." That's when a message came through from the south that they wanted an energetic psychiatrist prepared to do general duties. So I went over there, really, as the first psychiatrist in country, but I had also to do general duties.

24:00 Work in triage, take my time as duty officer and that thing. But my main duty was as a psychiatrist, not as a medical officer.

So tell us about arriving in Saigon?

Well, arriving in Saigon. Well, things happened before that. We were not allowed

24:30 to wear uniforms when we got out at Singapore because of an arrangement between the Malaysian government and Australia, or so we were told. So we got into civvies [civilian clothing], and sat around for a couple of hours at Singapore, then went onto Saigon. I was met there by the Deputy Director of Medical Services, Adrian Grossler, who drove me and

25:00 a couple of the sisters who were going to the hospital around the place. We were at Ton San Nhut Airport there. And from there we got on a Caribou aircraft and flew to first of all Luscombe Airstrip at Nui Dat, and then onto Vung Tau. We were met by

25:30 Lieutenant Colonel Ray Hurley, who later on got a OBE [Order of the British Empire] for his work up there. And Major Nell Espy, who later became Colonel Espy, big bird of the nursing corps, that is how he got there.

What did you think of Saigon when you landed?

I think Saigon showed a big French influence in the buildings. There were White Mice, or policemen, around the place.

26:02 The streets were reasonably crowded and people were sitting... The pillion rider sat side-saddle on a motorbike, or whatever machine it was, because it was possible that the White Mice would shoot you if you weren't sitting side-saddle, because it gave you more opportunity to throw bombs or grenades or whatever if you weren't sitting side-saddle. That's what we were told.

26:32 **What kind of atmosphere did you detect in the city that day?**

I would say it was a fairly normal sort of atmosphere. People went to market, people rode around the town... There was no great feeling of any particular distress at all.

27:00 **Was it possible in Saigon, when you arrived, to think that there wasn't a war on?**

Oh, no, there was a lot of people around in uniform.

What nationality?

We had....the ARVN [Army of the Republic of Vietnam]. The Armed Forces of Vietnam.

27:30 They were the troops that were on our side, and they were being trained by the Australian Army Training Team Vietnam. People talked about somebody having thrown a bomb into a café there at some stage earlier, and so forth...

And what did you see on the road to Nui Dat?

28:00 Well, we flew to Nui Dat, and to Vung Tau. We didn't see anything on the road. But we travelled on those roads subsequently, of course.

What were your first impressions of Vung Tau?

Wet, very wet. One was quite impressed by the young schoolgirls with their big hats

28:30 and pretty dresses. But it was wet and the town... It was not a very pleasant township, I don't think. It didn't appeal to me greatly. Nearby there were fishing villages, which we went to, where they had

29:00 great trays of fish out drying in the sun. And there were old French forts in Vung Tau, from when the French had been there. It was quite interesting.

The diggers had their R & R [Rest and Recreation]. What sort of mischief did they get up to?

Well, I guess they went to the bars and bought some...

29:30 whatever they called it. I guess they got up to some mischief, because a lot of them turned up at this special treatment clinic, which I was obliged to work in a couple of times. It was really the pathologist's job to work there. He claimed he wanted some assistance, and I had to do that.

Tell us about that?

There's nothing much to tell, really. I wasn't an expert in that area.

30:00 **When you first got to Vung Tau, where were you given as living quarters?**

I was put up in the VIP [Very Important Person] spot at the hospital. Then I was moved into an eighteen by twelve section of a large hut, which had a steel frame bed and some place to hang your clothes. It was pretty primitive,

30:30 but that was pretty normal.

Did you have a view from your room?

No.

Who briefed you on what you would be doing?

Rod Kennedy, the 2IC, he did mainly brief me then. And I found out later on, when I think

31:01 Lieutenant Colonel Watson's place was taken by Lieutenant Colonel Mike Norton as Director of Medical Services there, in country. I was told there that I would be visiting the battalion commanders perhaps, and the RMOs [Regimental Medical Officers], maybe on the fire support bases at Nui Dat, Task Force Headquarters.

31:33 And it was suggested that I brushed up my anaesthetics. They had only one regular army anaesthetist there, Daryl Femment. This was bad business. In fact they were very short of everything - surgeons, the whole works. So I had to brush up on my anaesthetics. So Daryl lent me a couple of books and I looked them up

32:00 and I saw what you did, and I used to give anaesthetics for what they called 'delayed primary closures', where these high velocity bullets and fragments would do a bit of damage. Well, you chopped away what you could, or the surgeons did, then they packed them up and left them open for a few days because if they closed them up there was a possibility that they would get gas gangrene. So I used to give simple anaesthetics for these

32:30 delayed primary closures.

How did you deal with that work? It sounds fairly gruesome.

No, you get used to that. I'd seen death before in general practice and so forth, and... You don't ever

really get used to it, naturally. Sometimes they worked

33:00 all through the night in theatre after dust-offs, and there would be great piles of bloody bandages and sheets all over the floor after a night's work. I take my hat off to those sisters who worked under those particular conditions. They were working twelve hour shifts; it wasn't easy.

How much contact did you have with the sisters?

33:30 Not much... Not a great deal actually, because they were so busy. And we were so busy... We'd meet them in the mess of course, and have a drink after a while, but they were really pushed. And quite a number of times, even when I was there, that they worked right through the night.

Was there ever a time during your tour in Vietnam that you felt overwhelmed by the work that you had to do?

34:02 The main overwhelming thing was getting all the gear together to write my report, I'm afraid. No, I didn't feel overwhelmed by it, but I tell you what, one was pretty tired sometimes. There's no doubt about that.

What did you do unwind when you had time off?

Went down the back beach, or swam in the [Peter] Badcoe Centre at the Harold Holt Swimming Pool there.

34:30 That's what you did. And of course, in the evening you'd play darts or have a sing-song. We had a chap there called Dave Lewis, who was a captain RMO in one of the battalions, and he stayed on for six months to help them out at the hospital because they were pretty short of doctors. He's now a colonel, or he became a colonel. He used to play a twelve string guitar,

35:00 once professionally, I think, and we used to have many, many a sing-song. Darts and sing-songs and drinking.

How much drinking was done?

Oh, a fair bit. I think the Australian troops in fact, that was one of their big problems. Twenty per cent of the folk I saw had problems with their drinking, but it didn't stop them doing their work very much, so... The Americans smoked a lot of pot, the Australians drank a lot of beer.

How about LSD [lysergic acid diethylamide] and hallucinogens?

35:31 I only struck three cases, and that was people who had been using it over, before they went. That's out of a hundred and fifteen. Talking about numbers, I mentioned that my predecessor saw about 1.8 a week. They say the war had changed by 1969,

36:00 there were a whole lot more casualties and psychiatric casualties... He saw 1.8 a week, I saw 6.8 a week - new referrals plus seeing older referrals. The nature of the war had changed. Speaking to people who had been there in 1968, for example, they would say,

36:32 "Well, the Viet Cong of this stage, they would shoot at you with rifles and then run away. But nowadays, they've got rocket propelled grenades, automatic weapons, there are great problems with mines and there are a lot of NVA [North Vietnamese Army] who are well trained soldiers." The nature of the war had changed. Both the physicians... And there's that

37:00 book there called Medicine at War by Brendan O'Keefe. He describes this very well, how both the physicians and the psychiatrists in 1969 found that there was a great deal more pressure on the soldiers than there had been in the preceding years. That's why we saw so many referrals.

37:30 In those days, I think, they had a month out in the scrub, in other words possible contact with the enemy, then nineteen days back in Vung Tau, either at the Badcoe Centre or at the back beach, then they would go out again and do the same thing. Now under those circumstances there was a great increase in psychiatric referrals of people in their fifth month in country. And Brigadier Pearson said, "Yeah, they seem to lose it about the fifth month."

38:02 Then they'd pick up again, and sometimes there was a little pick up towards the time they were due to leave. But battle stress accounted for about twenty-five per cent of the people that I saw.

And how did that manifest itself?

Oh, anxiety, symptoms like sleeplessness, startled reaction, all the sorts of things which we now call

38:30 Post Traumatic Stress Disorder, in fact. They were present then, only it didn't have that name in those days.

How did you treat it?

That was very difficult to treat. You made a judgment whether you thought that fellow would get over it soon. Or you had to medivac him if he was that bad. If we didn't have the medivac facilities that we had

- that is the Hercules flying people, driving people

39:00 via Butterworth, back to Australia - if we didn't have such a good medivac system then one would have been inclined to try to keep them longer in country. But there was no point, because how can you treat people in a hospital which is essentially designed to treat surgical and medical cases? Couldn't do it. Some of them we did send back to their units, and reviewed them later on.

39:30 But often if they were so severe, they had to be medivaced, because their stability factor would be lowered, and they would not be much good.

What concerns did you have about what they might do with the stability factor lowered?

I don't think I had any particular concerns about what they might do.

40:00 I only had one case that I felt was a possible suicide attempt, and that was all in the time I was there. It just meant that they would be ineffective as soldiers in a combat zone.

Tape 4

00:31 **Just a little more background before you left for Vietnam. There was a bad meteorological omen just before you left for Vietnam, can you tell us that story?**

Yes, we had a lightning strike just outside the front fence which dug a big ditch, sucked out several windows, blew our telephone thing to bits and a couple of other electrical appliances.

01:00 So it was not a good time to be thinking about leaving. We had to get all this sorted out in a very short period of time.

Prior to your departure for Vietnam, how much did you know about battle fatigue?

Not a great deal.

01:30 **Why not?**

We weren't taught it... We didn't have any lectures on it in our psychiatry training so I didn't know much about it.

Why do think that was an area that was left out of psychiatry training?

Well there hadn't been a war for some time, I guess. It has been introduced since.

02:01 Lectures on trauma and so forth.

Do you think that maybe there was a stigma of cowardice and malingering about battle fatigue conditions?

I think that there probably was. In fact, I think at some stage in World War I people used to get shot

02:31 if they got battle fatigue, and disappeared. That's what I understand. They used to call it 'shell shock' in those good old days.

That ties in with the first case that you had in Vietnam. The first soldier that was referred to you, who had some mine fragments in his head and you needed to decide... Can you describe that case for us?

Yes, well this chap just didn't want to go back to the bush.

03:00 He was brought in by the RMO and he had had this particular incident. And I had to make a decision as to whether or not he had anything psychiatric wrong with him. And having made the decision that there was not, it would be dealt with administratively. But he was obviously anxious, but there was no particular psychiatric

03:30 diagnosis that one could attach to him. And in fact later on I had chats with Colonel Morrison on one of the fire support bases who believed that if a soldier - and this was very sensible, he understood his diggers very well, this fellow - that if a soldier in fact was in any particular situation where there was great anxiety produced, he didn't send him back straight away because he would be considered as troppo, right?

04:03 So he would be kept there for a couple of days and reassessed if necessary. And he found that most of them, in fact, got over it and carried on okay. And they didn't also want to lose their mates. They had trained with them for years and had been with them in Vietnam for some time, varying months. So yep, that was a...

04:31 It made it... It showed me what I had to do. My job in fact was keep blokes in the front as long as I could, but at the same time you're a bit ambivalent about sending them back. They're better off, very

often, if they carry on with their job.

05:00 **What sort of burden was it on you to send men back into danger?**

Well, it was a decision that one really had to take if you considered that they were not sick enough to be sent home. It was as simple as that. I spent some time with a Lieutenant Colonel George Mitchell,

05:31 who was a senior US [United States of America] psychiatrist, in country, at one stage at Long Bin, in another province, and he dealt very firmly with them. They didn't come out; they stayed in. And they usually did all right. He took a very firm line on that. I got used to doing that, I'm afraid.

06:00 **You mentioned a trend in consultations peaking around a person's five month term. What other trends did you notice as far as soldiers' rank, position?**

I found that sergeants were likely to be more likely than other ranks,

06:31 if we put it that way, and I put this down to the fact that they didn't get on with the diggers, and some of the officers above them they didn't have much respect for. This was also looked at by an American psychiatrist in the time of Mike Naughton, when he was with 1 RAR [1st Battalion Royal Australian Regiment]

07:03 Sergeants were in an isolated position and they took to drink, more so than other people. They had problems. And in fact another problem was people who were on their second tours there. They hadn't made any advances, they were going over the same ground, the war was quite different now, with

07:32 more North Vietnamese well trained troops in there, and they had better armour material, RPGs [rocket propelled grenades] and automatic weapons, mines... People who were on their second tour, they tended to break down sooner.

Because the war wasn't as they remembered it?

Yes, that's right. It was tougher.

