Australians at War Film Archive

Bernard Dunn - Transcript of interview

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Tape 1

00:40 **If you could tell us a little bit about where you grew up.**

I was born in New Zealand in Christchurch in 1926. We shifted to Auckland and

01:00 I first started to go to school in Auckland. One of the things I can always remember about the sort of schools that were around in those days was that the children often didn't wear shoes to school. They tended to be cavalier about it and say they were comfortable without shoes but

01:30 there were a lot of children, footwear was obviously quite important, that wear sandshoes and I can never think of sandshoes without thinking about the smell of them. It was a poor time for people in the early '30s, and into the approach to the Second World War. There were a lot of people coming around looking for work and housing.

02:00 There was a lot of hostility from some groups within the community and there had been marches along the streets in Auckland with windows being broken, fairly close to riot conditions. There had been a big march planned for Queen Street in Auckland, but I don't think that came off, or if it did

02:30 it didn't cause any damage but all the windows in the shops down Queen Street were boarded up.

What was the cause of the riots?

I think they didn't have jobs, and they obviously weren't getting enough to eat and one other memory I've got of the time was that sometimes when prices weren't met apparently, in relation to oranges are the sort of things I can remember because they would be imported into New Zealand

03:00 at that stage, then they would be taken to sea and dumped. I can remember seeing oranges washed up on the beaches and people picking them up. We had a next door neighbour who was out of work and he used to grow his own tobacco in his back yard. I had some aunts who were pretty solid smokers but they thought that was a bit too rough.

03:30 About 1934, we shifted to Dunedin. My father was the manager of the company at Dunedin and had to change schools. We had to kill off our ducks, which was a bit of a blow to children

04:00 seeing what had been pets put onto the table but I guess farmers go through this all the time. We shifted into what was a very quiet environment in Dunedin at that stage very much a Presbyterian environment with a lot of the mores of the Victorian era very much so.

04:30 For instance no Sunday sport at all, even with notices on the grounds, no cricket here on Sundays. Later on during the war the various clubs or places they had to entertain servicemen were not allowed to have dances on Sunday night. It was a pretty restrictive

05:00 community at that stage.

How did your family fit into that conscience?

I think they took it in their stride. In schooling it was still a time of corporal punishment and that is a fairly strong memory of my life. I was pretty good so I never got into trouble or I never got caught.

05:30 Some children were almost victimised within the system and I guess their behaviour probably stemmed from the way they had been brought up, treated at home and things like that. The vivid picture of a teacher advancing after a boy walking backwards down the aisle of a school room and crying out because he does not want to

06:00 put his hand up to get whacked with a strap. Around about every Christmas time before school broke up they managed to get into the teacher's drawer and cut the strap up and everyone got a piece of the leather strap. Unfortunately after those sort of events the teacher often borrowed a strap from the

teacher next door or might have had a spare one. It was real and it

06:30 was one of the things that I remember quite vividly about school. When I went to secondary school in Dunedin I went to a school that opened in the '30s, my brother had gone to it beforehand, and by the time I got to the school he had gone to sea with a firm named Andrew Weir who ran ships

07:00 that usually ended in the name 'bank'. Springbank was the ship he went away on. He went away as a cadet deck officer and in those days it was a four-year course and at the end of that time, they sat their second mates ticket and they usually went onto a third mate position and they kept on

07:30 advancing through the system, being one above in tickets than their actual posting on the ship. Unfortunately he was killed in the North Atlantic at the end of 1940 on a ship called the Tymeric and it was torpedoed. My father had been to the First World War

08:00 in the Canterbury Mounted Rifles although in those days they used to call them the Canterbury Yeomen Cavalry, CYC, and he had been pretty sick in Egypt and had been on the dangerously ill list with, it would be hard for me to know what it was, but it would be likely to have been one of the severe

08:30 endemic infections at that stage and he was sick enough for them to invalid him home from that. If he hadn't got that it would almost certainly be a cholera like illness and if he hadn't had that he would have been in Gallipoli and I would not be here probably. The affect on my mother

09:00 losing my brother was very profound, it is hard to describe, although I know it is going on even now people throughout the world losing relatives, you see the agony on people's faces and we certainly experienced that. My sister had been doing

09:30 voluntary work with the Red Cross early in the war, and she joined a voluntary aid detachment to the Middle East and she spent three and a half years in Egypt, North Africa, Syria Lebanon and Italy. She came back from overseas around about

10:00 sometime in 1945, early 1945. She obviously had a lot of experience with the traumas of war. One thing that people don't believe when you tell them about it she was in a place called Bari in Italy, it is

10:30 down towards the heel of Italy on the Adriatic, and one night the German aircraft got in through the radar defences and they sank about sixteen ships in the harbour and one of them had a load of mustard gas on it, and she said we were getting these people in from the harbour with these blisters and things all over them. They didn't know what they were and then eventually they were told what it was. I guess they stockpiled

11:00 on these sort of things just in case the other side used them and then there would have been a retaliation. That is the way people make atomic bombs. She married a Scottish serviceman from the 51st Highland Division and went to live in Scotland for a while, that marriage fell through and she had one child

11:30 and she came back to New Zealand to live. She lives in Australia now. The wartime for me as a secondary school student was very real. Every morning at assembly we would have a talk about current affairs with a very large map of Europe. It was so Eurocentered, the thoughts of the war.

12:00 In reality, the Pacific was considerably more important than Europe was as far as the overall danger to New Zealand. We didn't see many American servicemen in a place like Dunedin. Dunedin was a sort of a place that had been the hopping off place for Scott on his last expedition to the Antarctic.

12:30 The American explorer who went to the Antarctic left from there so it was I think they still fly aircraft from the South Island, the Americans. The war, we had cadet units in the schools. When I was first in the cadets we had to take an attestation to the crown.

13:00 I wonder what parents would think of that these days if that went on, but that was the norm at that stage and you could get out of being in the cadets. I can only remember one boy who didn't go into the cadets in some form or other he became New Zealand's leading poet his name was James Kerr Baxter and his family were very

13:30 original thinkers and they were totally opposed to the war and of course he was victimised at school because of that, I don't think he had a very happy time, probably gave him a good basis for writing sad poetry. He was very prominent. He died I am not quite sure when but I'd say about twenty years or so ago and he had been,

14:00 around about that stage, he had been living in a Maori area in the North Island and I think he had a very special Maori funeral. He wasn't Maori, he was an honorary Maori I guess. I started university in the beginning of 1945 and things happened so quickly then.

14:30 VE [Victory in Europe] Day in June or thereabouts, May or June and VJ [Victory over Japan] Day in August after the dropping of the atomic bombs. I know it is the current fashion to decry the dropping of the bombs but for people of that generation it was such a relief to

15:00 have the war over and it would have almost certainly been very costly for the Americans and the allies to have landed in Japan and fight through the Japanese system. That was the plus side and people saw these weapons as something that had been developed to help finish

15:30 the war however inhuman it seems now. I was about eighteen at that stage and of course was available for call up and had to register for national service and then no one was ever taken from that group although there was some form of military training for some years

16:00 after that.

You were old enough to be called up before the end?

You got a notice that you had come of age and I think the custom was not to send people overseas unless they were voting age but people did go away at an earlier age.

Where did you stand in terms – how prepared were you,

16:30 **to do your bit?**

I don't think there was any option really, that would have been the thing I would have had to do. When I started the medical course in Dunedin it was and still is very competitive to get into the course whereas in Victoria

17:00 the entry into the medical course is from school to university. The entry in the New Zealand system at that stage was from first year university to second year was in the medical corps. It was terribly competitive although I passed I didn't make the cut and had to repeat that year, I got in the second time.

17:30 It was worth the effort and I am glad I did it.

Why did you want to do medicine?

A lot of things were happening medically for instance my sister had been in one of the three hospitals where they had done a human trial of penicillin this was before penicillin became generally available and so this whole era of

18:00 antibiotics was starting off. Things had happened in the public health side of New Zealand. For instance we had iodised salt for years and from being an area where goitre had been terribly common rather like Iceland, they virtually stopped the problem altogether, tuberculosis was another thing that was coming under some sort of control,

18:30 the milk was pasteurised and everyone knows how people can object to things. First of all when the milk was pasteurised people said it had a terrible taste, but what it had been before that had been just a milkman bringing around churns of milk and dipping in a can and putting that into your jug or your billy and leaving it

19:00 on your doorstep, it was obviously fairly unhealthy way of handling a product, like milk where bugs can grow. The pasteurisation was a very big step forward. Some of the people in New Zealand who had become prominent in medicine overseas were a factor in my thinking.

19:30 There was a man named Gillies he was a plastic surgeon and he developed his skills after the First World War and he became the teacher of a lot of people, McIndow was one name that was a very prominent New Zealander, and these were people who repaired the injuries of men who had been in the Battle of Britain and other things.

20:00 In fires in aircraft and done some wonderful work. I think that's just an interesting note. I eventually became an anaesthetist and a lot of this work could never have occurred unless there had been developments in anaesthesia. They started on some of these developments in the First World War and continued them after that. I enjoyed the course.

20:30 I didn't have any reason to think of branching off or doing anything else. It was pretty uneventful it is a general toughening up course the medical course you get used to unpleasant things, I don't think, I could ever have been a pathologist it doesn't really appeal. I guess people do get used to these sort of things.

21:00 There is a general toughening up. I had a couple of years as a resident house surgeon, we used to call them at that stage, junior and senior house surgeon in Dunedin. At that stage, Dunedin was the only medical school in New Zealand so the professorial staff, were there. There were some very good people around,

21:30 particularly in their research on the control of blood pressure. A lot of the trial work was done in Dunedin in the early control of blood pressure the drugs were pretty imperfect. The professor was a scientist as much as he was a doctor. One memory I have got of him was he and

22:00 his assistant taking the tablets themselves and then walking down the steps into a swimming pool to see what effect the water pressure had on the blood pressure and taking blood pressures on the side of the

swimming pool. They did a lot of things but they certainly had a few problems with the first lots of anti-blood pressure pill. At that stage

22:30 I decided I wanted to do anaesthesia and there weren't very many jobs in New Zealand and the best place to have done it would have been Auckland but that was filled with Auckland people there was one job in Dunedin and I applied for that. I didn't get it because they appointed someone who already had a qualification in anaesthesia who was coming back from overseas. I wasn't in the race against that sort of competition.