08:05 **Was there any correlation between consultation and the job that a particular soldier had? I'm talking about infantry, artillery...**

Yes, if you were forward scout, then you were in strife at times. I documented the working role of anybody I saw, in Vietnam. And there were

08:30 some positions where it was a little bit more hazardous than others, obviously. At one stage, people who were driving APCs [Armoured Personnel Carriers], if they ran over a mine they had damaged their left foot, greatly. They sent up a civilian at one station to look to see if they could do anything about this. It was suggested at one stage that I went and had a chat with these people, but they all covered up....

09:01 **They had a particular fear about their left legs or...?**

Well, I never found out. They had a lot of damage to their left legs. The officers that I saw, "What's the problem, mate?" And, yeah...

Was there any correlation between the amount of actual combat a man had seen?

Oh yes, I'm sure there was.

09:31 The time in country would suggest this. I'm sure there was.

I was just thinking that you could be a forward scout for many months in a heavily mined area and never see any action, but there would still be quite a lot of stress.

There would still be a lot of stress, yes.

Or you could be in country one month and be in the Battle of Long Tan.

That's right.

So did you notice any trends according to how much actual combat people had seen?

10:06 It is difficult to quantify that I'm afraid. In fact the fear of the unknown is quite a thing up there. There could be a person within a few feet of you out in the scrub there... I went to 1 Fire Support Diggers Rest, and it looked like we were landing, in a chopper from Nui Dat, on a lot of baby poo. It was so wet.

10:34 It was a group who was just going to go out into the scrub, but boy, I tell you what, they wouldn't know what was within feet of them in this dense bush. And they would go along tracks... We had a chap, Trevor Anderson, one of the RMOs, who unfortunately lost his sight in a mine accident

11:00 just stepping off the edge of the track, and his CO, Colonel Butler, he was also wounded in the same explosion. And I can say, from my own experience, that the fear of the unknown is not a good thing. I went out to a fire support base with an RMO, Captain Terry Hillier,

- 11:30 who had taken the place of Kevin Anderson, the RMO who was blinded, in 6 RAR, and we were in fact in his little hootchie there and the thumps started to come in around the perimeter, and I thought, "Christ, we're being mortared," and it was simply harassing fire that was coming in from another fire support base to see that no novice had come in overnight
- 12:01 because I think 6 RAR was going to go into the scrub the next day. But not knowing that, it was a bit of a worry. It was the same, and I've heard this, from others who were around the aircraft carriers at sea who were the navy divers used to go along in a necklace fashion to see what was going on around the holes of the ships, and the air force would come along and drop scare bombs
- 12:30 down just to make sure that nobody else was around the place. And this used to worry them greatly, unless they had been told. And they should have been told. There is another instance that I can quote of the fear of the unknown, I was at Nine RAR's fire support base on this occasion, and Colonel Morrison,
- 13:00 who was a delightful CO, had invited I and Ian Hill, the RMO, in for coffee and we had long chats about his diggers. And by the time it became dark - it becomes very dark very quickly in the tropics - and I aimed reasonably successfully at a pissophone [device used to urinate in], and a great call of nature came with a gastric colic
- 13:30 reflex - I had to go to the toilet. So he pointed up some wooden tracks, because it was very boggy, and there was some string or a rope, and he pointed to some hessian up the way, and he said, "Look, mate, there it is up there." So there am I, sitting on the throne, I heard some guttural voices, garbled voices, coming from within about twenty feet or thirty feet. So there was no time to put your pants on properly.
- 14:02 Hold your belt up, go along the thing, slip on the thing, fireflies would be darting at you in the night, and had I done a little bit of a reconnoitre and realised that it was our own fellows out there, I wouldn't have nearly had a heart attack and developed haemorrhoids. But that was the sort of country it was.
- 14:30 There is a fear of the unknown.

What reaction did you notice amongst men to killing?

I was only reading a thing the other day, one of my cases, this fellow came in and he had in fact shot two people, he was a National Servicemen and he said he didn't feel too bad about it, as a matter of fact.

- 15:00 And he said he helped bury them. He said, "I suppose you think I'm very savage," or whatever. And I think that they can dehumanise the enemy and that's what the Japanese did to the Australians in Borneo and other places.
- 15:30 And that makes it easier to kill them, I guess.

I guess the gamut of emotions can spread wide?

This particular bloke, he wasn't at all worried about it. But other blokes, yeah. Their main worry was if some of their mates got killed.

- 16:06 **So whether their mates had actually been killed or might be killed?**

Both. Some of them were so shockingly wounded it wasn't funny. And some were killed, yeah. That had a great effect on them.

What amount roughly, percentage of cases, that you saw were acute?

- 16:31 Well, I would say that twenty-five per cent of the cases that I saw were really acute, yeah, sure. At least twenty-five per cent. What I'd call battle stress, yeah.

What sort of acute symptomology did they have?

Well, sleeplessness, flashbacks,

- 17:02 all the typical things that you get in post traumatic stress disorder. Intolerance of noise. I've got a whole list of them there that I can't bring to mind immediately - anxiety, the whole works, insomnia...

By what route or procedure were these men presented to you?

- 17:32 Well, they were usually... They didn't self present, they usually entered through the RMO, the Regimental Medical Officer. Some were sent down by company commanders, but it was usually the RMO. I would either see them at the Dat [Nui Dat], or at fire support bases.

- 18:00 But they were usually presented by the RMO.

Under which sort of circumstances would an officer decide that one of his men really need to go and see you? What did he noticed?

His efficiency was falling off, or he just seemed to be losing interest in things. He might be showing signs of anxiety,

18:32 or he might be saying, "I'm not going back there, thanks." That sort of thing.

So there might have been a disciplinary situation?

Yes. That same Trevor Anderson I was talking about, I met him before he had his mine incident and he was saying that probably the best thing that an RMO could do for the diggers is to deal with their anxieties

19:00 and those sorts of problems, rather than something else. He was keen to become a psychiatrist.

How were your assessments tied in with any disciplinary matters?

Well, I guess if I said that there was nothing psychiatric in this position, then

19:30 disciplinary action could take place. I had a chappie who came in who had cut his wrists or something. Now that was a matter for court martial and I had to write a report on this guy, so you know...

Do you think that your reports were given any weight in a situation like that?

20:02 I think so. I don't see why not, actually. In fact, I think I was reasonably highly regarded as a shrink up there.

What sort of quandaries or peer group pressure would a man have in having to have had to consult a psychiatrist, from his fellow diggers?

20:30 That is something I find difficult to answer, because having not been in the sort of situation where they returned to their place, I don't know. I have had situations where an M60 jammed on a bloke, and I actually kept him for a while and then sent him back to his unit, and they treated him all right.

21:00 **Because you mentioned earlier that there is always a stigma to mental illness, so I wonder how that manifested itself in the armed forces. Being tied in with things like cowardice and malingering...**

Well, I didn't see... I saw very few men who I thought were malingering, really. They pretty well had genuine symptoms, so it's had to answer.

21:37 **What about soldiers who were frontline medics? Did they ever have problems?**

Yes, they did. By the time they've been overrun at a fire support base on three occasions, they can get really shot up. I've got cases there of people who were medics who

22:00 finished up with post traumatic stress disorder.

Were there dilemmas any different to say a rifleman's?

I would think they would be under the same sort of pressures. But of course a forward scout or someone like this is different. Well, by the number of medics who these days have got post traumatic stress disorder,

22:30 I would say that they were under...it might be different sorts of stresses. Seeing people with no limbs and all that crap.

Yeah, I was just thinking about the fact that a rifleman's job is to take life and a medic's is to save life.

But a medic can be under the same fire as the rifleman. As I say, there was one chap who had been three times,

23:00 they'd had their fire support overrun. I had to send him home. He was useless at that stage. There was just as much pressure, under certain circumstances.

I suppose a medic might be more powerless to do his job if he's dealing with someone who's very badly wounded, compared to a rifleman doing his job.

That's right. He'd feel so bloody hopeless

23:30 and helpless, and frustrated.

What about the staff back at the hospital?

They were very good. Do you mean nursing staff?

No, I mean do you think... Even though you were far removed from the front line, back in that hospital, were there stress pressures?

Yeah, yeah. A few of the ones that were there when I was there, now have recognised post traumatic stress disorder.

24:03 They were dealing with very bloody situations at times. I must tell you one instance where after a very long operation, I think it was June or July '69 when they had their worst casualties. There was one

chappie who developed what's called febro enitus.

24:32 He became anuric. His kidneys packed up. And I had the job of escorting him to a hospital in Saigon, by helicopter, so he could be put on one of their two artificial kidneys. This poor young fellow, we were only about ten or fifteen minutes in the air and he died. This is not easy to take.

25:00 And I think he was cursing me, actually, when he died. These things are a bit stressful, and I guess other people working closer to the situation than I must have felt a great deal of stress. Incidentally, that incident of taking that fellow down to Saigon, he was on a stretcher with something holding up a bottle; he was on a drip.

25:30 And Captain Collier, the quartermaster, said, "Now bring that stand back, will you? We're short of that commodity." So when they'd taken the body of this poor fellow off the plane in Saigon, there was Major Sainsbury trying to pull out this bloody bottle holder, and the Yank chopper pilot yelled out, "Clear the air!" I got off with alacrity, and just to show you

26:01 how much better equipped the Yanks were than the Australians, when I got to the hospital the sergeant came out with a box and gave me twelve telescopic holders to take back to the Aust Field Hospital. They were very well equipped. We weren't.

You made a reference to that earlier, that you felt the hospital where you were working wasn't staffed or as well equipped as it could be. Would you care to expand on that?

26:31 Well, you had one CMF surgeon, and Ray Hurley, the CO, they did most of the surgical work. Now I've seen them work two or three nights, right through the night. You need more surgeons than that. For a while they sent up a bloke from 2 Military Hospital here for a short period of time,

27:00 and somebody from Melbourne who was on a civil aid team helped them out for a few days, but they were really stretched. And as I say, with one anaesthetist, Daryl Salmon, who was to go on R & R and the day before he went they brought in a civil aid female worker. Her name was Coffey and she

27:30 took Daryl's place. She had been on a civil aid team in a hospital. No second anaesthetist. And she did a very good job until Daryl returned, but the place was... I think it was very poorly staffed.

What were the objectives of that hospital, medically?

To get people back to the front if they could.

And if they couldn't?

28:00 Home, via Butterworth, Penang.

What other specialists did you have on the team?

We had pathologists. There was a fellow called Bruce Gutheridge and he was followed by a bloke called Ian Nicholl. We had a physician, Roger Connelly. He was a nuclear physician from Tasmania; he was a physician. Who else did we have?

28:31 The psychiatrist, of course. A surgeon. The one who was there when I was there, he was there for three months, and he was replaced by a Queenslander. They were all people from... I was just one of many CMF full-time people who had a stint up there. They couldn't have run the hospital without these

29:00 full time reservists.

What about specialities like orthopaedics?

No.

Burns?

No.

Neurosurgery?

No. They would have been sent down to one of the Yank hospitals.

And you specialists, like psychiatrists, you were required to chip in medically as well?

Oh, yes. As I say I gave anaesthetics

29:31 for delayed primary closures. There was one occasion when in fact a company commander ran his company into a bunker system at dusk, and we had twenty-five casualties who came out of that little effort. Fortunately, they were not all serious. And there was one chap who an RPG frag [fragment] had sliced through the top of his ear.

30:00 The surgeons were very busy and Roger Connelly and I, we said to Anderson, the other surgeon there, the CMF bloke, "We'll take this fellow next door." We took him into theatre number two. It only takes one person to fix up an ear. Roger Connelly went about doing something else. I was there

- 30:30 sewing up. I was in with a medic. I gave it some local [anaesthetic], I debrided the burnt tissue, sewed it up, and in the middle of this, Ray Hurley, who was in the middle of operations, his face appeared at a little window at the door and you could see his eyes pop open, and you can imagine what he was thinking, "What's that shrink doing with one of my boys?" So yeah, we plugged in and did what we could.
- 31:00 **How did this state of affairs at the Australian hospital compare to the major American hospitals?**
- I didn't get right into 36 Evac [36 Evacuation Hospital] to know, but they seemed to have loads of doctors. I used to travel out on an Iroquois helicopter to get to Nui Dat, and I met quite a lot of them and they seemed well supplied with doctors and nurses and everything.
- 31:31 That was the one that I had most to do with.
- What about facilities?**
- Well, they could do a lot of things that we couldn't do, I think, in terms of sub-specialities.
- What was your mortality rate like, assuming people got back to the hospital alive?**
- If they got back to the hospital, it wasn't high at all.
- 32:00 I can't give you any exact figure, but very low. And usually what would happen, in the A & D [Admission and Discharge], they'd be telephoned, ring the siren, and they'd know the dust-off choppers would take so long to get there, and it wouldn't take them very long in general. But once they got them into the place and resuscitated them
- 32:30 and fixed them up, they did very well on the whole.
- How did you fit this medical time around your psychiatric consultant?**
- Well, I had set times for doing outpatients and I also used to go around the wards. I often had a number of psychiatric patients on the wards.
- 33:00 And just sort of dovetailed in. You had to fit them all in, that's all. And you'd be duty doctor on certain occasions, yeah, you just fitted them in.
- How long would a consultation last for?**
- If you had a look at my books, there might be a page and a half on one bloke I did, and very thoroughly I looked
- 33:30 at their reason for referral and I looked at their particular condition at the time. We look at their background, their family history, their personal history, their work, what they did in their jobs before. You assessed their mental state. It takes quite a while to do a thorough psychiatric history and a work up on the bloke. I couldn't tell you in minutes
- 34:01 or half hours or what, but it takes some time. And of course you've got to show a bit of empathy towards them, a bit of sympathy, understand them, let them talk, and this sort of thing. They're not a machine.
- Did you have a couch for people to lie on?**
- No, it was all sitting up.
- 34:30 Or if they were in bed, I spoke to them from the side of the bed.
- When you are building that empathy and sympathy with a patient, in the case of a soldier, how much of the talk is about soldierly things and how much is personal stuff?**
- Oh, there is a fair bit of personal stuff. Oh yeah. You've got to look at the personal side of things
- 35:00 in terms of any psychiatric interview, actually. You assess their personality and all that sort of thing, in this assessment.
- To what extent were sexual or relationship matters a problem with soldiers?**
- Well, it wasn't my speciality. It's hard for me to say that, but I think quite a lot of them got tangled up in the bars and got caught in conditions...
- 35:32 **I was more thinking about the psychological issues of infidelity, distance, trust and so on?**
- Oh yes, there were worries about this, there is no doubt. Yes, there were. I couldn't quantify that, but they certainly figured.
- And this was an added stress?**
- 36:00 Oh yes, being away from home was, no question.

What about the issues where the soldier himself had been unfaithful in his recreational activities?

Oh, yes, I had a few of those that I saw, too, who were anxious. They would come along, when I worked in the STC, Special Treatment Clinic, they would come along and want to be tested again. They got really anxious about this.

36:32 **So venereal disease was a fear?**

Oh yeah. And reading through the book there, *Medicine at War*, it was a great problem at some stages. There was said to be seven thousand prostitutes in Vung Tau alone. And the mayor and others, they tried to sort of register these people and make sure they were clean and all that crap. But

37:03 it was pretty unsuccessful, I would say. But it wasn't my field and I can't very well speak authoritatively on it. But I know there was a lot of problems.

Were men worried about disease and taking that disease home to other people, or were they worried that they were going to get caught in their infidelity?

Both, I think. Both.

37:30 **Were there cases where you saw personality clashes manifesting themselves as part of a... Perhaps between men and officers, officers and men?**

No, they weren't all that apparent in my time there.

38:01 But I know that fragging [killing of officers by their troops] and all that stuff went on, at some certain stages. No, we had a pretty harmonious group. We had a good CO and a good mob there.

What treatment options did you have for a psychiatric case?

We had the usual medications, and I would review them,

38:30 and do a bit of psychotherapy on them, let them abreact, that sort of thing. We had a reasonable dispensary of the psychiatric drugs that were available in those days, and there were quite a lot. But generally speaking, letting them let off steam was probably the most important thing.

Let off steam in what ways?

How they felt.

39:02 Talk about their anxieties, name it and so forth. We've had people who came in and developed nocturnal enuresis after particular anxiety provoking situations.

What does that mean?

Well, they'd pee the bed.

Have you ever read Catch-22?

39:31 I can't remember whether I have... But years ago. I know what it means.

I was thinking the resolving of the Catch-22, of, "I think I'm insane. I don't want to go into combat." And that means you are completely sane because you don't want to go into combat.

Yes, yes. I think most people felt that they had a job to do over there and

40:00 they got on with it. And the leadership in general was pretty good through the battalions that I saw. I saw 9 RAR Company, 6 RAR Company. 5 RAR was Colonel Colin Carne. I visited him with Sandy Pearson. They were good fellows, really. But I had one referral from a

40:30 company commander who said, "This man is a Dutchman. I don't like Dutchmen." I thought, "I'll wipe you."

How seriously do you think your presence and your treatment were taken by the combat soldiers?

I think it was taken reasonably well, actually. I've heard comments from, say,

41:01 Major Mike Dwyer who was up there, and incidentally he was called DADFA. Do you know what DADFA stands for? Deputy Assistant Director Of F[uck] A[ll]. But he was a bloody good doctor. But Mike told me that my presence there made quite a deal of difference, and the diggers there were quite happy seeing me.

00:34 **What pressure did you think you were under to return diggers to service in Vietnam?**

No real pressure, but I knew our job was to get them better, if we could, and get them back to it. But no pressure was put on me by anybody. It was just I felt that was part of the job.

You mentioned that the diggers had nineteen days R & R in Vung Tau.

01:03 **Would you ever keep them back past that time off?**

No, not really. If they were in hospital yes, of course.

And what medical skills did you learn while you were there?

I learned a bit of anaesthetics. I learned about delayed primary closures.

01:30 I learned something about tropical diseases, about strongaloids and parasitic infestations. I learned a little about malaria, although there wasn't much in my time because people were taking their taludrine and dapsat regularly. A bit about tropical diseases, which I never used subsequently.

Did the medicines you prescribed for psychiatric problems,

02:00 **did they ever interfere with the other medications?**

No, they were pretty safe.

You mentioned one of your patients was suicidal. How did that come to your attention?

Well, he was obviously brought down by the RMO, as usual. And I had to examine him psychiatrically.

02:33 This particular chap had been in a psychiatric hospital before he went over there. The selection of people who went over there wasn't really brilliant in my book. We eventually sent him home.

What did he tell you about his psychiatric treatment in Australia?

I can't remember that precisely,

03:00 but I understand that is the case from my notes. I can't remember what he precisely said.

Can you elaborate on your thoughts about the people who were sent over there?

Yes, I think the screening of people who went over there wasn't at all really brilliant. There were four who had

03:30 prison sentences. There were a number who had not been at all well in some cases. This might have just been pressure on the psychology corps to do something, I don't know. But in many cases, a lot of people were not really suited to the situation.

What kind of prison sentences had they served?

I can't remember.

It's interesting that convicted felons were being sent to Vietnam.

04:00 **Did you detect a certain desperation of the Australian government?**

No, I didn't detect that.

What about examples of drug and alcohol abuse. How did they affect the troops?

Well, considering the amount of beer that the Australians drank that came in on the jeparit, it didn't affect them greatly.

04:30 But some of them were...they were truly hooked. Drugs were no real problem with the Australians.

And what contact did you have with the Americans?

Well, I spent a day at Long Bin at a province outside... And spent a long time chatting with Lieutenant Colonel George Mitchell, the CO. They were in a constellation of places at Long Bin. It was a big

05:00 support area. They had about forty to sixty people inside it, and a certain number of people outside the perimeter. So there must have been about a hundred thousand there. The Americans at that time had about, I think it was about three hundred and sixty-five thousand on the ground. They had twenty-five psychiatrists on the establishment. There was usually only twenty-one there. And they, in fact, had to see about...

05:30 There was one psychiatrist per eighteen thousand, whereas I think the Australians had about seven thousand five hundred. But those psychiatrists there had the back-up of two psychologists and they had one social worker per division, plus they had people that they called social work psychology specialists, I think that's the term they used for them. So they had a filtering system before they went to see the psychiatrists.

06:00 The psychiatrists may have seen about three a day. I used to see an average of about one a day, plus I had general duties and other things to do.

How did you feel about the workload that you were given compared to the Americans?

I really find that hard to answer. But I think I really did a lot of things, well a lot of extra things that the American psychiatrists didn't do.

06:34 And it's interesting that George Mitchell said that psychiatrists who were trained in recent times made better army psychiatrists than ones trained ten or twelve years ago, because the more modern ones had developed skills in dealing with community psychiatry, and they acted as sort of consultants to the padres, the police,

07:00 the battalion commanders and that sort of thing. And he told them, he said, "You might not believe what I'm telling you chaps, but this is a tough war. You've got to be tough, too." So, that was his attitude.

What did you do extra that the American psychiatrists weren't doing, to your knowledge?

Well, I was duty MO [Medical Officer].

07:30 I was on call, I worked in triage, I don't think any of them worked in triage. And I started off on trolley number five and I finished on trolley number two, resuscitating blokes. Now that wasn't the job of the American psychiatrists at all. So this was the sort of thing. Duty medical officer on frequent occasions. I did medical outpatients as well.

08:01 So I don't think that fell to a lot of Americans.

Can you explain to us what working in triage means?

Well, working on triage means they have an area set aside with six trolleys. There's a covered way leading to a helipad, which was called a 'vampire pad' where in a dust-off, the chopper would land on the helipad, out of it would come some stretcher cases,

08:30 maybe some walking wounded. They'd have their weapons taken away from them by a particular group. In the meantime, the ones who were allocated to the trolleys, in triage, they'd make sure that they had their intravenous fluids set up, their stethoscope was okay. They had their penicillin and tetanus toxoid ready to inject.

09:00 They had markers for x-rays to be taken, AP and lateral and so forth, and a pair of civvies. These fellows would come in and their clothes would be wet, just about falling off them with rot, you just cut them off and cut their boots off and that was it. That was what happened. That was a preparation. Then everybody went back to their trolleys and folk came in. They were assessed as to their

09:30 degree of injury. The worst ones went on to trolley one and so forth, two, three, four, five, six. And from thereon in there was an expectation as to what was going to come in on those choppers. And everybody, including the cook, used to go down and have a look. And when...

10:00 It was quite - exciting is not the right word - but there was a great expectation as to what the devil was going to walk in the door, or be carried in the door. But once you started to get the resuscitation business going, and the drips set up and so forth, and the injections given, then things quietened down. The next stage was the theatres, which were just next door to triage.

10:30 So moving from trolley five to trolley two was a great increase in responsibility?

Yeah. Did I say two? I think it was three, actually. I'm not sure, I think it was three. So that was an increase in responsibility as my skills were improved in terms of resuscitating diggers.

What kind of wound or injury did you fear most in treatment?

11:04 Well, head injuries were bad. The ones where you had... The mine incidents were the worst things. You'd have a person with multiple penetrating wounds and they were really difficult. You had people with their legs hanging off. It was all bad, bad news.

11:31 Did you suffer stress or anxiety, a form of PTSD [Post Traumatic Stress Disorder], in seeing people in such...?

No, I'm fortunate. I didn't, actually. Somehow or other I managed to deal with it. Perhaps if I had been there longer than four months I might have. I don't know.

What did you think of the time that you were there, in terms of your effectiveness? Do think that you could have served longer, or it would have been better if you went for a shorter time?

12:01 No, I could have served longer. But at that stage I had become director of the Institute of Psychiatry, and I had to negotiate to get away for even that length of time. In fact, that was all that army headquarters was prepared to let CMF guys go. Most guys went for three months, but I managed four months somehow. And maybe the psychiatrist after me stayed four months, I'm just not sure of that,

12:30 but quite a number did go across.

Where did you get the medical supplies from?

They used to come in big convoys to the hospital. So I suppose they came up on the motor vehicles. I presume some were flown in, I'm not sure.

What about blood products?

13:00 Well, we had our own situation there... There were pack cells, a lot of pack cells, and we used to in fact, and I took part in this at times, collect blood from donors if they had a very busy night. And they'd be cross-matched by the pathologist. We used to collect a fair bit of blood from our own fellows.

When the men came in who had been injured by mines,

13:31 **what kind of state were they in mentally? Were they alert or...?**

It's amazing how young people do stay alert. But of course you obviously knock them out as soon as you can with anaesthetics. They're all given some morphine before, in pre-medication. This was part of the job on a triage trolley. So they were generally reasonable.

14:00 **Who would be in charge of trolley number one?**

Maybe the CO Ray Hurley, or the 2IC Rod Kennedy. They were very experienced people.

How often did these choppers come into the army base hospital?

Well, it was variable. Anything that was medical that came over from 8 Field [Ambulance] came in just once a day routinely,

14:32 but they could arrive at any time. We might have two in the one day, and then you might go some days without any. In the busiest times, say at the of June and July, they were very frequent actually, but they tailed off towards October.