23:00 I thought as a lot of people did in those days I would go off to England to do the work. A job came up at the Children's Hospital in Melbourne and I applied for that and got it. Came to Australia on a boat, I don't think many people do that anymore. The Wonganella. It was quite a pleasant trip.

23:30 **When was that?**

1954, the beginning of '54 and it was unusual to start at the Children's because nowadays the children and women's hospital experience tends to be very much in the later stages of people's training period in anaesthesia. The training period is four, five or six years under some circumstances.

24:00 When I started off my training period it was a much shorter period and it was pretty unusual to go into the children's first and then into adult hospitals later. They were very good to me at the Children's, I had come from a Pommie-fied hospital atmosphere where you were referred to as Dunn, the surname calling.

24:30 And to come into an atmosphere like the Children's, or the Alfred [Hospital] where I work and have people call you by your Christian name was quite amazing to me it was rather a pleasant surprise and it didn't decrease respect in any way no way at all just a different approach.

Do you think New Zealand [had] ties with the mother country?

25:00 Very much they were. There were so many people in New Zealand who called England home so much so, they were called Homies. Homie was the New Zealand term rather like Pommie the Australian term. I'm sure it is not that way now but it was very prominent. A

25:30 knighthood elevated someone to a space somewhere between earth and heaven and people were, I know Keating used to talk about the tugging of the forelock and it was around. My own personal opinion is one of the better things that's been done in Australia is to do away with the title system and I have no,

26:00 I tend be left wing but the egalitarian attitude is, to my mind better. Just as a side issue I had a read at RPH, [Royal Perth Hospital] yesterday about the problems in Guadalcanal and it seemed to me that all the crooks in Guadalcanal had knighthoods. The knighthood finds its own level like water and the Australians seem much the same where

26:30 A fair proportion of the knights were crooks you wouldn't have to go outside Queensland to find them either. Anyway that's by the way.

What else struck you about Australia when you first came across, culturally?

I stayed with an aunt and I got on a tram one day I was going out to the

27:00 I don't know whether it was the Davis Cup [or] the tennis championships at White City and I got on the tram and I just couldn't believe the accent of the tram conductor. I don't know whether I talk with an Australian accent or not, but it was unbelievable to me at that stage and it took a while to get used to that.

27:30 My mother was Australian. She had been born in Kalgoorlie and we had a lot of thought and talk about Australia in the family. I just didn't find it very strange and as I say, the people were very good to me. I married one of the other residents at the Children's, I guess that is why

28:00 I am still in Australia. I went to The Alfred after two years at the Children's and the Alfred at that stage was probably a major world centre as far as anaesthetics was concerned. It had two of the pioneers of thoracic surgery and thoracic anaesthesia,

28:30 in the form of James Offbrown and Bob Orton. Offbrown had been a general surgeon then and became a cardio thoracic surgeon and Orton was a brilliant man he really could have been anything in medicine but his health was not good he was a severe diabetic,

29:00 he spent a lot of time with illness but he evolved systems and he was a great thinker and he had a very good staff that helped him with a lot of these things so it was a great place to go to. These sorts of differences in hospitals have evened out now.

29:30 The same sort of training can be achieved anywhere. It is different sort of training now in those days it was very much an apprenticeship like the nurses used to have in the hospitals, and the theoretical was the sort of thing you did by yourself at night. Now it tends to be more emphasis to actual teaching that goes on but you certainly learnt from people and there were plenty of people with experience around

30:00 who could help you. After I had been at the Alfred for awhile I was there for about two years the normal thing that I would have done, I had my postgraduate qualification, the normal thing that I would have done would have been up anchor and gone to England and resat the English examination. This is the sort of pattern that

30:30 went on with physicians and surgeons and pretty well anyone in the medical field who wanted to specialise but at that stage I got the chance to go to Singapore in the Colombo plan. The general idea of the group that were going to Singapore under those circumstances was to be involved in teaching in

31:00 Singapore and also develop their systems with them while their own people were training overseas. When I got to Singapore there were only two of us on the island who had a high qualification in anaesthesia, nowadays I don't know how many there would be,

31:30 a couple of hundred perhaps. It was pretty early days. A bit about the Colombo plan it was the general idea of the Colombo plan nations with the economic and educational aid, and aid with agriculture and things like that.

32:00 Singapore initially had asked for over two-dozen specialists to go, in the end, The government advertised for six and after all that, only three people went. People didn't want to go to these sort of places. I had one fellow say I wouldn't take my wife and children to a place like that, bloody fool.

32:30 **Were you married at the time?**

Yes we had two children. We went on the boat called the New Holland. It was a Dutch ship, the Royal Inter-Ocean Lines it had a lot of Balinese carving on it and it was a small cargo passenger ship probably about 10,000 tons. The notable thing going to an Indonesian port on the way was that the Dutch crew were not allowed off.

33:00 The people who came on to shift some of the cargo managed to get some bags of flour for themselves were not even challenged on their way off, down the gangway. That was just part and parcel what the companies had to put up with at that stage. At that point as we went through Jakarta, the mixed blood people from Indonesia were being expelled. These were people

33:30 the Dutch had educated and many of them got to quite senior positions in the government and after the war of independence, they were probably disadvantaged around about that point in 1957 the Indonesian government were expelling them, people who had never been to Holland in their lives were being sent back to Holland.

34:00 So when we got to Singapore things were pretty unstable, Indonesia was unstable. You weren't sure what was going to go on there. The Communist Party in Indonesia was the biggest Communist party outside of Russia. I think they used to say with affiliated unions it was around about nine or ten million.

34:30 When you went into villages or anything like that, the hammer and sickle were prominent. The local parties secretary's premises and things like that. It was pretty unstable. Singapore or Malaysia had just achieved a merdeka they called it, 'freedom', the British had pulled out of the merdeka,

35:00 out of Malaysia and it was still called Malaya at that stage. Singapore didn't achieve their independence until 1959 and then it was limited independence. I think foreign affairs and defence were still in the hands of the British government for some time after that. That period of Malaya having

35:30 been freed and Singapore about to become freed, the concept of Malaysia developed with Singapore included in it. The Indonesians didn't like this and Konfrontasi [Confrontation], who was part of that and there were Australian troops on the ground in Borneo and Australian naval vessels in the area,

36:00 that was all mainly in the early 60s. When I got to Singapore I thought I had worked pretty hard in my life in anaesthesia at the Children's and the Alfred. I had no idea of how hard I could work there. We used to work extremely hard.

36:30 The variety of work that we did was extraordinary, you would start off with a newborn baby and work your way through cancers to burns to all sorts of things during the day. There were specialist people about, orthopaedic facilities and ear, nose and throat facilities, eyes. General surgery covered an enormous amount

37:00 of ground. At that stage there would be one person working in Singapore public hospitals for the night. You would work today and then you would be on for the maternity hospital [Kandang Kerbau Women and Children's Hospital], which means cattle shed. There used to be a farm in the area and I think that is how it got its

37:30 name and the new hospital they have built to replace it is still called Kandang Kerbau. At that stage they were delivering 100 babies a day and it really was quite a sight. There weren't enough beds, and people were on mattresses on the floor, they stayed in for twenty-four hours and then they went home. At the general hospital,

38:00 it was a very big hospital the general hospital, and when you were on call at night time you often just

didn’t go to bed. You just worked through the night and took up the next day.

Where were you based?

I was working in the general hospital and the maternity hospital, two days a week in the maternity hospital and three days a week in the general hospital, and then you did

38:30 nights and weekends as well, there weren’t very many of us. There are some interesting things about the staffing. Two of the people that I worked with. One was a fellow named Sheers, Benny Sheers who was a professor in obstetrics and gynaecology. He became the first president of Singapore and the other one was a man called Yokum Singh who was a professor of surgery, and he

39:00 was a wonderful surgeon, he had been educated in medicine in England and he had been in England during the war and worked very hard there and developed great skills and he became a politician as he went on. He was speaker in the House of Assembly and acting president on two or three occasions for quite long periods. He would have been

39:30 president only he had this sort of role and also in the Singapore presidency they had to be impartial in terms of the racial situation. I think that when his turn came up, probably an Indian became the president but they were pretty remarkable men.

Can you tell us a bit about Benjamin Sheers. He was a major figure obviously.

Yes, He was a very important man.

And you knew him personally?

40:00 **Yes, It’s interesting, one of the things that seems to be a bit more common in an Asian population is genital malformations in women, and you wouldn’t see this very often I have never ever seen one in Australia I am not saying they don’t occur.**

40:30 **Sheers had developed an operation for this and it was simple in concept and I was to hear his name again in 1979 I think it was, in Indonesia when some Australians I was with, recommended that they use the Sheer’s technique. He was a very good man. Yokum Singh was**

41:00 **more important to me but a very outstanding sort of person. The people in the hospital a lot of people had come into the colonial medical service from England, with the winding down of the Singapore as a colony, they weren’t recruiting anymore and this was one of the other reasons that some Australians went up. There were three of us**

41:30 **one was a man named [UNCLEAR] Smith who was a pathologist who came from and went back to Sydney, the other one was a man named Burton Bradley and he was a psychiatrist, he was a very unusual man and he spent two years on this program in Singapore and then he went back to New Guinea and became a professor of psychiatry in New Guinea.**

Tape 2

00:32 Just before we got to Singapore there had been two civil problems one was the Gerta Hartog affair where a girl had been in some way separated from her parents during the war and she had been brought up by a Malay family and the Malays felt that she was

01:00 part of their society and they wanted her to become a full Malay with and believe in Islam and the Dutch courts ordered that she be reunited with her parents and the police took her over and one of the local newspapers got a picture of her she had been taken to a convent

01:30 for safety and they had a picture of her looking up at a statue of the Virgin Mary and this was of course, an incendiary thing to have happened. The meeting, a crowd outside courts I think it was a special constable had his gun with him and for some

02:00 reason or other he fired the gun up in the air when the crowd was a bit noisy and there was a riot and people killed and that settled down. The other one was the high school students riot and this was a left element within the Chinese who took over the situation and rioted and burnt cars and things like this and during the Gerta Hartog affair the Chinese police had walloped

02:30 the Malays during the Chinese students riots the Malay police had walloped the Chinese so there was that sort of racial tension within the community. We saw a number of things, acid throwing was common. Sulphuric acid, concentrated sulphuric acid was used in the rubber process when they get the latex

03:00 and they would either squirt them with water pistols or fill old electric light globes and throw it at people, throw it in their face. I used to see terrible burns from people who had this done to them. There was a fair bit of knife work around in Singapore at that stage and there were a lot of secret societies and they have all been cleaned up but it was very

03:30 real and there was a lot of kidnapping. I remember getting into a car of a fairly wealthy Chinese and we put our foot on the alarm button at the back of the car, because one of the ways they used to kidnap them was to get in the car at traffic lights. It was an unruly sort of place at that stage and seeing armed police sitting in a bank all day long was one of the sorts of things you saw.