And who was responsible for equipping each trolley?

Well, I would assume

15:00 that the quartermaster had something to do with it. But the thing had to be checked by the person who was organising that trolley, yeah.

Tell us about the nurses in the hospital?

They were great, they were great. As I indicated earlier, they'd work, say, twelve hours shifts a day, which was really hectic. I don't know whether it's reasonable to name some names, but there are some names

15:30 that do stick out. Yvonne Warnley was the theatre sister who often worked throughout the night. People like Di Lawrence who I remember. Pam West... They were all very excellent, and without their very skilful care... I'm afraid I've left out some. I shouldn't have mentioned any names, but I have. There was a delightful New Zealand nurse there... They were hard working,

16:01 dedicated people. And I think without their skills, a lot of people wouldn't have come back home.

What specific skills do you think were most valuable?

Well, monitoring their situation. Obviously it was important in terms of dressing and all sorts of things like this. But monitoring them mainly, and being with these fellows

16:31 to support them was very important.

In a combat situation with very few women around, do you think that the nurses adopted the position of confidante for some of the soldiers?

That's very possible. I didn't have any firsthand experience of it, of course, but I think that would definitely be so.

17:00 **And what was your relationship with medics?**

I liked them all, they were good blokes. Very skilful. The theatre techs [technicians] in particular, I think they would probably be better anaesthetists than I would. They were very skilled.

What about the medics in the field? Did they ever come in and talk to you about patients?

No, they didn't actually. I don't recall any of them ever doing that.

17:32 We've had them come in as patients themselves. Are we talking about med [medical] assists? We're not talking about RMOs?

Med assistants.

In general, no. They got their assistance through their RMOs locally.

What kind of patients did they make when they came in?

Well, there weren't many,

18:00 but they were the same as any.

Did you ever have to attend to their psychiatric needs? The medics?

No. I had to assess them in terms of their state, some of them in terms of their ability carry on. That's about all.

Can you describe for us what that assessment might involve?

Taking their full history, looking at their personality,

18:32 seeing if they were functioning as well as they were before. This sort of thing, yeah.

What about the American psychiatrists? Did you ever compare notes?

No.

No contact with them?

No, there wasn't time. I only had time for one visit to see them. No, most of the ones in 36 Evac Hospital, that was the one that was

19:03 in Vung Tau, near the Aust Field Hospital, I don't remember seeing a psychiatrist there. They were mostly looking after medical and surgical cases. I don't know what they did with their psych patients. But they did have a stockade at Long Bin if anybody had been playing up. That was looked after by a psychiatrist and a social worker. And I believe

19:30 somewhere offshore they had a place where they could hold people for a lot longer than we could, if they had psychiatric disabilities. I never visited it.

What was your opinion in general of the facilities that you had to work with?

Well, they passed muster, put it that way. Things were good in the triage area. The theatres, there

20:00 were two tables in each of the theatres, they were well air-conditioned. I think it wasn't a bad set-up.

What about leaving Vietnam? Can you tell us about that?

Well, personally, I was keen to leave via Butterworth, Penang, because we had visited Penang on our way back from England at one stage, years before.

20:30 But having arrived at Ton San Nhut airport, there was a digger there who had waited two days before he could get on a plane; he didn't want to go. Now I never did find out the reason, but it seemed that this fellow had a pilot's licence and he felt safer if he drove the plane himself. But there may have been other reasons. I didn't explore it. But it was decided that a psychiatrist ought

21:00 to escort this bloke home. So the psychiatrist did, and by the dint of putting down a few scotches, we managed to arrive and got him home okay. So I missed out on my trip to Butterworth.

What sort of shape was this man in?

He was in good shape. He wasn't showing any signs of anxiety or anything. I don't know whether he had a phobia or some other reason why

21:30 he didn't want to go home at that stage. I never did find out.

What did you wear while you were working in the hospital?

Well, initially... It wasn't until Colonel Neville came in from Queensland at a later stage that we put on cloth boots, cloth things over our boots.

22:01 But we used to wear our gowns. In triage, it was ordinary polyester. But if you were in theatre, you would obviously scrub up and wear a gown.

What were the hygiene standards like?

I think they were quite good.

What did you enjoy most about the work that you were doing?

22:38 What psychiatrically, or which way?

Let's do psychiatrically first.

Well, it was nice to see fellows who... This is a very difficult question.

- 23:01 It was nice to see fellows who came prepared to go back and do their little bit. That was quite good, if they improved and so forth. It's hard to say because there were those that were quite sick. And there were a few that were quite sick. We just medicated them and sent them home, because there was no point in looking after them in a hospital that dealt with primarily medical and surgical cases.
- 23:32 **Did you know what became of them when they got back to Australia?**
- Yeah, well I did go to some Vietnam Veterans' Counselling Service and had a chat with them. I was too busy at the Institute to do any of that particular work myself at that stage, in terms of seeing these guys. But in 1994, there were three of us who went around the state -
- 24:01 There were three doctors: two were medicos and one was a psychiatrist - to in fact see what was on the ground to help cope with PTSD and also blokes who had been in the Second World War who had symptoms and so forth. But that was in 1994. I had very little to do with soldiers after they came back, really, because my work at the Institute was extremely time consuming.
- 24:30 **What kind of work were you doing at the Institute?**
- Well, I was Director. The first Director of the Institute. And organising programs and doing a bit of lecturing. At one stage, I was also on Sydney Hospital as an honorary... I was also, for many years, for twelve years, I was President of the After Care Association of New South Wales. And I was also a member of the
- 25:02 Academy of Forensic Science Council. I was pretty busy on the whole. I'm afraid the soldiers got left out of it.
- Were there any images of particular injuries or any patients in particular who troubled you after you left Vietnam?**
- Yeah. Well, it's pretty difficult to talk about, or I guess for other people to hear, but I had looked at some body bags when
- 25:30 other medicos weren't about, and it's not a pleasant sight to see bodies with limbs and arms with no head. Or a second lieutenant Duntroon graduate with his buttocks blown away. Or a fellow who had had an RPG right through his head. These images, they stay with me. That sort of thing... More so than people on operating tables and so forth,
- 26:00 they stick with me more. I don't have nightmares about them or anything, but you don't forget these things.
- Did you ever talk to other psychiatrists who worked in Vietnam about the kinds of things that they saw?**
- The ones who came after me?
- Yes, or before?**
- Not a great deal.
- 26:32 What we did, there was a chappie working in the Repat Hospital, I sent him my reports and I got another couple of people to send reports, and he wrote a big article on it, but apart from that we didn't share very much, really.
- Do you think that Australian public's almost disdain for Vietnam**
- 27:05 **and the veterans who served there contributed significantly to the instances of PTSD?**
- I think probably. Because many of them weren't accepted. In fact, many of them went bush. When we were on our excursion around to see what was on the ground for people, we met with groups of veterans. You'd find an RSM, for example,
- 27:30 who was a wreck, who really got PTSD. Their families suffered no end. There's no question about this. And I do know that the CO of 1 RAR, which was the first regiment that was sent over there, was under the command of a fellow called
- 28:00 Lieutenant Alex Preece, who was at Toowoomba Grammar School a couple of years before me, when he came into town he had pig's blood thrown over him. So, a lot of the vets just went bush, and it took a long while for them to come out, and they had to be encouraged to come out.
- How did their PTSD manifest itself after the war?**
- 28:30 Well, I'm not an expert on it, as I say, because I didn't treat anybody, but I can put you onto people who did. The sorts of things were sleeping difficulties, fear or anxiety, startled reactions if they hear a noise... If they'd hear a helicopter, for example, they would duck.
- 29:00 Loss of interest or apathy, that was another thing with them. They had depression, they had nightmares.

They were tense and irritable, they had headaches. They had loss of concentration. They were intolerant of noise. All these things occurred. Loss of confidence, aggressiveness occurred. And they had some inability to form new relationships. All those things, they were the sort of symptoms, too,

29:30 that I saw in people up there, and they very much fit the framework of someone with post traumatic stress disorder. Particularly startled reactions and things like that.

How did this affect their family life?

Very much so. And also a lot of them took to drink. Many of them had drinking problems. Many families split up, actually.

30:01 It was a very difficult time for the families - we found this in our discussions with them. And we'd been all over the state, Coffs Harbour, Dubbo, saw numbers in Sydney, and this was right in 1994, well after it finished.

Can you tell us about travelling around the state in 1994?

30:30 This is what we produced for the Department of Veterans' Affairs. The chief medical officer for the department was Graham Killer, he was an air force bloke - a funny name for a doctor - but he organised this. And we were looked after very well, and we just made a point of somebody, an administrative guy,

31:03 he organised for us to attend various places and functions. In fact, one of these chaps is Dr Len Lambert, who is still serving as an air force consultant. He had a little Piper Warrior and he loved to fly us around, in times of the bushfires, around Coffs Harbour and Dubbo. And we also went to Canberra, met up again with Major General 'Digger' Jones

31:30 at the RSL [Returned and Services League] Club, and we really did all we could to help these people express what their problems were. And we made a number of recommendations. Another person on that, incidentally, was a lass called Dr Jan Westering, who was a psychologist, and her husband is looking after St John of God's Hospital,

32:00 and they were dealing with a lot of post-traumatic stress disorder patients.

What did you do learn about post-traumatic stress disorder in 1994?

We learnt that it was a very crippling condition. I think that would sum it up. It caused aggression and mood swings, it caused a lot of strife to families. The kids couldn't understand what was going on and so forth.

32:32 **We've talked about the impact of PTSD on families. What about the impact of depression, on its own, in a patient who doesn't have PTSD. How does that affect a family relationship?**

Well, I could talk about that personally, but I won't.

33:07 It makes you feel a bit hopeless. It's very difficult to lift somebody out of a real depression. And it gives you a feeling of frustration if you're a medico for example. And things get slowed down. A person may lose interest in things and can't share things, so it does affect family life.

33:34 **What do you think about the way treatment has changed for depression, since your career in psychiatry began?**

Oh, there's more techniques in terms of helping people to change their particular pessimistic attitudes and so forth. Cognitive therapy and this type of thing, apart from newer drugs.

34:00 There are quite a lot of newer drugs that are quite helpful. But I think that you really need to tackle both ends, the drug end and the psychological type of thing. And cognitive therapy seems a reasonable way to go these days.

What do you think about the balance between therapy and drug therapy as a way to treat depression. Do you think there is enough cognitive therapy, for example,

34:30 **to balance the drugs that are being prescribed?**

No, I don't think so. I think more people just push drugs. But there are more people who are developing a psychological approach to it as well, these days.

What do you think of since Prozac was created that there has been an epidemic of people claiming depression. What do you think of that?

35:00 Well yes, I've actually worked with people who are on Prozac that I don't think need to be on it. What it does for them, I don't know. I never tried it myself. I really don't know.

35:30 **What surgical procedures, when you were in Vietnam, did you find yourself performing the most?**

I didn't perform surgical procedures, except this one fellow who had an RPG fragment through his ear, which I debrided under local anaesthetic and sewed it up, and he did very well. We had people who

were more competent in that area, even though they were overworked.

How did you stay in touch with your family while you were away?

36:00 I wrote fairly frequently. That was very important, I think. Mail was no problem, it was free to send them from there. And I kept in touch with my father quite regularly as well.

You received mail yourself?

Yes, I received mail. I actually received a Christmas cake from Roseville RSL as well.

36:40 Well, it was a fruit cake.

Did you buy any souvenirs of any kind when you were in Vietnam?

Well, I wandered around the markets in Bien Hoa when I visited a mental hospital there, and I did buy a pottery vase, which I think

37:00 is over there, from the technical college. And I have some delightful pictures as well of some great big pots that the Vietnamese made, actually. I brought a tape recorder so I could send tapes home. I used to send a regular tape home. In fact, they used to send

37:30 tapes back to me which I could play on my machine. That's about all I bought.

What was it like receiving those tapes?

Oh, it was great. It was nice to hear their voices.

38:00 **When you were in your capacity as a psychiatrist during your time in Vietnam, did you find that you used drugs or counselling more?**

I think a bit of both. I don't think I leaned one way or the other.

How forthcoming were the diggers in telling you their thoughts and insecurities?

38:33 In general they were pretty open. There's no question about that. Because here was somebody that they could talk to.

Did you see great displays of emotion?

No, I don't think I ever did see any great displays of emotion, no.

And how often would a digger come to see you?

39:01 **For example, if he was back for two weeks, how many times would you see a soldier in that time after being in the bush?**

I would see some two or three times, and make up my mind about what was the best disposition for them. I did review people.

And how much of their family history were they aware of?

39:33 Mostly they were very much aware of their family history. It was a normal part of a psychiatric history to find out about the family and so forth.

What other questions would you ask in a session?

Well, about their previous civilian occupation, and that sort of thing. It's interesting that a window dresser should finish up as a forward scout, for example.

40:05 I found out their civilian occupations of everybody, and time they had been in country. And whether they had been in... Particularly the regular army guys, whether they had been in country before and how did they find the difference between the first time and this time, that sort of thing.

40:30 **It sounds like the second tour guys were particularly...**

Particularly susceptible to becoming a bit unstuck? I think, yeah. Yes, because things were tougher.

In what way were they tougher?

Well, speaking with them. There was one particular chap comes to mind that I spoke to on the medical ward, he had been there in 1966. His words were, "The VC [Viet Cong] had rifles, they fired them and ran.

41:00 This time they've got rocket propelled grenades, automatic weapons. AK 45s, there were mines about the place. Things were just tougher. The bunker systems, the North Vietnamese army were well trained. They weren't around in the early years," and that sort of thing.

Tape 6

00:35 **How did you blow off steam in Vietnam?**

I guess one probably drank a little bit more and smoked a little bit more. We used to get together in the mess and have a bit of a sing-song. I suppose some of them were a bit bawdy,

01:00 I don't remember, but we used to do that. We often had a run down the back beach and a swim at the Badcoe Centre, but I didn't really have much steam to let off, I don't think.

What did you drink at the mess?

Well, I wasn't a great beer drinker, but I did drink some beer there.

01:30 But what we used to do, I must confess, is line up about six different lots of spirits. It might be Benedictine, it might be scotch, it might be a bit of brandy. And we'd blindfold ourselves and see how many we could pick. Now you were damn lucky if you could pick two or three if you were blindfolded, but that wouldn't happen that often. Don't get it wrong, we weren't a lot of piss pots, really. But that was one of our little hobbies.

02:03 **Surely a blindfold wouldn't have been necessary after a couple of rounds?**

Well, that would be right. That would be right. That wasn't a common occurrence, but it did occur.

How old were you when you were in Vietnam?

02:33 I was forty-one. And my father, who retired as a colonel at the age of forty-eight said, "You'd have to be the oldest major in the army." But I wasn't. There was a captain who had been in the Second World War as a machine gunner, Dave Collier, he was our quartermaster. I was older than the CO, of course, and a few others.

03:01 I was older than quite a lot of them, the regulars.

Might that have made a difference in how you blew off steam then?

Yeah, probably.

Were the nurses under any kind of sexual harassment pressure, being quite isolated females?

Not that I was aware of. I think they were

03:30 fairly respected, actually. There was a couple of liaisons that went on as a normal. There was nothing harassing about it. But one was aware that this did happen, on rare occasions.

Their company must have been quite sought after?

Yeah. But on the whole I think they were pretty celibate.

04:02 **What sort of data were you gathering while you were there to present reports or statistics?**

To present this, obviously the time they had been in a particular service, whether it was National Service. Some had volunteered who had been Nashos [National Service soldiers] for some considerable time, others were not.

04:30 The data in terms of whether they were regular army guys, the time they had been in the regular army, whether they had in fact served in Vietnam before, that sort of thing. I was interested in their marital state, their age, their civilian occupation, all that sort of stuff. And the time in country was very important, because you used to get a kick up in referrals about the fifth month in county.

05:00 So, putting all this together, I used to underline in red... I had them all on cards, underlining in red the important things. And I would indicated whether they were disposed, whether they went back to their unit, or whether they went home. All this type of thing.

And when you'd gathered that data, did you put it forward in any sort of paper or research?

Yes, I did.

05:30 I've got an initial report on probably the first forty-eight or fifty diggers in August, and the final report came out in October. I spent eighteen weeks there, and the last week was spent handing over to my successor, Major Mike Downey, and finishing off my report. I finished it off at army headquarters in Vietnam and supervised the making of stencils for the report. That's how ancient

06:01 the situation was. It was frustrating making the report. We didn't really have any efficient typists on the place, but eventually we got the thing together.

What findings did you have in the report?

If I can seize this, I can tell you the number of people I saw from,

- 06:30 say, the regular army was seventy-three. This was in a period of seventeen weeks. Seventy-three regular army, forty-two National Service people. That makes a hundred and fifteen. In seventeen weeks, that works out at 6.8 a week. I saw eight RAAF personnel and two navy personnel. Whilst speaking of navy personnel,
- 07:00 it was interesting, a Major Mike Dwyer, he had been there for a while before I turned up, he took us over to an explosive ordnance demolitions place about four miles out of Vung Tau, which was the caves that used to be used by the French. There were six navy guys there, under a Lieutenant Snowy Davis, and they used to go
- 07:31 around the ships holes, in pairs, at the mouth of the [Mekong] Delta there - I don't know whether you could call it a harbour - and they would feel around these holes for mines and things. And these caves where their headquarters were, the walls were covered with these bloody things they had pulled off vessels, limpet mines and so forth.
- 08:01 I wouldn't care for that game at all. They used to get fired on if they were up the Delta sometimes. I didn't see any of those fellows. They were really tough eggs. And they had in their little headquarters in the caves, they had a six reel poker machine which was a bit out of place there I felt,
- 08:30 but we all played it when we visited them.

Had they pulled that off the side of a ship?

I don't think so. I don't know where they purloined that from, but they were brave fellows, that's all I can say.

The proportion that you saw, seventy-three regular army to forty-two National Servicemen. How did that compare proportionally to the numbers of those men?

That's what I can't tell you. Because I don't know how many Nashos there were

- 09:00 and how many regulars there were in the place. There was approximately six thousand seven hundred folk altogether in country. But my successor and I didn't venture to say whether the difference was significantly significant. I didn't know, anyway, the actual numbers in country at the time.

09:33 What different pressures would you say those two groups were under?

I would say they were under the same sort of pressures. You had your National Servicemen riflemen, you had your National Service drivers, you had your regular blokes and you had your fellow who drove the water wagon in Nui Dat.

- 10:00 I don't think there was difference at all in terms of the stresses they were under.

How might their backgrounds have caused them to handle things differently?

It's hard to say. Some of them had the most incongruous backgrounds. I did mention earlier we had a window dresser who was a forward scout. I would have to look up their cards to sort of indicate...

- 10:37 To answer the question, I don't think there was any vast difference between what the Nasho and the regular army had to cope with.

I was just wondering about someone who might have been in the regular army for five years before and after Vietnam, how they might have handled things differently to someone who came off civvy street and then gone straight back onto it after Vietnam. Whether there might have been

11:00 different support as to how they dealt with things?

No, I'm not quite with you there.

Well, someone who had been in the army for a number of years, and was used to army life, compared to someone who two months ago was a painter, and was then suddenly in a combat situation, and then almost within a year he was back out on the street again, what difference that might make?

- 11:31 That's hard to evaluate, that one. I guess if the bloke who was in the army for a number of years went back in the army, his life wouldn't have changed much. But I guess the fellow who was a painter and went over there, well... I can't really answer that.

What extent did religion factor in your service over there?

I don't think it factored a great deal.

- 12:00 We had three padres. Frank Gorman was a Roman Catholic, a bloke called Dylan was an Anglican - he was recently awarded an AM [Member in the Order of Australia]. And we had Clarrie Badcock look after the rest. They all used the same chapel. In fact,

12:30 I played the organ for Padre Dylan when I was in the place on Sundays. We didn't get very big attendances, I can tell you. But they were good, those chaplains.

To what extent do you think that religion gives comfort, or even discomfort, to men in war?

13:00 I didn't see much evidence of it in Vietnam, one way or the other.

You mentioned that the American psychiatrists saw a greater number of patients per psychiatrist. I'm of course aware that there was many more American troops in Vietnam. Why do you think

13:30 **that proportion seemed greater of presenting cases?**

Well, I guess it's a function of the number of people that they did have on the ground. They had three hundred and sixty-five thousand on the ground. And that meant that the one psychiatrist looked after about eighteen thousand. So even if they came in to see them at the same rate as the Australians, well they would be seeing

14:00 more persons per day or week or whatever. People didn't go and get referred straight to the psychiatrist as they were to me. They went through a number of levels. And I think I have mentioned these social work psychology specialists, who were enlisted men, who sorted things out at a lower level.

14:30 There was a social worker per division, then there were a couple of psychologists, plus these psychiatrists.

So if a certain number of cases were being filtered out at lower levels, it would still seem to indicate that there were many more people going through to the top level of psychiatric consultation in the American Forces.

Well, I'm not sure of that, because as I say, each psychiatrist

15:01 would be responsible for eighteen thousand people. When I was there we only had about seven and a half, so it's hard to say. I must admit that I went through the mortuary at Ton San Nhut that the Americans had, where they had all these caskets lined up for people going home. And they had a whole section there for forensic situations

15:30 where people had overdosed and done all sorts of things, so yeah.

Why do you think narcotic and pharmaceutical abuse was far greater in the American forces than what you witnessed in the Australian forces?

I think it was cultural. They did it at college back home, and it wasn't so great here.

16:00 I mean, I worked in an admission centre from '62 to '68, and the only sort of drugs that worried people were bromides and barbiturates. Heroin wasn't an in thing, and if you wanted to take an opiate you took something that constipated you, like something to stop diarrhoea. But there were none of these really hard drugs available to the Australians, actually.

16:35 **And yet they would have been available to them in Vietnam.**

Yeah, but where would they have got them? This is the point. You could buy pot from big trays in the markets of Bien Hoa for example. There was a woman there spraying it to keep it moist. But the Australians didn't get to Bien Hoa.

17:02 They were either at the Task Force Headquarters or out in the scrub or back at Vung Tau, so there wasn't much chance of them getting hold of the stuff. And the only three marijuana users, and I don't know where they got it, that I'd struck, they'd used it before they went over there.

You mentioned one of your officers saying to you that,

17:30 **"War is tough, and you've got to be tough, too."**

Yes, that was the American main senior psychiatrist.

What did he mean by that?

Well, don't be afraid to shoot them back into the front - that's your job. I think that's what he meant by it. Because they didn't believe in pulling men back at all, really.

18:00 They tried to keep them on the spot. So I think the shrinks were meant to do this. I think there was a bit of pressure on them to keep them at the front. That was my impression.

And in comparison to you then? The pressure was not the same?

No, I was myself.

18:30 I didn't have any pressure on me to do anything, really. I did what I thought was appropriate at the time.

Appropriate?

Yeah, appropriate.

Was there ever any case where you felt frustrated? That you had to send a man home without any follow-up on your part?

No, I knew they would be

19:00 well looked after when they got back. I had no great frustration about that.

When you went in 1994 to write your report about veterans' psychiatric resources for Veterans' Affairs, what were the findings?

If I may just read you a little bit of

19:36 the executive summary. Right. "Department of Veterans' Affairs D-Day Review of Psychiatric Services in New South Wales conducted in January-March 1994. Compass veterans' psychiatric care in terms of acute psychiatry, psychiatric and drug and alcohol rehabilitation and relationships with existing psychology services as part of integrated mental health care.

20:04 Now psychiatric care in metropolitan New South Wales, psychiatric care in the public and private sectors of Sydney and Newcastle generally meets veterans' needs. In terms of drug and alcohol problems and post traumatic stress disorder, newer programs developed in the private sector cater to veterans' needs, appear to offer prospects of improved treatment outcomes. Veterans have

20:30 ready access to a range of psychiatrists, the Vietnam Veterans' Counselling service, and are reasonably well served. But psychiatric care in country New South Wales, compared with Sydney and Newcastle, country regions fare badly in terms of psychiatric services in both the public and private sectors. In terms of drug and alcohol and PTSD rehabilitation, these services are generally not available. Many of the country areas are poorly served, if served at all,

21:01 by psychiatrists and psychologists. Psychiatrists and psychologists in these areas have a heavy workload. Local medical officers," they're the LMOs, "and psychiatrists are not well informed on the subject of PTSD, and are sometimes not sympathetic to the needs of veterans and their families. There is a need to develop a PTSD educational package for health care providers, community agencies and DVA [Department of Veterans' Affairs] staff members.

21:30 While the treatment of PTSD and related disorders have focused on the veterans, there is evidence that the wives and families have suffered, too. The needs of this group need to be considered, as well as the veterans." And having found that, and having been all around the state, we made about twenty recommendations that I won't go into.

How grave was the state in country New South Wales?

Shocking.

22:01 Bad, very bad. I mean it's no better in general psychiatry these days. What's new? There's great deficiencies in mental care or psychiatric care in country areas. It's being overcome a little by audio-visual stuff and doing consultations via audio-visual contact.