04:00 There were British and Australian and New Zealand Forces in the area and Ghurkhas, and as the most military area there were certain areas of Singapore that the troops were not allowed to go. This wasn't a question of safety it was more preserving the local societies, activities and privacy in

04:30 those particular areas they weren't dangerous areas. My wife was a doctor and when we got there, anyone with a medical degree was valuable in terms of the local community and she worked for an Anglican mission hospital in a very poor area in Singapore

05:00 it was called St Andrews Mission Hospital it was a children's hospital only. The area was a sort of an area where, that old New York saying in boarding houses where they had people sleeping in shifts, 'sleep fast we need the pillows'. There were people in shop houses where there might be 100 people living there some of them sleeping during the day

05:30 and some sleeping during the night. There were, still death houses about and these were houses where people who didn't want to go to have western medicine and thought they were going to die would go into these houses and again they were terribly crowded. The houses were often in the street where they made the coffins and where the funerals started from. There were funeral clubs that people who

06:00 had migrated from China and didn't have any relatives around they could join a club and the other people would come along as mourners. There was, still people around in sack cloth and throwing ashes on themselves in the funeral processions, and the notable thing about the processions was the banging of gongs. I always remember when I first came back I went past a panel beater's shop I thought it was a Chinese funeral.

06:30 The hospital where my wife worked was very busy. There were usually three of them seeing patients of a morning from about nine o'clock to one and she would see up to 100 patients in the morning. She didn't have the language so she had to depend on the nurses for the language. The

07:00 matron of the hospital was interesting she as a girl had been born in China and of being of no value to her family at that stage had been left on the side of the road and people would go past them and leave some money or something that might be of value to them, and the general story was

07:30 that when there was enough there someone would pick her up and take her home. She came to Singapore as a teenager or younger and was actually sold on an open market in the 1930's in Singapore. I always used to think, "So much for William Wilberforce, the abolition of slavery." Some of these kids would go into pretty unpleasant circumstances, some of them

08:00 would be all right, she was lucky she went into a family where she had contact with Christian missionaries who helped her with her education and got her into nursing. She escaped from Singapore during the war and was on a ship that was sunk and she was a prisoner in Indonesia for the rest of the war. She wrote a book all about it. It is called Sold for Silver.

08:30 My wife used to go out to outlying clinics, which were held in the back of some of the churches that the Anglican Church ran at that stage. These were either in high rise areas which were all pretty new or they were in churches in one particular one was in an Indian quarter

09:00 I think she found it terribly interesting. The tuberculosis was rife and we used to see tuberculosis of everything of lungs, brain, abdomen, bone it was really quite unbelievable of how much tuberculosis there was around at that stage. And yet within a few years with immunisation and adequate treatment they just don't see

09:30 tuberculosis in Singapore very much at all now. Only from the itinerant workers that are brought in from India and other places. The man who was superintendent of the hospital where my wife was, was an Australian his name was Keith Smith and he had a surgical qualification and at that stage he was the only person treating hair lip

10:00 and cleft palates in the whole of Singapore. It is quite a common defect in South East Asia and it is a very tricky business with anaesthesia and my wife used to give the anaesthetics for him and she had a little machine that blew ether and air down into a little hook that went into the side of the mouth

10:30 and they seemed to get away with it. It would have given me the creeps to see it. It was something I have done a bit of it at the Children's and it was considered to be rather difficult but they thought nothing of it and just went ahead and did it. He got very good results though.

What particular difficulties did you face?

Language was a problem.

11:00 And so the work to some extent for me. I hardly ever saw a European during my working day I worked

with Chinese and Indians and the occasional European but not very many. The staff tended to speak pretty good English and I always had an interpreter available to me, which was pretty important.

11:30 The sort of problems I thought it was a problem but it wasn't. I used to see a lot of leprosy and thought "God I don't want to catch leprosy." But it is hard to catch you have to be a Father Damien or something like that to catch it within the social environment you rarely get it. It is a thing with prolonged contact and

12:00 poor social and physical condition and at first I thought I had better wear rubber gloves, and after a while I said 'bugger this' and you just went ahead and did it. Most of the leprosy patients I saw in actual fact, were ones that were under treatment and were burnt out and had deformities that were being handled. There was a lot of leprosy about, a lot of begging about with lepers.

12:30 Again you just wouldn't see this in Singapore now. You would see it in Indonesia. The interesting thing, the Pommies had set themselves up a pattern of work to their own advantage and one of the sort of things you could do was there was an opium treatment centre on an island off Singapore called St John's Island,

13:00 it was the original quarantine area. There was a small hospital area plus quarters for the nurses and doctors and things and the opium smokers would go to gaol for awhile cold turkey and then they would be sent out to this island to recuperate so one of the swans you could do was to go and live for

13:30 a week on this island and it was pretty luxurious I must say. They had a gardener there and someone who cooked for you. The word for fences, pagar, and you had your own swimming pagar, which was a fenced off area to keep the sharks out, into the sea. At that stage there was a lot of smuggling going on to Singapore and we used to see the smugglers boats coming across from the close in

14:00 Indonesian islands, after all you can see Indonesia from Singapore. They would be bringing in cigarettes largely but also some batik materials, which were pretty good value in terms of what was saleable in the Singapore Malay area. They would usually have two pretty high-

14:30 powered outboard motors and the customs boats couldn't catch them or if they did they would just dump stuff, and you would see the boats shooting across in broad daylight. Most of the cigarettes that were sold on the streets in Singapore were smuggled. There wasn't any point trying to nail the people who were selling them they were fairly poor people anyway. It was just part and parcel of the scene.

15:00 I loved the contact with the local people I worked with they were very good to me and because I wasn't English, I was very privileged I think they understood that we were there to try and help, and I am sure we did help. They were extraordinarily good to me they were very

15:30 intent that I experienced everything that was around, the food line and see various parts of the situation. I remember one particularly kind person giving me tickets to go to see the Thomas Cup badminton I watched Indonesia play Denmark and I don't think I have ever seen badminton like that before. Goodness me they were good. The Indonesians won the Thomas Cup once and then they wouldn't give it back. I don't know what happened to it.

16:00 **How do you think places like Singapore, Malaya would have coped if it weren't for projects like the Colombo Plan?**

I think they would have got by but it would have just taken a bit longer. By having people who went in there and did the work it gave the chance for the other people to go overseas and get other experience and then come back into the system. There was no shortage of people of very high levels of intelligence and ability.

16:30 I think the same throughout South East Asia if people get the chance they can certainly cope with the sort of work that needs to be done in all fields I would believe.

Both you and your wife were working pretty long hours.

We had two children at that stage so we had a Malay girl who used to look after them, and she

17:00 used to feed them on hot curries and things they have always liked curries ever since. It was interesting they remember bits of it, but they were pretty young at that stage. One was one and the other one was two, and then they were about four and three when they went home.

I would imagine they would have been speaking a bit of Malay.

I think one of the things I

17:30 wonder why I ever came back from Singapore except people thought at that stage it was going to be taken over by a Communist regime and it wasn't. I don't think it would have ever occurred because of the importance of Singapore strategically in the commercial field. Just going back to the local people and how

18:00 good they were to me, and many of them I have remained friendly with them. I have been back to Singapore many times and it is good to go and meet them again and some of them have come down and

stayed with us. One of them even named one of his children after me. I said to my wife you watch he will be down here doing some sort of course

18:30 and he did come down and do it. We have a lot of contact with that family. I guess I got the taste for the East at that stage I like the food, I like the people, I like the climate, it takes awhile to accommodate to the climate I would say about three months to really work your way into it. We had a few problems along the way

19:00 skin infections and things but that all settled down. No air-conditioning around, but then you got so used to the fans and it was almost cold at night time you had to turn the fans off. It is just a vibrant sort of atmosphere.

Can you paint a picture of Singapore in a political sense in the context of what was happening

19:30 **regionally in more detail.**

I am not sure how the government was chosen at that stage there was a chief minister was a fellow named Marshall.

20:00 I think he was part Malay they tended to be – they would have been under the thumb of the British government I wouldn't have any doubt about that. The subsequent chief minister, not while he was chief minister visited Sydney and disappeared into the

20:30 back blocks of Sydney for a while they were a bit concerned about him but he turned up again. I don't think it was a very important part of the running of Singapore at that stage but I wasn't aware of it very much. The anti-Communist activity within the police force and

21:00 the general security forces within the Singapore scene was pretty prominent they were doing their best to try and keep that sort of element down but I don't think they ever had a chance I think Singapore was going to go the way it did, with a Benign dictatorship, which seems to have worked very well for them but you wouldn't want to try

21:30 and swim against the current in Singapore even now. Just the people with me under the same scheme I was talking to Burton Bradley who became a psychiatrist eventually in New Guinea and he developed a speciality almost of

22:00 understanding cross cultural or trans-cultural phenomena, he is the world expert in this and the Americans would come out to visit him. He had a re-creation of New Guinea village within the mental hospital so that they could get the local folk back to basics in terms of their therapy for their mental

22:30 diseases. He is a very interesting man, very prominent and he was eventually knighted in the New Guinea system and as far as I can see was the only person who was never called into the investigation into Aboriginal deaths in custody whereas he would probably be the only Australian who had any real knowledge of what trans-cultural problems there were on a world wide basis.

23:00 He certain had enormous recognition throughout the world. He and I used to baby-sit my children, while my wife and his went to a film on Sunday nights and sat and drank a couple of bottles of beer and fix the world. I enjoyed him he was a good man.