22:31 A GP out there speaks to a psychiatrist in Sydney and so forth, so that's overcoming it a bit, but it's still bad.

That kind of cliché image of a Vietnam veteran, someone who is little bit loopy, with hair-trigger aggression living in the bush, somewhere...

23:00 Well, I know it was pretty hard to get a lot of them out the bush, in fact, after they came back. That cliched idea is possibly correct. I don't know what proportion, but a proportion of them, no question.

We've talked about Vietnam, but did you find similar situations with veterans of other wars?

23:32 Yes, we did find... Well, you see, things were different in the Second World War, for example. I mean people would have a contact that might last a battle and then do nothing for a time except swan around the place and do this and do that. They were accepted when they came home, they were heroes.

24:04 But not so the Vietnam veterans. They, in fact, had their year to do. As I said before, say a month out in the scrub, nineteen days back in Vung Tau, or at Task Force Headquarters where they would be back on patrols around the perimeter and that sort of thing. Then they went out again,

24:31 and again, after that sort of psyche. So it's a different thing. There were stages in the Second World War where people did nothing for a long time, went on furloughs to India and that sort of thing. So I think the situations were quite different.

Why was Vietnam the war that changed our perceptions about psychiatric disorder from battle?

25:00 Because these conditions became more evident with that type of warfare, I think. Obviously some of the

older World War II blokes, they were also a bit knocked off, but they were accepted, they were heroes. There's a big difference.

Why was the public more easily able to accept the Vietnam veterans as the years went on?

25:32 **I mean accept psychiatric disorders as a real clinical condition?**

I think people wrote about it, and people read more about it. In fact, they probably had this condition way back in the American Civil War, if the truth be known. And in the First World War, there is no doubt about it.

26:00 But, I think it was just made more... More publicity was given to it, I suppose. You're asking me very difficult questions you know.

I think you're more than capable of answering them, Maurie. Do you think these days that the pendulum might have swung too far the other way with PTSD, and everybody's got it?

26:33 I was speaking recently with someone from the Veterans' Review Board and I get the impression that people in fact are trying to make something out of it. In fact, there was one incident where a plane on an aircraft carrier crashed

27:00 into the sea, the pilot ejected and the other fellow died, and there were so many people on that side of the boat that saw this happen, and it upset them so much that they're now asking for... I don't know. It would seem to me that if one incident could cause a whole lot of people to now claim that they've got a stress factor now arising

27:30 out of this, it makes one wonder whether or not people are trying to make something out of the situation. There are genuine cases of PTSD, of course. You talk about the pendulum swinging, well maybe in some area it has.

28:07 **Let's ask you something easier. I want to know a little bit more about the medical work that you did in Vietnam. You said there was six triage trolleys. Can you go through each number and discuss what sort of injuries would be allocated to those different numbers?**

28:30 Well, that's difficult to say. Perhaps somebody who has got a collapsed lung might be somewhere up near the front end. Anybody with serious multiple frag wounds would be up that end. I find it very hard just as a psychiatrist to say that this one was worse than that one. This was the job of the surgeons in the place

29:00 to say that they will put this one there and down the line, then.

What ones would they trust to the shrink then, on trolley five?

Gee, you've got me thinking now. Well, some gunshot wounds and so forth, no serious mine injuries.

29:30 Gunshot wounds. Some of them could be quite serious as a matter of fact, you had just the job to resuscitate them. Some that they didn't think were quite so bad turned out to be quite crook, and needed to have fluid sucked out of their lungs. We had someone walking in who had great damage to their liver, which wasn't found out until

30:00 they did OP and lateral x-rays. You get a wound here, you don't know whether it's under the skin or in the middle of the liver. So they take an OP and a lateral x-ray. This particular guy, he walked in, he was okay. They didn't have him on any of the special trolleys. But he had to get sent away to have something done to his liver in one of the American hospitals.

30:34 It wasn't my part to pick them, they were sorted out by the surgeons.

How would you be notified and then what was the procedure that wounded were then incoming to the facility?

You had an A & D, Admission and Discharge section, and they were obviously wirelessed in to say that they were picking up someone from somewhere or the other.

31:00 And then the siren would sound, and you could be in the middle of a game of darts in the officers' mess, and that game wouldn't be finished, you would be down there and looking with expectation as to what the hell was coming in. So that was it, there was a siren. When it went, everybody, including the cook, used to go down.

How much notice would that siren indicate in minutes?

31:30 Maybe twenty, maybe fifteen, just depending on where they were.

What did you need the cook for, besides cooking?

We didn't. He was just interested to know what was going on. Everyone was expecting... And I guess a little bit anxious about what was going to come in on those choppers.

In the case of a large medivac, how many hours might you be working for once that chopper touched down?

32:01 Well, there was one operation that CO did, aided by Captain Dave Lewis, that took eight and a quarter hours. One operation. You might work right through the night. On one occasion there, the chopper came in... I was collecting blood and doing various things, and I assisted with one of the CO's ones, and

32:30 then I went around the wards at 3 a.m. That was the sort of life that one sometimes led. And that game of darts I was telling you about, that might not get finished. Sometimes it would after two or three hours in triage and theatre. But if you went right through the night, you forgot all about it.

What sort of person makes a good surgeon under those circumstances? There are quite extraordinary pressures.

33:00 Oh, there are. And I think I've seen some of them suffer a bit, too, actually. It's hard to say. I suppose long experience and knowing what you're doing, and knowing that you're doing the best you can, and I think that's the important issue, and if you don't win, you don't win, I guess. But I think that is the important thing, to have a skill

33:31 and apply it the best that you can.

What do you mean you've seen some of them suffer?

I think that would personalise things a bit much if I mentioned anything about that.

Because you're worried that we know who the doctors were there at the time?

Yeah, well. Yep.

34:01 **What work did you do out in the field, apart from work in the hospital?**

Well, apart from my trip to Long Bin, where I went to see the Yanks, Major Donald from 8 Field Ambulance and a fellow called Phil Hills, who was a hygiene officer, went to Ba Ria, which was the provincial capital of Phuoc Tuy,

34:30 and it was a filthy place. And the hygiene officer used to go out there and fraternise with a couple of the shopkeepers to try and do things properly, in a hygienic fashion. And while we were there, we were offered a meal that consisted of roasted buffalo and I think it was pig's jaw, washed down with Coke. And we ate this with chopsticks. And Phil Hill, this hygiene officer, was successful with evidence from the fact that none of us went away with vomiting and diarrhoea.

35:00 So he must have done some good. He was assisting in this way. Vung Tau itself was not necessarily the most hygienic place. We had a surgical team come down. There were four people in it. They ate at a place in town, and by the morning there were three of them on intravenous drips,

35:31 having had violent purges. And everybody was worried about what they called 'Hepatitis Bun'. You could catch Hepatitis B if people were not very particular about their hygiene.

Where do buns come into it?

Well, loaves of bread, little bits of bread.

36:00 Outside the place... This wasn't hospital work, but I also visited a mental hospital in Bien Hoa.

For local people? Describe that?

Well, it was probably an eighteen hundred bed hospital, with an American ex-colonel, Colonel Sarm. He had two trained nurses, five partly trained nurses and a number of

36:30 nurses enrolled, nursing assistants, to look after these eighteen hundred persons. And actually it wasn't badly run. It was an old place. They had some occupational therapy, making mats, which I later found out were put on cement slabs where people slept. They didn't have cots or beds or anything. They just slept on these bloody cement slabs.

37:02 They cooked a lot of rice in the kitchen. Everybody seemed reasonably happy. There was one fellow up in the crim [criminal] block they said had been there thirty-seven years, with his legs dangling out the window, but I don't know how true that was. To run it with that nursing staff and that was quite amazing really. Their bathing facilities were very primitive.

37:30 They had something that looked like a shallow bath, which had been a swimming bath, I suppose, with a big tub up one end, with water dribbling into that, and five naked men getting a bit of a wash, and others waiting to get in, and that was it.

Did that shock you?

Not really. Well, I thought it was pretty primitive, yes.

38:04 But the people were being looked after and fed. That was it.

Did you ever get out to any of the RAPs?

Yes.

What work did you get up to out there?

Mostly they would bring them in and I would see them at Task Force Headquarters. I went to Flinders Fire Support Base and the Diggers Rest,

38:33 and spent time with the RMOs there. I saw a couple of bods, but not many at that area. I used to see them back in the Task Force Area.

How did you find the conditions out there at the fire bases, medically?

Oh, pretty good, generally speaking.

39:00 No great hassles. I made a big boo-boo, just as a shrink. I had never seen a 155 Howitzer up close before, and I asked an American officer, "What sort of a tank is it?" And he pulled himself up to his full height and he said, "An M155, Series X, Blah Blah Blah, Tract Gun!"

39:31 I didn't make that mistake again. And that was at one of the fire support bases. They used to go there.

Did you get jumpy or startled reflexes out there with all those all guns?

No, initially I did. Even when I went to headquarters at Nui Dat, I used to raise off the seat about several inches every time one went off firing the other way. But you get used to it. And you learn to sleep through it, actually.

Tape 7

00:30 **If we could just start with what you received from the RSM before you went to Vietnam?**

Well, this is just what occurred. And I have taken it pretty well verbatim what he said. But I'll give you the background, too. "I did get away on the 14th of June, as forecast by Major John Duwitt, and marched into ECP [?] on that day with about fifty other folk, for a briefing by a WO1 [Warrant Officer First Class]. In the group were three other majors, one captain,

01:00 one second lieutenant, NCOs [Non Commissioned Officers] and privates. The roll was called and we were given timings. For example, 2030 from this building, 2040 from the officers' mess. You will have fifteen minutes to pass through three people at Mascot: army, Qantas and customs. Then you will be free to entertain your guests. You will wear a civilian shirt in Singapore. We have promised the Malaysian government that no military personnel will use their system. You will be court-martialled if you don't catch the plane, irrespective of rank.

01:30 If you are removed from the aircraft drunk, you will be court-martialled. This area is now closed. MPs [Military Police] will bring you back if outside the area." This was obviously to avoid the local pub. "The plane is wet to Singapore. It will cost you twenty cents for a seven ounce glass of beer." The RSM then gave us a further junction not to be drunk at Mascot. He then advised us that the price of articles in Singapore were three or four times more than in Vietnam. Not that we had an opportunity to buy anything in Singapore as it turned out.

02:03 Don't bother to take a cheque book, they are rot. No good to you. You are allowed to take a hundred Australian dollars into Vietnam. Don't forget citizens in Singapore. You are a mob of university students, behave like them." How they expected us to behave? I really don't know. You can only guess. "We next received a homily on documentation. You will be given an envelope.

02:30 Remove your pay book and put it on your person somewhere. You could have an appendix attack, get sick and be pulled off at Darwin; it happens once or twice a month. Put documents in green vallies or kitbag, except 1) ID [identity] card, 2) international certificate of vaccination, and 3) the white outgoing passenger card which you have signed. Put these in your top right or left hand pocket of your shirt. Next came a short dissertation on dress: polyesters, shoes, ties and headgears of your course.

03:00 You may wear a sweater or pullover. If you have nothing but boots, wear them. Personal particulars pro forma must be filled in, otherwise you will not be allowed on the plane. There are no booked seats on the plane, except seat fourteen. If you've got a mate and want to sit near him, stick with him. Do what the stewards on the plane tell you, they've had more experience than you. The time is 1620 hours or about that. I'm a bit fast. That is all."

03:30 With that the RSM's briefing, that was our introduction.

What did you think of that?

It was pretty straightforward, he told us what to do.

What vaccinations had you had?

Oh, smallpox, typhus, typhoid. I don't remember the lot, but we had some against some enteric fevers. We had to have those.

04:03 And we also had to have a medical examination a week before we left country. That was mandatory. I'd had one earlier, and they gave us one a week before.

What did that involve?

Chest, eyes. We had audiograms done at an earlier stage, and the last one was just a general check up to make sure you didn't have pneumonia or some horrible thing.

04:30 But we had audiograms for your hearing and eye tests and so forth. Had a look to see if you had an varicose veins and so forth.

Okay, we're going to read through some of your case notes of patients to get an idea of what you were dealing with.

This is just some that I picked out very roughly.

05:02 Here's a National Serviceman: he's a rifleman, he's been in country eight months, and he's been referred because he's had a general breakdown, query battle exhaustion, query medivac home. His complaints for the duration: his sleep was poor except when boozed, nightmares in the bush, two weeks ago a letter from his mate to say that this girlfriend was playing up, and he shot at her

05:30 photo and missed, drinking more and wants to fight. Four contacts. The first contact he fired only one mag [magazine], he hung back, did not subsequently fire in going down the bush. Fidgety at interview, worried about mines, he appeared scared. Now, in fact he was never very active, but he got along with most people,

06:00 his bosses. And that was it. He was really a personality disorder, this guy, a bit of traumatic stress disorder. In his case, I recommended administrative action. He just didn't want to do any more, thanks.

What was the recommendation of administrative action, then, for him?

I really don't know what it meant for him.

06:32 I don't think he would go to the stockade for a thing like that. They'd probably keep him for a while then send him back to the bush. Here's another one. Eighteen months in the National Service, a platoon medic. He's referred by a surgeon with anxiety. He was in contact on the 21st of August '69. Twenty-eight casualties the first night, and four the next morning,

07:01 and six minor ones. Superficial fragment wounds, they were removed under local anaesthetic, and his complaints in duration "Nerves, they get me into a bit of strife, I panic, I can't reason things, I go off food while waiting for something to happen, it lasts for a few days, shakes with expectation,

07:30 never experienced before coming over here." Weight loss of one and a half stone, anorexia in the bush. In other words, he lost his appetite in the bush. And I felt that he was a guy who made friends easily, blah, blah, blah. And he was really transient [UNCLEAR] due to combat. Now in his case I suggested he return to unit, and he did okay. Sounds a bit tough, doesn't it?

08:00 And here's another one. He was referred by a physician on the wards. He had non-specific diarrhoea, and diarrhoea on and off. Nerves have been bad, no abdominal pain, and it was queried whether this was a functional thing or not. Wounded in action the 5th of July, no previous trouble. It was a rocket propelled grenade fragment.

08:30 He had frag wounds left arm and chest, and he was in Aust Field Hospital for eight days with frag wounds. Rest and then back to medical ward with diarrhoea. This guy, it was suggested that he went to a non-combatant posting for a while. In other words the situation he was in caused him to get diarrhoea and so forth.

09:02 So that was a psychogenic thing. This in fact shows how things that happened at home can affect these guys. He was disturbed about his finance. Engaged for twelve months,

09:30 she didn't want him to come to South Vietnam, in all he's had is six contacts, worried by other fellows getting wounded, only eight of original platoon left, five or six months left, the odds are getting less, no wonder, lately terrified if he goes out. In fact I sent him back to the RMO. His fiancée had suicided.

10:00 She didn't want him to come over. So that was the stress there. So he was neuro-depressive reaction with combat stress, too. I sent him back to the RMO and suggested non-combatant duties for two or three weeks, and if no improvement lower his S [stress] factor and return him to Australia. So this guy was pretty bad. These guys are National Servicemen, by the way.

10:30 Here's a guy who was sent in by Captain Terry Hillier, he's a frequenter of the RAP and the 8 Field Ambulance. He complains of ocidial headaches, he said, "It aches like a cunt whenever I undertake any exertion." His words. Captain Terry Hillier feels that he is putting it on and he is not really disturbed.

- 11:02 So his complaints and neurosis: "When I do something psychical I get a headache." Since in Aust Field Hospital he jumps at sudden noises, but he doesn't jump at all or some noises. "The first, second and third day of each operation I come down with heat exhaustion, I'm useless for twelve hours, okay afterwards. I'm no good to anybody in the bush when
- 11:30 I've got this aching head." He had some slight frag wounds to the scalp and he was dusted off on the 21st of May in Nui Dat, started to shake when rockets were fired and so forth. This guy who's highlight in Vietnam was the successful ambush of two nogs [Vietnamese], both were killed: "This made my whole tour worthwhile. I was so excited.
- 12:01 Also helped to bury their two enemy. If this is being bloodthirsty, then this is what I am." I returned him to his unit with nothing psychiatric. Here are some RAR [Royal Australian Regiment] blokes. He's a bloke who is twenty-five years old, he's been in the RAR eight years, he had a previous excursion there in 1965, that was with 1 RAR.
- 12:30 He said he was involved in a booby trap incident in which some shell exploded. He had burns, chest, hands, buttocks, legs, ten per cent of body service. Sent to the psychiatrist to assess this man as he seems not happy to return to the area. You can hardly blame him. He had a small shrapnel wound on the 6th of May, has been in pretty heavy fighting,
- 13:01 apprehension that third wound in action might be curtains, but nevertheless wants to go back to 3 Battalion 4 ARVN, not built to function other places as he sees anywhere else equally dangerous. He was aged twenty-five, he was married, he was in the Australian Army Training Team [AATT - Australian Army Training Team Vietnam],
- 13:30 and we recommended a change in his posting and he went to Ba Ria, which was at that stage not in a combat zone.

Did you have any follow-up on him and know how he fared?

No, I didn't. Not this particular bloke. He later returned, he got a DCM [Distinguished Conduct Medal] at one stage. And he was medivaced later on the grounds of his burns.

- 14:00 Yeah, I did follow him up. Right, he's referred by his physician, seen in front of company wire, stark naked and saying, "Kill or kill me!" Right, this is a guy aged nineteen, he's a rifleman. Says he's had too much to drink, tried to get outside the wire at Nui Dat, after two ops [operations] was a bit scared going out into the bush,
- 14:31 an RPG frag to the side of the neck in June '69, applied to transfer to driving and got it, so he became a driver, B3, whatever that means. There was no actual psychiatric symptoms in this guy. His was simple drunkenness behaviour, so he was sent back to his unit.

Did any of the patients who you assessed argue with the findings that arrived at?

No, they didn't actually.

- 15:04 Not to me at any rate. This one was... This is a med assist [medical assistant]. He had domestic stress, rendered work inefficient, he was referred by the senior medical officer at the Task Force, he had a separation of two parents, living under strain,
- 15:33 his own marriage was disrupted, didn't want to attend maintenance hearing prior to leaving - that was a civil matter before he left. He complains of irritability, shaking, heavy gastric discomfort, concentration down, feels he should be at home helping father, feels maintenance order unjust.
- 16:01 So he's got stresses at home, this guy, right? And he was admitted... Let me see. Actually I recommended an administrative return to Australia for this guy; he was in strife. But it was a transsituational domestic situation, transsituational disturbance,
- 16:31 but it wasn't caused by war service, it was caused by things going on at home.

Was there a stigma attached to being sent back to Australia?

No, I don't think there was, I don't think so. Normally after their twelve months, I'd examine them also for their normal return to Australia in any case. But I don't think there was any great stigma attached. Here's a guy aged nineteen.

- 17:02 He was a store worker at one stage. He was a signaller. He fell down the steps, blah, blah, blah, he had pains in his legs and back, muscles, tightening up of calves and stomach two days later, initial insomnia, in other words he had trouble getting to sleep since he had been in country, then his neck went all stiff, his head felt as if a clamp
- 17:30 was inside, turning and pushing it out, and he's complained that everything goes black when he comes up too fast from bending down, has a headache. Now this sounds physical, all right. So I look at this guy and he's got papladema.

What's that?

Swelling at the nerve end where the optic disc is. It means he has got increased intracranial pressure. He may have had a tumour or anything.

18:02 So the obvious thing was to return him to Australia for investigation, because I think he was probably seriously crook. He was a whole nineteen. The last one I will read is... This was a request by the ADMS to see whether he was fit for further combat duties. He had a rocket propelled grenade fragment

18:33 in the left side of neck in August, previously wounded by RPG fragment left thigh in April. At this stage the corporal indicated that he would prefer to finish his time with the particular battalion he was with, and he was seen again at the RAP 5 RAR Nui Dat, where he has been since last contact.

19:00 Now his complaints were bilious vomiting, at least once a day, tense around neck at night, as if being actually choked, not sleeping, thinking of mother who had two shocks with him, twice wounded in action, conflicted about going back to bush, getting very anxious with personal things, mother is only relative in Australia, feeling of urgency of what he owes her,

19:30 that he has to be home with her. Also pressure from... I presume that is grandfather. Now he was a medic and he had maintained a high functional level. He was highly regarded by the company. He doesn't think he can mention five months without seeing mother and girlfriend. He feels like a holiday. At this stage he had been seven months in country.

20:05 He had a very good relationship with diggers and officers, so we actually medivaced him. He had been wounded twice, and his poor mother was worried about him.

Ethically, where did your loyalty lie? With the diggers or the officers?

20:32 Oh, with the diggers I would think. With the diggers.

With the case of the man who was describing unbelievable headaches, in a very descriptive way, you mentioned that his platoon commander wanted him to return to the unit immediately, didn't think there was anything wrong with him...

Well, the RMO didn't think there was anything wrong with him.

And the RMO referred him to you?

Yep.

What kind of

21:00 **investigation would you do on a patient such as him?**

I would do a full mental state examination.

What kind of questions would you ask?

I'd let him talk for a start. But I think to do a mental state examination...

21:30 I used to have a pneumonic for this, which was, "Please step into the doorway. Be prepared to meet the demon." You would look to see if there was any dementing process, whether there's any alcohol or drug thing, where there's a (UNCLEAR), whether there's a primary degeneration, you'd just check all these things out,

22:00 and take a thorough history from him, that's all.

And from that history, as well as the RMO's opinions, you'd form an opinion on whether or not to return him to the unit?

It was mainly on the basis of my estimation at the time, really. But the RMO at that stage was much more experienced than I was, and he probably knew a lot more about his blokes than I did, so I guess one would be somewhat influenced by that, but it wouldn't be greatly.

22:33 **Did you ever have anybody plead with you to send them home?**

No, I had nobody plead with me to send them home.

Did they try to manipulate the situation?

No doubt, on some occasions.

How?

Well, by phoney symptoms.

And how did you deal with a situation like that?

23:01 You had to use your judgment, that's all.

When you were working on the trolleys, did you ever lose anybody?

Not on the trolleys, no.

What about in the hospital?

I think that some may well have been lost later on. But very few. Once they got into that theatre, most were pretty well organised. Some of them had to have morphine for some times,

23:30 and some of them in fact would get withdrawal symptoms if you stopped it.

How did you deal with that?

Well, you had to withdraw it very gradually.

When you were working on the trolleys, did you have nurses or assistants to help you when you first received the patients from the helicopters?

No, you were pretty well on your own.

24:00 You would have some assistants there, a medic or something, slicing off their pants or opening up this or cutting that. Not nurses at that stage, they were usually medical orderlies of some description.

Did you have some procedure that you went through when you first received a patient to check their status?

Oh yes, you'd check their blood pressure and do all those things.

24:30 They'd have morphia and penicillin and you'd give them an intravenous catheter and put them on a drip, which could be changed to blood later on, or whatever. As long as you had the stuff in place.

What questions would you be asking them as you were doing this?

Hard to say at this stage. I'd ask them how they were feeling, what happened, just general stuff at this stage.

25:00 **Did you ever treat native Vietnamese?**

Yes, we had Vietnamese working at the hospital, actually. The VC used to demand a thousand plee [?], so they would get to the hospital and back safely. These were the ones who actually worked in the hospital situation. They came by bus.

25:30 **You had VC working in the hospital?**

Not VC. Vietnamese ladies, generally speaking. Did I treat any Vietnamese per se? No, I don't think so. They were generally handled by the surgical teams. They didn't come into the hospital situation. Although an NVA soldier once

26:00 came in one day with valsiperum malaria, that's a pretty dangerous type of malaria, he was treated there. He was the enemy, but he was treated. He didn't like us at all.

How did you handle that situation?

Well, I didn't. That was handled by the CO and the 2IC.

Can you describe the kind of malaria that the patient had?

It was a specific thing called valsiperum,

26:32 and you'd have the malignant tertia malaria which isn't so serious, but valsiperum can have cranial effects and all sorts of things. It's a more serious form of malaria.

Did you ever counsel the nurses or other people that you worked with?

27:00 I don't think I was required to do that. I'd have a chat with them, of course, naturally. But I wouldn't call it official counselling.

Would they ever pour their hearts out to you on various subjects?

Yes, they were able to do that.

When you did the rounds of the wards in the hospitals, what sort of duties did that involve?

27:35 Oh, having a chat with people, seeing whether they were still with it, this type of thing. I mean, I didn't have to do any bandaging or any of this type of thing. There was nothing specific about it. It was just giving them the chance to talk to somebody, that's all.

28:01 I didn't take their blood pressure or anything. That was all done by the nursing staff.

And what about when you were duty officer?

Well, you might be on call to see something that came in late, that's all. You'd just do your rounds and make sure that everything was okay.

How often were you on call when you weren't on duty?

That I couldn't say. What do you mean on call when I wasn't on duty?

28:36 **Doctors nowadays take their mobile phone and their pager, so they can't have a drink. Did that happen to you? Obviously you weren't taking a pager, but did you have to stay on the premises of the hospital although you weren't working?**

Oh, yes.