What was he doing in Singapore the same sort of thing as you?

Psychiatry, he was getting into the

23:30 Non European field and he remained in that.

What problems did you encounter culturally as far as work went you were talking about people with various superstitions or not believing in western medicine?

You would see this occurring someone would come in and bring a child in and the child might have appendicitis and this was usually the Malays

24:00 not the Chinese and the doctor would speak to them in Malay and be able to question and converse with them perfectly naturally and recommend an operation and they wouldn't have it they would take the child away. Probably come back eventually if it didn't get better. But this sort of thing is likely to happen in any

24:30 under developed area where there are local superstitions. I can remember in Vietnam seeing a child who had a compound fracture of the forearm it was pretty nasty and it was infected and the people wouldn't accept the advice about treatment and took the child away, and when they brought it

25:00 back again, it had plastic packs of buffalo manure packed around this arm and bandaged on to it, from one of their local medicine people. Coming back to Australia and getting into practice was a bit of a culture shock for me. What you find when you have been overseas like

25:30 that and you have had an interesting experience people really don't want to listen to it. I don't think they are very interested and yet you will come across people who have had similar experience and you

don’t have to discuss it with them, because you know automatically the sort things they have been exposed to and a sort of camaraderie develops in that sort of a deal.

26:00 **Am I right in saying that Weary Dunlop had something to do with the project?**

I am sure that Weary went away in the Colombo Plan at some stage and possibly even many times as a visiting specialist and under those circumstances, he probably went to India or somewhere like that.

26:30 I didn’t see him in Singapore, I did see some Australians who came through. There was a neurosurgeon from Sydney and they took a team of lecturers in anatomy, physiology and pathology through to Singapore and ran a course for six weeks for the primary examinations in the Australasian Fellowship in Surgery,

27:00 and I saw some of those people. On the whole we didn’t see any other visiting firemen from Australia. The next phase of my life was coming back and getting some work and earning a living and I got a job in Box Hill Hospital,

27:30 as director of anaesthesia there for the next twenty-seven years. I also worked a bit at Children’s and at the Alfred and it was a part time job that I had so I had to fill the rest of the week with private practice work. The next chance I had, we were having contact with Singapore at that stage,

28:00 and a friend of mine came down and stayed with us while he did his exams and brought his wife the second time and we had continuing contact with people who were coming from the Singapore area to do some work in Melbourne. I got the chance to go to New Guinea with a thoracic team.

28:30 At that stage New Guinea was administered by the Department of Territories and when I went it was 1964. The access to New Guinea was a bit restricted at that stage they had to have a look at you before they would issue you with a permit to go into New Guinea. They wanted to keep troublemakers out of the –

29:00 there was a lot of tuberculosis in New Guinea and the alternative was to send people there to treat the tuberculosis surgically or bring the people to Australia. On a cost basis it was cheaper to send a group in there and treat them in New Guinea than it was to bring them back to Australia. On the medical side of treatment

29:30 of tuberculosis in New Guinea they had a very good program going. They had an Australian physician, Stan Wheatley was his name, and he developed a completely suitable means of treating tuberculosis in the villages and sorting out the ones that needed to come to the centres for surgery.

30:00 And so about Twice a year a group would go from an Australian hospital to places like Rabaul or Port Moresby and they would operate there for about six weeks and you would operate on probably forty or fifty patients and do bronchoscopies on many more to establish the style of infection and what the

30:30 continuing treatment should be. It was a great experience I really did enjoy it. We needed blood of course for these operations and it would horrify people these days but there wasn’t enough blood available for voluntary donations in the New Guinea system and so they used to go out to the prison farm and they would say ‘any

31:00 volunteers being donating blood’ and the option was if you donated blood you got a stick of tobacco and a cup of tea and some biscuits and if you didn’t you went out and worked in the fields or the pit sawing that they used to do. It wasn’t really much of an option. We needed blood and we had

31:30 a fairly regular supply I don’t think the method of obtaining it would be acceptable to people these days. It was interesting the sort of operations they used to do on tuberculosis, some of them they would take the lung out because it was a diseased lung, all of them would have had medical treatment to settle them down before they did this or if you could settle them down.

32:00 Some of them they would take a series of ribs out down the one side and that was called orthoricaplasty, and that collapsed the lung down and gave it a chance to heal, some times they just took a portion of the lung out. As well as seeing these tuberculosis patients, which was a unique experience as far as I was concerned we had other

32:30 patients that had some cardiac problems that could be treated. We had one child with a thing called coarctation of the aorta [UNCLEAR] where there is a narrowing and they cut that out and joined it up very successfully; patent ductus is another sort of thing. We had one patient with mital stenosis, which was an operation that was relatively new at that stage

33:00 to deal with and it was again a very interesting experience. The patients always brought a relative in and in Pidgin [English] it would be a wantok [family member or from the same village] who would be with them most of the time they would sleep on the floor, sleep in the bed with them

33:30 nursing if it was a child again the language was a problem but there were plenty of people who spoke suitable Pidgin to get something across.

What were their attitudes like towards the Australians?

The New Guinea very positive. I think people realised that we were there to help them and they

34:00 did get help. It is all a bit unnerving you would have someone brought in from the bush and it would be a pretty wild eyed lot waiting outside the operating theatres and if you hadn't performed well you might have been in some sort of danger. I doubt it but it was interesting. There is an island north of Bougainville, Buka.

34:30 And the people from there, are very dark skinned, just incredibly dark skinned, and that was a bit of a challenge in anaesthetics whether people were adequately oxygenated, it is a lot easier now.

What is oxygenated?

Whether they are getting enough oxygen into their lungs to provide oxygen to the brain, heart, everywhere. Normally you can

35:00 do it looking at the pale faces by skin colour, lip colour and things so you had to go with these very dark sinned people, finger nails is one of the areas you would look at, lips, or the surgeon would soon tell you if the blood wasn't a very good colour when it's going out. But the one man I remember at that stage had been speared. The spears have barbs

35:30 that are inlaid into them so that when the spear goes in and is pulled out little barbs brake off and stay in the cavity or wherever it is, this was in his chest cavity and the wood, it was some very irritant, wooden foreign bodies are nasty things, under any circumstances stay in there for awhile they don't settle down they

36:00 tend to stay infected and cause a lot of trouble. One of those spears in the chest was a pretty nasty event.

How successful were you with that?

We were the first group to go up there and not have a death from any of the patients we treated. The surgeon I went with a man named Ken Morris who was a

36:30 very good man and a very good surgeon and he was extremely careful. It was a risky business, quite risky. I couldn't stay away all the time from my work I had to come back and work again. This is when I got the chance to go to Vietnam.

37:00 I wasn't very popular going to Vietnam, The Alfred Hospital had been offered the idea of providing a team to go there and they had knocked it back and the offer was then made to the Melbourne hospital two people one was Weary Dunlop and the other one was Bill Hughes picked it up and ran with it, and organised a team for the next twelve months.

37:30 The first group that went in there October 1964 at that stage the only Australian servicemen who were in Vietnam were the people from the training team [Australian Army Training Team Vietnam] in the army and the air force they had a Caribou squadron that used to carry goods around the Delta area, which was the

38:00 milk run or up to the north, which was the traps and they were landing and taking off pretty frequently. The Melbourne group didn't find it very difficult to get most of their staff and they had a very fine group of people who went there. Some of the nurses stayed for twelve months but

38:30 certainly in anaesthesia they couldn't fill the role from their own ranks and at that stage the only contact I had ever had with the Melbourne hospital was I was an Associate there in 1954 and in 1965 I think they were only too glad to get me to go away and fill the role so I became part of the Melbourne hospital for a three month period.

39:00 We went into a – the place they had chosen was a place called Long Xuyen and it is on a branch of the Mekong River called the Bassac. The whole of the Delta area is probably around about 200 miles square is almost completely flat there are some hills

39:30 in one part in the distance over towards Cambodia that we used to see and it is completely broken up with branches of the Mekong River or streams leading into it, canals, some of the canals are really quite extraordinary. The French must have been in charge when they were made so there is a lot of water traffic

40:00 throughout the Mekong, and of course it causes floods with monsoons each year. It is highly fertile, there is never any shortage of fresh soil coming down the river. The river is deep and very rapid in those points and fairly big ships can go up to as far as Phnom Penh.

You had volunteered?

40:30 Yes. What did I know about Vietnam before then? Not much. I met some of the people who had been there in the first group and come back, and they could tell me what to do and take and wear, and think what it was going to be like.

What was the motivation for you?

As far as I am concerned,

41:00 looking back on it all, it was just a continuum of the anaesthetic experience that I was having and to involve myself in a teaching role in that situation as I had been in the other situations as well. The group of people, how did we get there? At that stage I had never had a passport, the only passport

41:30 I had when I went to Singapore was an Australian official passport even though I was a New Zealander at that stage, that didn't seem to worry them so we went in on Australian official passports, which were green passports.

Tape 3

00:35 We were just saying about the layout of the Delta and how flat it was and all these interlacing canals and river branches and streams everyone with a boat every little house in the delta having its own fishpond and it was

01:00 also the sewerage disposal system there was a little walkway out to a platform. Very hard working people, incredibly grateful for anything we did for them. Very much a provincial town we went to in that first group of people in that initial twelve months.

01:30 **Can I ask you why that town, why that place?**

The local religion was the Hoa Hoa, a branch of Buddhism, there are a couple of branches of Buddhism throughout Vietnam. During the time of the Vietminh they had been fairly prominent in the activity against the French. They had this local religious leader

02:00 and after the French had been beaten and presumably the Viet Cong started their activities, this group of the Vietminh didn't go along with the Communists this is the

02:30 story, because the religious leader had been killed by them I don't know what happened. That was the story and that was why this particular province was a bit different from the other provinces in Vietnam at that stage. You would regard it as more pacified than other areas there wasn't a lot of activity within the provincial area itself there was some.

03:00 [In] the neighbouring provinces there was a lot of activity. There had also been a complication and this wasn't important as to why the group had gone in there but there had been a roving band of Cambodians at one stage who were armed and were moving around in that sort of area in a pretty lawless sort of way. I saw some of this group when they had surrendered their arms

03:30 and they had a ceremonial hand over at a town called Cao Duc [Chardok] and we went up there with the Americans as an Australians presence for that. They had a dais with the president and a few of the generals on it as such. I wasn't too keen to go up on the dais I got down in the crowd and had a look at it from there. There were all these rather antique weapons that had been handed in,

04:00 I think it was very much a show thing it wasn't very much. They called it the Chieu Hoi [open arms] program. Chieu Hoi was the surrender and surrendering of arms there was a fair amount of propaganda going on at that stage, to try and get the Viet Cong to give up their arms.

Was this in 1965 you are talking about?

Yes. The Americans had the United States information people around,

04:30 and they were dropping leaflets to encourage people to surrender arms.

Just to give us some context can you paint a political background to what was occurring when you went over there, in '65.

In the Australian scene I think people were quite content to see people going into Vietnam to help.

05:00 It was certainly not an unpopular war at that stage in terms of Australian involvement. I don't whether any of the VCs [Victoria Cross] had been awarded at that stage but the training team people were pretty prominent in the ones who were decorated amongst the Australian forces who were there. It was all a bit remote

05:30 too. That the French had been involved and the Americans were involved but it hadn't built up to its maximum and it hadn't become unpopular politically. The Vietnamese governments themselves weren't stable and they were changing presidents and prime ministers at a great rate there had been the assassination of one of the presidents

06:00 in a church in Saigon, which had caused a fair bit of trouble. At that stage the Buddhist monks were objecting and there was some self-immolation in Saigon. There was some terrorist activity

around at that stage there had been some car bombings and there was a bombing of a local restaurant and bombing of the American – I think they had a bomb go off outside the American offices at one point, and there had been a bit of that sort of activity around. The

sort of military activity was, certainly in the area we were in, were just skirmishes there weren't very many Americans in the province probably about twelve soldiers in an advisory team but they did go out into the field and one of them was killed while we were there. There wasn't any activity in the town

that I know about although without knowing the language and getting completely close to people it would be difficult to know how much activity there was in that province and who was Viet Cong and who wasn't, and it was a fairly isolated place and it was unusually political

in that the Vietminh element had not become part of the Viet Cong at that stage because of this religious killing.

What about the Australian military presence?

We didn't see any. This is in the army there were never any army through there but we did see the air force. It wasn't safe too. We were about

ninety, about a hundred kilometres from Saigon and it wasn't a safe road to travel along and so that whenever we flew in and out initially we used to fly in and out on the Caribous. That was an experience to get on a Caribou loaded up with a bit of luggage, and cargo

they used to leave the tail gate open at that stage and you could wander up the back and have a look out the tail. They were very good fellows, the Australian Air Force they were terribly helpful to us. We had some local food and also bought food from the United States Commissary in Saigon and that would then be flown down to where we were.

We didn't have any administrator associated with the team at that stage, they had them with later teams and so we all did part of the administration and my job was to look after the bar. I had signing authority at the naval commissary, which meant you were buying at prices, which were

unbelievably low. The dearest item in the American system at that stage was Martell Cordon Bleu [Cognac] Brandy and that was about four dollars fifty a bottle, half a gallon of gin would be about a dollar fifty, wines came from California from Christian Brothers.

We had a few creature comforts although we lived in a house that had been rented by the Australian government there were two on the staff a man and a woman who did the cooking and I think there was someone who did some cleaning as well. We worked in a small hospital, which was a provincial hospital.

It was a pretty inadequate hospital when they first went there. There were only three doctors in the town and they all worked at the hospital and had private practices as well but the majority of Vietnamese doctors were either in France or in the military forces so that there were very few out in the civilian

environment. They were only qualifying around about twenty to twenty-five a year. The Americans subsequently built them a new medical school qualifying about 100 a year. The Americans get a lot of criticism I realise but they did some very good things too. That would be one of them that would still be of benefit.

We had the language problem, which was pretty real so if you didn't have an interpreter it was a bit like veterinary medicine that you can't talk to the dog and ask him what is wrong with him so people were astute they didn't experiment on people they made pretty sure they knew what was going on

before they operated. Perhaps I can tell the story at this stage of a subsequent team where we were terribly busy and often we used to go and have a meal and then come in the evening and do some work and we got back after our evening meal to this place and there were no beds for the people they were lying on litters on the floor, like stretchers. And this young man had been on the back of a motorbike

and fallen off in an accident and been unconscious for awhile and he had a cut on his face, and he also had a very deformed arm it had been broken and I had a look at him, and we didn't have an interpreter with us at that stage he hadn't come back

and Weary Dunlop was the surgeon in that particular crew. And Weary said, "Give him an anaesthetic and I will fix the arm and sew up his face." And I didn't think it was a good idea after he had been unconscious to put him into another coma and Weary didn't brook too much opposition to his clinical nous. I said, "We will do him under a local," and he said, "It won't work."

Anyway we did a local technique where you put a tourniquet on the arm and you inject local anaesthetic into the vein the whole of the arm below the tourniquet becomes deadened but they can't stand the tourniquet for too long so you have a limited time to do things. So anyway we did that, Weary is a very big man, a very strong man,

14:30 and he did his very best to reduce this fracture and get it into line and he just couldn't budge it and he was getting more and more annoyed and about that stage the interpreter came on and said, "Oh yes, he broke that about four years ago." Weary was so annoyed he went ahead and sewed up the cut on his face without any

15:00 thing. I don't tell that story to diminish him in any way I think he is human like a lot of other people.

Weary was there on the team of twelve?

No this was that was a subsequent team I was sort of getting an idea of the veterinary nature of medicine.

15:30 In the team of twelve it worked extremely well. There was a very great feeling of camaraderie in that team set up because you were very dependent on one another.

What roles did they have these twelve people?

There were two surgeons usually a surgical registrar or a medical registrar,

16:00 a fellow who is in training level but pretty well advanced in his training, an anaesthetist and we had a radiographer and we must have had about half a dozen nurses at that stage. One of them was a girl who wrote a book about it afterwards and the book was of great interest to a lot of people, it was

16:30 The House of Love she called it, and the Vietnamese for hospital is a word something like 'nartong' [danh tu]. And what it means is house of compassion and she shifted it to a house of love, the hospital became a house of love we weren't missionaries, I can tell you, but it was very much this house of compassion.

17:00 Some of the things were extraordinary we had a lot of very sick people. We saw some results of military activity people would come in with a bullet wound. We had one lady who came in who was in a very advanced stage of pregnancy, and the baby was dead.

17:30 She had an abdominal bullet wound and they did a caesarean section on her. The Vietnamese obstetrician one of the obstetricians in all of Vietnam did what they called a classical caesarean section where you cut the uterus in the long axis of the uterus. The caesarean

18:00 section that's done in a place like Australia is a lower segments caesarean section which has certain advantages and it doesn't affect the capacity of the women to have other children so they did this classical caesarean section, and the child had been shot in the leg by the bullet. It had gone through into the uterus and had hit the child in the leg and severed the femoral artery and it bled to death

18:30 inside the uterus. I was working I was talking to the obstetrician we didn't deal with obstetrics that wasn't our role. We were more into general work but because I was the anaesthetist I would get involved in caesarean sections. I said to him, "Have you seen any others like this?" I don't mean that particular mode of death for the child, bullet wounds in

19:00 the abdomen in pregnant women and he said, "About ten or twelve." Pregnancy was a pretty common disease and bullets were fairly frequent too and the chance of them meeting up were very possible. I won't say it now but I would like to say a bit about war wounding at a later stage, maybe when I talk about the army hospital it would be better to do it then.

19:30 War wounding is foreign to most people in medical practice in a place like Australia especially as long as that after the Second World War there would be plenty of people around practicing who were capable of handling it and knew all about it and the various peculiarities and the manner of treatment but I'll come back to that.

20:00 The Australian team reorganised the hospital to some extent in the way they were working their cases. The Americans had improved the operating theatre set up and we had a small ward area off the operating theatre where post operative cases could go. There was always someone on duty at night time in that small ward area. There were probably only about

20:30 half a dozen beds in it but the only other person on duty was at the front door of the hospital available to the obstetric situation, and all the rest of the wards there was no one on at night time, no staff. The relatives would be the nurse on duty and they would either sleep in the bed with them or if there was some other patient in the same

21:00 bed, they would sleep on the floor because there were often two patients to a bed, usually top-to-toe sometimes side-by-side. I was going around one night and seeing a women, I can't remember what was wrong with her, and she was pretty miserable. She had a bit of string tied on the bed head near where she was lying and the other end of the string was tied to her husband's thumb, he was asleep on the floor so if she wanted anything during

21:30 the night she would pull on the string and he would help her and if they got too worried they would go and see someone and that someone would maybe get someone else to come and have a look. It wasn't encouraged, not by us that was the general attitude to patients by the Vietnamese at that stage. It was

pretty unusual not to have anyone on duty in a hospital ward. We didn't have the staff to cope with that

22:00 We couldn't work them day and night, the nurses worked very long hours anyway and were always available for emergencies.

How many Vietnamese were on staff there at this hospital?

There was a small group of nuns which I never decided how they came to be there, there were three doctors,

22:30 and nursing staff I really couldn't tell that about fifty or sixty staff altogether maybe not quite as many as that. We used to see them lined up saluting the flag in the morning before we started work and at a later stage in Indonesia I would see exactly the same thing going on. The

23:00 supplies that we used were largely American. Those groups could not have worked without the American supply system as a back up. There were some Australian bits of equipment and things like that but the Americans supplied an enormous amount of material. We were running out of

23:30 ether at one stage, and we were given – ether is not commonly used and it wouldn't be used at all in Australia now because of its flammability. And the ether that was sent to us was ether that could be dropped by air and it was in little cans that were copper lined to stop the ether from deteriorating probably about the size of a

24:00 soup can maybe a little bit smaller than that and then they would be packed in cotton waste and then in a steel container so they could be dropped by air but mostly we kept our supplies. We did take some equipment in that was new to the system. I had a few bits of anaesthetic,

24:30 equipment which were very helpful that people had given us here. Firms were very generous if we needed anything and we could get transport for it to Vietnam, I've got very fond memories of the commercial firms in Australia helping us with some aspects of equipment.