And what was that a shift rotational basis?

Yep. You had a look at anything that sort of cropped up, that's all.

29:00 **Were you often recalled to see patients late in the evening?**

No, not really.

Are there any stories of being in Vietnam that you haven't told us? Anything funny that might have happened? Or particularly touching?

No, I can't really think of anything different from what I've said.

29:36 **After you came back from Vietnam, you said that you wrote to your father quite a lot while you were away, did you find that he opened up more about his war experiences with you?**

No, not really. In my first letter I explained my quarters where I was living, what furniture it had in it. In my second letter to him I tried to tell him

30:00 what the ARVN were, what the NVA were, what pacification meant, what search and destroy was, all about that. Because he was in a different sort of war, so I was educating him, in a very amateurish way, no doubt, to start, but I did learn something of these things.

Did you have to watch yourself with censorship?

No, it's very interesting to say that there was nothing in any

30:30 of my letters that was ever chopped out at all.

Who did you have to hand them to to be checked?

I don't know, I don't really remember that.

What about the VC being present in Vung Tau. Was that a concern for you?

Oh well, it wasn't a great concern. We knew that they were on the north beach, and you were on the south beach,

31:00 and you couldn't tell who was VC and who wasn't. But it didn't... If we went down to the store, we usually went down in a vehicle and a bloke usually came down with us with a rifle, as a sort of bodyguard. No we didn't have any great concern about it, really.

31:33 **When you were, you mentioned that it was difficult to get the Vietnam veterans out of the bush when you were back in Australia for treatment. How would you encourage them?**

I didn't encourage them. Other people who were in the situation did. I was just reporting the fact that there were a lot of vets who were unwilling to come out, and I learned this from other people.

32:03 **Post war you remained in the CMF for seventeen years. What did that involve for you after the war?**

Well, after the war I went back to 1 Field Ambulance, I had a camp with them. It was a camp called Julia and it was with the Hunter River Lancers, and we had an interesting time. In fact, converting an armoured personnel

32:30 carrier into an ambulance, putting stretchers into it. I edited a pictorial newsletter, we called it Julia News because the name of the camp was Julia. I did some drawings of different ways that people were sleeping, like the caterpillar type, under a thing like this, and somebody who was slung in a hammock,

33:00 the Mae West type: "Come up and see me some time." And it was there simply for people to subscribe to, and they did some quite humorous things. I don't know how I produced it when I come to think to think of it, but I've got copies of it still. That was one. And after 1 Field Ambulance, I was posted to... I wished to go there in fact, to Springfield Regiment, which was an artillery unit,

33:30 and we used to have weekend shootings, up and down the coast. And I spent the time walking around with the hygiene sergeant, looking at the latrines and doing various odd things like that. We didn't really have casualties or anything like that. I was once put number three on a 105 Howitzer, and I was

surprised

34:00 that if you stood behind it, and you had a low powered charge in it, you could actually see the projectile go and hit the target. They had a camp at one stage. After that I went to 1 General Hospital. I was there for about three years. For some time I did nothing but count the rifles in the armoury, but then we had a bit of officer training and so forth, in '76.

34:34 From then they asked me to become consultant to 2 Military District as a half colonel. While I was with the 7 Field Regiment I passed my majority exam and became a substandard major. I was really a temporary bloke in Vietnam, but I passed the test and became substandard.

35:00 And then in June '76, I was the consultant psychiatrist to 2 Military District, and by December that year I was consultant psychiatrist to the army office, with the rank of colonel. The interesting thing about being a consultant in these situation, you went to various schools - Healesville, it's got a

35:30 sanctuary, north-east of Melbourne for training. I gave a paper there, incidentally, on drugs and the soldier, when I was still in 1 Field Ambulance, and later on I gave pretty reasonable paper on psychiatric casualties in Australia. And I was there at the send off of Major General... Well,

36:00 Major General Gurner was my first one. And great old 'Digger' James, who was a marvellous soldier, who lost both feet in Korea, got an MC [Military Cross]. He's a very highly decorated man now. I went to his send off as a matter of fact. He was a real soldier, that guy.

36:33 **How much of your time was required when you were in the CMF after the war?**

Well, a camp each year, say with 1 General Hospital, that was two weeks. Monday night parades, that was it really. When I was a consultant to the army office. I often had the sticky question put to me by the general or something, and knowing

37:00 what he thought about it, I used to agree with him usually.

What impact, if any, did your experience in Vietnam have upon your subsequent career as a psychiatrist?

Well, it was interesting, at the time of the Darwin cyclone

37:31 I was working in the head office at the Department of Health at the time, and because of my experience in war time I went out there on two nights, I think. One was New Year's Eve. This was a few days after they came in, they brought in plane loads of people who were processed through Mascot and I went out to help them do that. That was about it.

38:00 **What was involved in the processing?**

Just checking out any injuries or anything like this, maybe bandaging something. That was done by nurses. It was very interesting. There was a lady somebody who was tied up with the Red Cross, who was very upset because there was an enrolled nurse of all things, doing work on the one thing. So I told them to just forget about it and carry on dear, doing a good job.

38:33 There was not much to do there, just make sure that nobody was really...needed great attention.

Okay, what changes have you seen in psychiatric treatment, or approaches to psychiatric treatment over the years?

Well, I think there is more of a balance between giving drugs now,

39:00 and doing psychotherapy. And there's been more useful drugs introduced, quite modern ones, anti-depressant drugs and so forth. They've all got their shortcomings. And horses for courses: some are good for some people and others aren't.

39:30 But I think there has been more of an interest in combing psycho-social type work along with pharmacology these days. Which is a good thing. And one has got to learn to work in a team these days, which is very good. We do need our psychologists. We need our social workers and so forth.

40:01 And the psychiatrist may, in many instances, just act as the leader of the orchestra in many instances. A lot of other people do the work.

And is that a change that you've seen...?

Oh yes. We used to be very paternalistic at one stage, psychiatrists. But in fact, one learns that working

40:30 in a team is much better. We knew what was right. But we don't always know what is right. In fact I learned a lot from the sisters at an admission centre when I first came back and I worked in Sydney. And I learned a lot in England from trained nurses, who really knew what they were talking about.

Such as what? Can you give me an example of what you mean?

41:05 I better not...

Tape 8

00:33 **I'm going to have to ask you to finish your thoughts from the last tape about what you learned from the sisters?**

I learned a lot of clinical stuff from them, even diagnosing patients, what they were suffering from. I guess I learned a lot about approaches to patients, that type of thing.

01:00 They were very cluey, some of these ladies.

Why do you think they were able to offer you...?

Because they had had a lot more experience in psychiatry than I'd had at the time. At the time I bumped into them, that's why.

I will have to press you for a couple of more details of your short stint in the VD [venereal disease] clinic in Vietnam. How did you come to be working in that?

01:31 Well, because the pathologist at that time, Bruce Gutheridge, whose job it was to do it, he was a half colonel, he convinced the CO that he needed a bit of a break, you see. So I was asked to go in there and I went in there in the mornings, and I had to do my psychiatric out patients in the afternoons. I shouldn't mention this, but I will tell you.

02:00 I'd be working until half past six seeing psych patients when the pathologist, who I was relieving, was down swimming at the Badcoe Club or on the back beach, and I was pretty frustrated. But he had persuaded the CO... And in fact, he was to leave the country not very soon after, and he also wanted to buy up a few things in town, I think.

What was the nickname that the men had for this clinic?

02:30 I called it the Drippy Dick Clinic. I don't know what the men called it.

What actual diseases were most commonly seen?

Oh, I think gonorrhoea, and syphilis was another thing. I think a lot of people would have had gonorrhoea. But syphilis was the real worry.

What sort of treatments did you offer there?

Penicillin of course. You clean up your gonorrhoea pretty well with that.

03:03 It's not my field of expertise, but they used to give them antibiotics, yes.

How seriously do you think troops took VD?

Well, they came along for treatment. I think they were very willing to take risks. It was very interesting.

03:32 One bloke who had been there during the Tet offensive, who preceded me, in fact, Jack Blomley, he played football for Australia, he was over there working at one stage, and he used to give lectures on VD for the troops. He felt very strongly about it. He said, "If you've got to F anything, F a rubber tree." That was his advice to them.

04:00 No, it was a big problem at one stage. When they were under severe attack, etc., not so much of it occurred, because they had other things to do.

Did you have any adventures with Saigon tea houses?

We did visit one. It was very interesting. A half colonel from Tasmania, had a balding patch,

04:37 and one of the ladies serving us Saigon tea was very interested in patting his baldy head. We in fact drank a couple of cups of it, then a fight broke out in this place between a couple of diggers. So we thought we officers had better do a bunk, so we did. We didn't stay for the invitation upstairs

05:00 or wherever they went. That was the only experience.

In the case histories that you presented to us, they were all junior ranks or NCOs. What about officers?

Yes, I did see an officer or two, yep. And in fact there was one who had been depressed before he went overseas, and he had quite a severe depressive illness over there.

05:35 And I saw some RAAF officers. I don't have the details of those here.

So mental difficulties were not only experienced by junior ranks?

That's right.

Do you think it was harder for an officer to come to you?

I think it might have been. But I didn't

06:00 canvass the situation.

When it came time for you to leave Vietnam, what were your feelings about going home?

I think I was pretty glad to be going home, there was no doubt about that.

Why?

To see my family, my wife, I hadn't seen them for some time. That's the reason...

06:33 **Did you ever consider going back?**

We've been a bit unable to travel due to my wife's osteoarthritis and so forth. She'd had knee replacements and whatnot. A number of our social groups have been back, and I've seen photographs of the place as it is now. It wouldn't have been a bad idea to go back. But I was too busy.

07:05 It was a bit prohibitive financially, I guess. And we were a bit incapacitated.

What about when Australia was still fighting in Vietnam? Was there ever any opportunity for you to go for another tour?

No. No, my arrangement was this average four month tour, then get back to work at the Institute, and then I was

07:30 so busy it wasn't funny.

In your subsequent years with the CMF or reserves, what changes did you see in the way the army dealt with psychiatric services?

That's pretty difficult for me to answer. I really couldn't answer that. I have visited Repat General Hospital and so forth

08:02 and... I can't really answer that one.

You mentioned that you went down to Healesville and gave papers about this sort of thing. Would that have happened in the past? Why were they asking you to give papers?

I think they would have asked any specialist to give papers. They had one on war surgery, the first one there, but I wouldn't have given a paper on that.

08:32 But they were particularly interested in knowing something about psychiatry at the later stage.

A bigger picture, political question, what now are your feelings in hindsight about the Vietnam war and why Australians were there?

At that time I did believe in the domino theory. I think a lot of Australians probably did.

09:03 I didn't go there to fight, I went there to look after our blokes because it was suggested they needed a psychiatrist. That's a big question. I think we did the appropriate thing in itself.

How important do you think that events like the welcome home parade in '87 were for Vietnam veterans?

09:33 Was that the one where they really turned it on and let them march up the street? That was very important. I was involved in it. That was important. They felt that they at least were accepted.

At the time when you were in Vietnam,

10:01 **what do you think could have been done better from a psychiatric point of view that might have prevented problems in later years?**

I guess earlier intervention, and letting people unload their problems and so forth. Yeah, I think so. Acceptance, too, of the people when they came back, that would have been a very important issue, I think...

10:36 **Do you think if we convincingly won the Vietnam War, things might have been different for the veterans psychiatrically?**

No, I think there was still so much feeling against them, and demonstrations against them. I don't think it wouldn't have made any difference.

What do you think any sort of doctor can learn from practising in a war situation

11:01 **compared to a civilian situation?**

Well, you learn to deal a little bit with traumatic situations, I guess. Which you don't see so much when you're doing accidental situations in civil situations.

11:38 **What are the pros and cons of practising medicine in war? Some things must be harder and some things must be easier...**

Well, the decision making is more difficult in terms of, "What do I do with this soldier?" I mean, what is the best thing in his interest?

12:00 And you've also got to think of the interests, I guess, of his unit and so forth. But I used to concentrate more on what was best for the soldier.

You've served in the reserves for many years, you went to Vietnam for a stint, do you have any thoughts or messages to communicate about serving one's country?

12:30 Well, all I can say is that when I did it, I felt a degree of pride in doing it. It's hardly like being in the Australian cricket team, but I presume it's a feeling like that. In fact, yeah, I got the RFD [Reserve Force Decoration] in '85 after keeping my nose clean for fifteen years.

13:00 I think it was good training, good experience for me, met some good folk. That's about it.

INTERVIEW ENDS