Can I just ask you why it was necessary to

25:00 **drop those medical supplies?**

They didn't actually drop it this would have been in a military situation where they didn't have road supplies and they could bring it in. The helicopter probably made the difference to a lot of that sort of thing. It would be, for instance we had an American army field steriliser, which ran on petrol and

25:30 that was quite a good steriliser it had been made for out in the field and worked exceedingly well. I was very lucky in this first group, and I wouldn't want to claim I was the originator of the teaching program I wasn't, but the first anaesthetist who had gone in with the Melbourne group had contact with an Englishman who

26:00 had worked with the Special Forces in Laos and the Americans as a doctor, and who subsequently became a coordinator in relation to the surgeon teams that were scattered throughout Vietnam. There were teams from other places. There was one from England, New Zealand, Spain I couldn't go through the different number of teams but

26:30 there quite a lot of teams in different provinces. These two got the idea going of having a nurse-training scheme in anaesthesia. There were no doctor anaesthetist at that stage in Vietnam, no medical practitioners so they were all nurse anaesthetists and there was no real training scheme for them,

27:00 and they started to set in motion the idea of getting equipment and then setting up the training scheme. By the time I had got there the first training scheme was about to go and the equipment had arrived from England it had been given by the British Council and aided by the British Embassy. We had twenty

27:30 or twenty-five sets of equipment, which were completely suitable for use in these hospitals and which would enable most sorts of surgery to be done. I remember going round to the British Embassy and unpacking these and getting them ready to dole out to the students who came in from the

28:00 provinces for the course, and then when they were trained and taking them back into their areas. The first course was to be opened by a very important anaesthetist from England and his name was Sir Robert Mackintosh he was a New Zealander, he had been in the Royal Air Force in the First World War, and had been shot down

28:30 and taken prisoner and then he had become an anaesthetist and he was the Nuffield Professor of Anaesthesia and Lord Nuffield had given a lot of money to Oxford and Birmingham area for medicine it was one of the things he had done. He provided iron lungs for most hospitals in the British Empire as it was at that stage.

29:00 All the hospitals round Melbourne would have had an iron lung, which would have been made in Birmingham and brought out to Australia. This fellow was a Nuffield Professor of Anaesthetics, he was a very unusual man and a lot of the work we did in these under privileged areas was based on the equipment and type of practice he had developed in Oxford so they had asked him out to open this course.

29:30 It would have been a nice trip he would have been looked after very well. He wrote them a most abusive letter about the Americans and the interference with the Japanese and not letting the people have a go, this was 1965 and so they were looking around for someone else to take this eminent man's place and I got the Guernsey, which was very interesting.

30:00 It wasn't flattering it was fairly scary for me but it meant I went to Saigon and lived there for a couple of weeks and worked in this program and it was a delight.

What were your fears about that?

Fears. I didn't know where I was going to live at first, the embassy for instance, knew I was going there and made no effort to accommodate me and it just so happens that the Englishman

30:30 met me at the airport and he said, "Where are you going to live?" And I said, "I don't know." I suppose I could have gone to one of the hotels and then sent the bill to the embassy. That would have been okay. He said, "You can come and live in my house." I went out into the back blocks of Cho Lon, which is the Chinese section of Saigon and we had a lot of protection out there he had a Union Jack on his

31:00 gate and a little enamel badge over it. I was there when the first B-52 raid was over towards the area [UNCLEAR] and I can still remember the pictures on the wall shaking, windows shaking and the shock waves from any explosion would travel a long way in that very flat country land

31:30 And we used to get a lot of mortaring going on when we were in [UNCLEAR] so I got to go to this particular deal and demonstrate the equipment and teach them how to handle it. It was a very rewarding experience but it had nothing that I just happened to be the person there at the time. After I left they brought the New Zealand anaesthetist down from Quin Yon,

32:00 which was well up to the north. The New Zealanders were in a pretty hot area they were at the cutting edge very much so up where they were. One of the New Zealanders stayed there for eight or nine years and he had actually been in my year of medicine. He obviously got to speak Japanese very well.

Can you explain to me the

32:30 **equipment that you were using or you were training those people.**

The common equipment that you would see in an operating theatre here is called plenum equipment, pushing air into a system and what you push into the system in the Australian scene is nitrous oxide and oxygen and then in that system you

33:00 pick up a volatile anaesthetic, a vapour in a vaporiser and then carry that through to the patient so that the supply of gas is to keep the circuit of the equipment full is a constant flow. In a lot of these places the supply of oxygen is, a bit haphazard, this is then.

33:30 Occasionally you might be in an area where there was no oxygen available at all there certainly wouldn't be any nitrous oxide and so what the people in Oxford had done was to develop a system whereby the patient's respiration drew the air into the system and passed it through a vaporiser, and then they had a system of breathing out the expired air so you didn't

34:00 re-breathe the air. In the plenum system there is rebreathing because you have a carbon dioxide absorption canister within the system but in the draw over system, which is the system we were teaching there is no need to have that you don't have any rebreathing at all. As well as that,

34:30 why does the air keep going in the one direction, there are a couple of valves. One that opens during inspiration and then closes during expiration, another valve that stays closed during inspiration and opens during expiration, and that enables you to get a flow of gas coming through where the only motivation for the movement is from the patient's breathing themselves.

35:00 It is possible to slip a self-inflating bag or a pair of bellows into that system and then the power the mode of power from the air coming through the system is in the anaesthetist's hands. And when you let the bag go it fills up with air and when you press the bag it goes in towards the patient. I don't want to go into this technically

35:30 because it is completely different and because you are using ether and because ether is such a good anaesthetic it is very easy to give quite acceptable standards of anaesthesia for all sorts of operation. The disadvantage is that the ether is flammable and if you add any oxygen to that mixture,

36:00 if you enrich it with oxygen then you can have an explosive mixture.

Was this technique one that you were practicing in Australia before you went to Vietnam?

No I had seen the equipment and I had watched Macintosh when I was a student he came out as a Sims [Sir Arthur Sims Travelling Scholarship] travelling professor and he came to the hospital that I was working in and he used this equipment on a patient but as far as Australia was concerned

36:30 no I had never seen it used I had seen the equipment. It is the sort of equipment they might have had on a ship or in the Australian navy at that stage they had in an army situation.

It had been designed for mobile military hospitals.

When they first designed it, it was during peacetime and it was mainly for

37:00 use in the colonies in Africa and India and places like that. That was in the 30s it is called an EMO [vaporiser], which stands for Epstein, Macintosh and Oxford. Epstein and Macintosh were the people who designed it and Oxford was the place where they made it. It was great equipment and it worked extremely well but the big disadvantage was that you

37:30 were using a flammable agent. Have I ever seen an ether fire, no have I ever seen an ether explosion no. We didn't have a great problems the air was very humid so we didn't have great problems of static electricity. It is just not used

38:00 at all now ether.

I just need to clarify something. When you came and you were working in the hospital in Long Xuyen you were using that system there and then you went to Saigon to train people. What was your training in the system how did that work?

None, I suppose. I knew the principal

38:30 and the person who I was taking over from might have said a few words to me but mostly he told me how I had run this bar account and took me over to introduce me to the Americans that was the big hand over. I knew a lot about giving ether.

39:00 I had been trained in an era when ether was commonly used so I wasn't frightened of it was just a piece of cake. This equipment was only unusual in that it was taking the place of the anaesthetic machine and the compressed gases that I had been used to using in Australia. In 1965 ether would not have been used very much in Australia at that stage

39:30 there would still be some of it used but not a lot. There was no great culture shock in doing it. They had trained one of the nurse anaesthetists in this hospital to a very high level of skill. She was very good and if you

40:00 were a little bit doubtful about something or other, you could go and have a look at what she was doing and you could learn pretty well. She was quite exceptional, this lady, but she would have been good at anything she was a pretty bright person and very capable. We did a few cases and things up there in Saigon with this, and there was one

40:30 particular patient and he had piece of shrapnel in his lung and they wanted to use this equipment and do this. He wasn't an easy patient to manage but it worked all right it came up. I think one of the sorts of things you have got to realise is that

41:00 even in Saigon there weren't enough doctors to go round the civilian hospitals so the final year medical students were doing a lot of operating at night-time, which you couldn't even dream of it happening in this sort of a community at this stage, but these were very unskilled people carrying a very definite clinical load.

41:30 I wouldn't have much doubt that early in practice in Australia and New Zealand there would have been people doing things shortly after qualification that they really weren't trained to do because there was no one else to do them. Certainly they had to shorten the courses during the war to get enough people to replace the ones that had gone off to the war.

42:00 There wasn't the glut of people with experience around at that stage.

Tape 4

00:32 The military action was all around Long Xuyen and in surrounding provinces not much within the province itself a little bit in the province and it certainly wasn't safe to travel too far on the roads anywhere. We had a child come in one day who had been eating a pipped orange style fruit and

01:00 the pip had lodged in its windpipe and we didn't have a bronchoscope which is what you needed to take it out and the nearest thoracic unit to us was an American army one about sixty kilometres away at a place called Can Tho [?]. It was raining and there had been a bridge

01:30 taken out with an explosion just recently and there was no way we were going to drive down to the this hospital with this child on that road it just wasn't safe and so we decided that we would try and do it ourselves and there was an absolutely outstanding Australian surgeon involved and we just put the child off to sleep

02:00 with a little bit of ether and we had a set up whereby if I got into trouble I was going to put an intertraceal tube into the child and ram the pip down one side and let the kid breathe on the other side,

and they could sort out what needed to be done after that. And the surgeon did a tracheostomy and got the pip out that way. There was a certain amount of

02:30 resourcefulness necessary on everyone's part and it was very rewarding doing some of these sort of things. They had very big thyroids in the Mekong delta the reason is dietary, they eat a lot of the brassicas the cauliflowers, cabbage style vegetables and there is a chemical in those vegetables that can produce

03:00 thyroid enlargement and interfere with thyroid function. Some of the thyroid enlargements were absolutely enormous. We would see old burns where the child had been burnt down the side of the chest and the arm and then had been nursed in their home or a small hospital and the arm had become grafted onto the chest wall,

03:30 separation of the arm's a pretty big deal. At one stage we had a plastic surgeon come from Australia and the American information people put leaflets in all the villages around the area to say he would operate on hair lips and cleft pallets. He did about 100 in three months and he taught people how

04:00 to do the operation there as well. We would see traffic accidents, weren't quite as common there, there were a few. Five people on a motorbike and if they hit a calf someone was going to get hurt. There wasn't a lot of heavy truck traffic about. There was one notable

04:30 type of injury we used to see. The girls wear the long ao dais, with the slits at the sides and the trousers under them and they would have long hair. And the common transport for the people in the delta area was a small wooden boat with an outboard motor on it, and the outboard motor had a very long drive shaft and it was used to steer the boat as well. These

05:00 girls would get their hair caught in the outboard motors and would be completely scalped and we would see them far too late to think about doing anything about it and the skills weren't around at that stage. If that happened here in a factory or a farm as it happened, the scalp and the patient would be brought to a microsurgery unit and the vessels would be joined up and they would almost certainly

05:30 get a satisfactory result. We would see these people with no scalp and they might have lost a bit of ear at the same time. We used to cover them with skin very slowly over a long period they would operate on them for a while and take some skin and chip away at the bone, and put the skin on that and we would gradually get it covered with a very thin layer of skin.

06:00 We always threatened to buy them a blonde wig. But they were good kids and the parents were grateful. Often in this sort of simple countryside situation a bit like working in Ballarat people would come in from farms and they would bring us some presents. And they would bring us some live chickens and you would be on the ward round and someone would give you a couple of live chickens, and you would do the rest of the ward round carrying the live

06:30 chickens round with you. I think we finished up with about twenty-six. It was a bit like I was telling you about having to kill the ducks when we were kids no one wanted to kill the chickens so they were adding to the population all the time.

Did they accept your medical procedures?

Pretty much. I told you about the one with the broken arm where they dressed it with buffalo manure

07:00 That was that sort of situation where it wasn't accepted. There were still local practices like cupping where you heat up the air in a glass and then put it on the skin and you draw out a circular bruise and that was supposed to have some medieval medicine. They used to pinch one another if they had a bad cold or something like that, they would sit in front of them and pinch the skin and cause bruising.

07:30 The people with the large thyroids had often had the skin over the thyroids pricked with sharpened bamboo to try and reduce the swelling. Dentistry was interesting there weren't many doctors around there were even fewer dentists. There were various grades of dentists there were the ones that you sat on a little stool on the footpath,

08:00 or the ones who had a bit of a shop and had a foot operated drill. Electricity supply was a bit intermittent in these sorts of places. If you had any air-conditioning and the electricity went off it was pretty hot in the operating theatres frequently the surgeons would just operate in a pair of shorts and a hat and mask and gloves, and a pair of thongs.

08:30 It would be just too hot to put on a gown. The conditions weren't too bad they were pretty fair. One thing about the dentistry they used to do a lot of gold plating of teeth and they would have this gold covering,

09:00 and it would be a club or a diamond or a heart cut out and you would see the enamel in that shape with the gold capping on the teeth that was quite common amongst the older people. Gold shops everywhere there was the usual Asian value of gold. The Special Forces people all wore a gold bracelet because it was something it was something they could bargain with if they got into trouble where they needed some money.

09:30 That is the American Special Force sort of Apocalypse Now stuff. When I went to Bien Hoa again it was

the same reason they had teams, – at one stage they had three Australian teams working in Vietnam. They had one at Long Xuyen,

10:00 one in Vung Tau and Baria that was one team, and another one, Bien Hoa, which is about thirty kilometres away from Saigon. The second time I went with the Victoria team to Bien Hoa and in the interim there had been people from Queensland and South Australia and New South Wales

10:30 manning the other teams. Everyone had their own ideas some were good some were bad but people there were very good people going into the teams. The second time I went they were setting up this Victoria team and it was allegedly largely based on the Alfred [Hospital] and I guess most of the people came from the Alfred, but there were a lot of people who didn't and at that stage I was no longer

11:00 on the staff of the Alfred and went there. I was very fortunate in that particular time there was a new anaesthetic drug that had just been produced and it was stuff called ketamine. The history is interesting because Parke Davis who manufactured this drug and researched it had had another

11:30 one on the market similar to it called Cernyl and the idea with Cernyl and with this ketamine total body analgesic people didn't feel any pain in any part of their body and they also went to sleep so it had other benefits as well. Cernyl had been given a trial in various parts and one of them was the children's hospital here and they were using it in burns cases and burns dressings because burns

12:00 need a lot of care over a long period of time. You would have seen this in the papers from the Bali bombings how long the burns care lasted for some of these people. Cernyl was being touted as the drug to use and then it suddenly went quiet and no one was using it and it surfaced a few years later that Parke Davis didn't want

12:30 to lose any money on it so they put it into the veterinary market it was good for anaesthetising small animals and then people thought well if it is good for that let us try it on one another and it became one of the street drugs, drugs of addiction, and it's 'angel dust' [PCP Phencyclidine]. Here was extensively was going to be a great medical advance became angel dust. The next phase

13:00 that thinking in relation to a drug was ketamine and ketamine had a few trials and it seemed to be pretty good and Parke Davis gave me a swag to take to Vietnam to try and I used it on over 300 patients and it was completely satisfactory in about ninety-five percent of cases. Others you would

13:30 get uncontrollable movement or very rowdy violent patients when they were emerging from it. If I had added another drug to it that was available it would have been I think you would have got over that five percent pretty well. It was very valuable I was pretty busy how many do I ever do at once, three

14:00 minor surgery that I could move from patient to another, two quite often and that is pretty unusual, that is illegal. The medical defence wouldn't want to know you if you did that in Australia. But these were the sort of circumstances that we were dealing with. You had to get the work done.

Can you just put us on the map as to where Bien Hoa is?

Bien Hoa it is sort of

14:30 **north west of Saigon by about thirty to thirty-five kilometres. Driving out to it was a very good road, driving along. On the right hand side driving towards Bien Hoa was the Long Binh army base, which was absolutely enormous, just unbelievably big. And a bit further on was the Bien Hoa air base and then the Australian hospital, the hospital**

15:00 **that the Australians was, was pretty much in the middle of Bien Hoa on part of the river system, there is a lot of activity in the province during the Tet Offensive. There was an Australian team there they would have completely confined to their quarters for a while and there was a battalion size action about from here to Glenferrie Road, a couple of hundred yards away from them.**

15:30 **It was a hot area.**

When did you get to Bien Hoa?

1969. Not long after man put his foot on the moon and I can remember watching it while I was getting ready to go. I passed through Singapore on the way both times and on the way back, and when I went to Bien Hoa they asked me to

16:00 speak to the Singapore Anaesthetics Society and I got off the plane and went straight into that. That was nice and I liked the people they were very good to me. Bien Hoa was again very dependent on the American supply system. There was a lot of stuff that came from Australia but nearly enough, you had to use the American Supply system.

16:30 We even had some nitrous oxide and some oxygen, we were still largely using the ether systems. Blood was absolutely no problem. If we wanted blood we would drive over the Bien Hoa Air Base and the Americans had blood there in large quantities that they brought in from Japan,

17:00 the Philippines, Hawaii and the western states of the United States. They were bringing more blood into

Vietnam or as much as was used in the total Australian scene at that stage, the number of units that were being brought into Vietnam. It

17:30 was an just incredibly busy place. We had a lot of traffic accidents the roads were quite unsuitable for the sort of traffic and the speed of the traffic. Some of the vehicles that the Vietnamese travelled in were just too light to withstand the sort of accidents, there was no safety so we had a lot of traffic accident work. We saw a lot of burns but they weren't napalm we might have seen napalm but

18:00 the burns we saw largely were burns from stolen high octane petrol that had been used in kerosene lamps and kerosene stoves. We would start work about eight in the morning and we would finish when there was no work left. It was busy. I think

18:30 the number of operations in one particular month was about 660 in that particular month and that is a lot of operating. That would represent a very big hospital in Australia at that stage. There were three Australian surgeons and that is where Weary was at that stage.

19:00 He wasn't the fastest operator, Weary so we would get on and get the work done while he had something that was particularly interesting to him. He had other values Weary, for instance I remember one night sitting around and someone had come through and visiting us, and was talking about seeing a Monk burning himself.

19:30 It was a pretty graphic account and Weary started to talk and Weary was an expert on burning people. He had done so much of it in the prison camp and he knew all about differential boiling points of tissues and movements of limbs and various things. He sort of flattened the fellow pretty much I don't think he bragged about it very much after that.

20:00 It was interesting one of the surgeons was from South Australia and he was an Englishman and he had been in the British Royal Navy during the war. And he had been on a hospital ship in the Adriatic, when my sister was in the hospital in Bari and they were getting the mustard gas patients from the harbour

20:30 as well as this New Zealand hospital because the hospital facilities were over stretched and they were taking some of them on to this British hospital ship. That was an interesting tie in with a bit of family law. I still maintained that contact with the teaching in Saigon while I was there and by that stage

21:00 they had an American trained Vietnamese anaesthetist who was a professor of anaesthesia and who was running the courses regularly by that stage. And I remember going down and talking to them and visiting them quite often. I had taken some very good notes on paediatric anaesthesia that had been put out by the children's hospital and there were about 100 pages of them and I wanted to

21:30 get them copied so I could spread them around a bit. The Embassy copied one set for me very grudgingly and whinged about it. We had an American intelligence group fairly close to us, and the fellow who was the administrative officer

22:00 with the group at that stage, because the team was quite a big team there must have been about twenty people in it I'd say, and you needed someone to administer it. He got onto these people and they said yes they would copy it but the minimum number of copies would be 200 copies. So I had this 200 times 100 I had 20,000 sheets of paper in my bedroom and I only had a fan and it was pretty hot and I couldn't

22:30 sort the sheets of paper with the fan on because it blew them all over the place. After I had done about six sets I took them all down to Saigon and handed them over to him and I am sure they would have been used certainly. There wouldn't be any about now I guess.

So it was four years later after

23:00 **Long Xuyen you went back.**

I went back to Long Xuyen one day and stayed there a couple of nights and some of the people that I knew were still there and it was pleasant to see them. They had me up for meals. I got involved with a group in Saigon called Children's Medical Relief International and it was an American outfit and the other name for it was the [Baski] unit and

23:30 [Baski] was a New York plastic surgeon and he had a plastic surgery unit in South America somewhere and this had been a great success so they took the idea to Saigon and it was always said that the CIA [Central Intelligence Agency] had financed this particular part. They had built a complete surgical ward block

24:00 for this unit and they had two or three operating theatres. There was also at that stage the Japanese had built a neuro-surgical block in this main hospital in Saigon so things were becoming much more sophisticated in terms of treatment, and the Americans were training Vietnamese in this plastic surgery unit and there was an Englishman and

24:30 an Australian who were working there as anaesthetists and they were keen to go and work where I was and I was quite keen to come back and work in Saigon so we did a swap for a couple of weeks, and I got back to some of my old haunts in Saigon, had a look around and enjoyed it. It was a bit of unreal.

What were some of your haunts in Saigon?

The market always, in any Asian town always go and have a look

25:00 at the market. I never thought I would ever go back to a restaurant that I had been to in 1965. It was a floating restaurant moored against the river in Saigon and I had gone there on the Monday night and on the Thursday night and it was a very pleasant Chinese style restaurant on the upper deck of the boat. You came down the gangway to a

25:30 lower deck and then you went upstairs up to the main restaurant area, and I had been there on the Monday night and Thursday night and on the Friday night they let off two Claymore mines. They had been set up so that one blew across the top deck of the boat. And another one had been set up at the top of the gangway so that when people came rushing off the boat that went up and I think it was, about thirty-five people killed.

26:00 I was in Cambodia on that stage on my way to have a look at Angkor Wat. It was as close as I want to be. One of my friends in Singapore was giving an anaesthetic in dentist's rooms in a building in Orchard Road where the Australian High Commission was, it is no longer there, and two Indonesians had been dropped

26:30 off during confrontation set off a bomb in the foyer of the building and as I say, he was giving an anaesthetic upstairs. He was the first one on the site, and I think one or two people were killed. They caught the Indonesians and they sentenced them to death, and Suharto

27:00 made a personal plea to Lee Kuan Yew to spare them from the death penalty and Lee Kuan Yew wouldn't, so there were no official relations between Singapore and Indonesia for quite a long time after that. It is a good example of not being influenced by another neighbouring government and nothing much happening.

27:30 In the long run anyway. The Indonesians need the Singaporeans and the Singaporeans need the Indonesians. We used to go out to a leprosarium on a fortnightly basis and would fly up by helicopter from Bien Hoa

28:00 It was tiger country out there it would be very dangerous to go on the roads in the area. There was this Catholic leprosarium out there with mostly Vietnamese nuns there might have been a few French ones and there was a Swiss priest in charge and he had been in China and

28:30 he had been a prisoner in China for quite some time after the Communists had taken over. And he had come to Vietnam after that. He was a pretty unusual man he had a short wave radio and one of the Australians in a previous team had kept on sending him a subscription to Time magazine and we used to take the Time magazines up, that was delivery by helicopter. He

29:00 would always want to discuss some aspect of international affairs. While we were out there I don't think he had much chance to talk about these sort of things. He had a little animal enclosure with a few different animals there. It was the first time I had seen a mouse deer and he is a figure [Chung Chiel] is his name in Indonesian or Malay and he is a very clever fellow.

29:30 [Chung Chiel] he beat the crocodiles and the monkeys and everyone. He has got a fairy like quality about him. He is about as big as a fox terrier a leggy fox terrier and maybe even a little bit smaller than that a mouse deer a very pretty little animal. He had some out there. When I came back from Bien Hoa I read in the paper that the Viet Cong had gone through that area and shot some of the nuns.

30:00 I never heard anymore about it.

How long were you in Bien Hoa for?

Three months. Both times I had been in Vietnam we had the invitation to go down and spend a day or so with the Australian forces in Vung Tau at any time they were very hospitable towards us and when I had been there in 1965

30:30 the air force were the only people there by 1969 there was a hospital. The 1st Australian Field Hospital within the Australian logistic support group set up Vung Tau. It was a great privilege to go down and relax a bit there. I remember going down one night and they were pretty busy on a soldier who had stood on a mine and they were

31:00 working on him. The surgeon was one of the people who had been in Long Xuyen with me. They said, "Would you do a couple of anaesthetics for us on other patients and get them out of the way while we are doing this one?" So I became part of the army for awhile but they gave me a hat for it, which

31:30 one of my children lost. I think we were so busy in Bien Hoa that there wasn't quite the camaraderie around that there had been in the first group very small and quite an intimate group in terms of numbers and looking after one another.

32:00 It wasn't quite like that in the Bien Hoa system and I think we all just get tired. People get a bit ratty from time to time I wouldn't – I was grateful for the experience.

You mentioned earlier about war wounds and treating them and your first experience of

32:30 **them was in Long Xuyen. Could you talk a bit more about that?**

There were two lots of war wounds, one would be the mine explosion type wound where so much muscle tissue has been damaged and there are enormous areas of damage and very great

33:00 danger to the person's life and the other one is the high velocity missile. The common weapon used by the Viet Cong and the North Vietnamese was the AK-47, the Kalashnikov. There must have been goodness knows how many millions of Kalashnikov rifles. If you look at the news of Afghanistan or Iraq, it is the weapon that you see the local forces

33:30 using, and obviously a very good weapon you could bury and dig it up and it would go. It had very high muscle velocity and a relatively small bullet. Don't ask me sizes and that. Because of the muscle velocity and the speed of the bullet when it hits the tissue

34:00 there is a lot more tissue damage done than would be from say a bullet from a .22 rifle a different sort of wounding and as the bullet penetrates the tissue it causes a sort of exploding effect of the tissue, and then it passes through and then the tissues implode they collapse down after this.

34:30 It is not that it is an explosive bullet it is just the inertia that is carried by the bullet that is very high velocity that causes this exploding type effect and then the imploding that carries on. The imploding can suck in contaminated material from the outside, that is one thing. The other thing is

35:00 and more importantly, because of the dissipation of some of the energy as the bullet goes through the tissues there is a lot of tissue damage on a far wider area and volume than the actual track of the bullet itself. And the other thing about the bullet is it will shatter bone and in some instances

35:30 it may cause nerve damage without even touching the nerve so these are spinal damage things. The management of the, – when I came back to Australia and watched people handling any bullet wounds that I saw here, I used to be horrified by it but they got away with it because the weapons weren't quite the ones with the muzzle velocity.

36:00 I think that probably the Port Arthur they may well have been very high velocity wounds down there. What you had to do is you have got to get rid of the dead tissue. If you don't get rid of the dead tissue then gangrene, tetanus and all sorts of things like that take place. That means laying open the wound and removing the dead tissue.

36:30 And there is a fair enough of skill in knowing how far to go, and then you can't close it again you have got to come back in a few days and think about closing the wound at that stage. There are some wounds that you have to close. You have to close the chest and you have to close the abdomen and you have to close the skull if you can but these other wounds the answer was to leave them lying open

37:00 and you would do a secondary on them, and then sometimes you wouldn't be able to close them straight away you would come back a third time and do a closure at that stage. Those two sorts of wounding the vast amount of muscle damage and tissue damage from the mines, that was one group. And the other ones were the bullet wounds. Do they do it well now? Yes, they do it extremely well,

37:30 it is well taught now. I went to a conference in Canberra some years ago and two people from the Red Cross spoke there and they were working in a unit in Afghanistan up near the Pakistan border. And they had done some wonderful work in the classification of wounds and the manner of treatment completely along these sort of lines. I could probably go to the Red Cross here and buy books on it.

38:00 It would be very well written.

Had you experienced these sorts of trauma victims before in your working life?

Bullet wounds? Oh yes, we would get bullet wounds. When I first went to Box Hill, it was sort of a bit like the hillbilly country up in

38:30 Sassafras and those places we used to get a few shootings in from there. The Alfred used to get its shootings from gangland stuff. I wasn't around in that era there. There is always the accidental shootings of course. I can remember one particular patient who, where her husband had tried to murder her with a shotgun at Box Hill.

39:00 And then killed himself. You see things, you see stabbings but you don't see a lot. If you worked in Chicago you would be a real expert in stabbings and bullet wounds in a place like that. They are relatively uncommon in this sort of community.

The weapons were different.

Yes. And of course

39:30 the high powered rifles is one of the things the Federal Government has been trying to get rid of but there are still idiots who still have got them and they are very dangerous. The other thing and I'll say

more about it when we get to the military side of things but the helicopter was just wonderful in the Vietnam situation

40:00 and some of the developments of the helicopters. There was one particular one they used to call the Jolly Green Giant and that was for lifting things like a field gun or a tank or truck or something like that. And it wasn't until those sort of helicopters had been developed that some of the mining work was able to be carried out. There is a particular mine in West Arian. I can't remember the name of it now but

40:30 Freeport are the firm that run it, they are big sulphur manufacturers in the United States [of America] and they had to carry this equipment up to the mine area by helicopters and they couldn't develop this gold and copper mine really until those sorts of things were available. There has been a bit of trouble up there that is where the teachers got shot. Did you read that in the paper?

41:00 It wasn't only that, the helicopter was almost used as jeep it was used often for short distance stuff and carrying people in and out. Because you could get in and out with it, it brought a whole new challenge with it. People were coming back from the point of wounding to the place of major treatment within fifteen minutes.

41:30 And we are seeing this in our community now aren't we. Not so much with bullet woundings, but the sort of stuff that the air ambulance picks up and takes to places like the Alfred and lands outside in the heliport and you've got a team immediately available to do anything straight away. And that costs a lot of money of course. I didn't think they would ever get round to it.

Tape 5

00:33 Bien Hoa was notable as being one of the pottery centres in the Annamese wares. The influences had come from China and the potteries were still there and it was interesting to go and have a look at them. I brought one piece home. I came across the sort of wares that had been made in the general area.

01:00 In the outposts of Indonesia, where the Chinese had used it as grave furniture and it had been dug up in the wet season and then brought into be sold. Millions of pieces like that in Indonesia. They go round with an iron rod in the wet season and prod the grave areas. They are always Chinese graves. They are dug up with no attempt to make any notes about history. And –

01:30 But some of these things did come out of the South East Asian area around Thailand, Cambodia and Vietnam.

I know after Bien Hoa, You came back to Australia and you went again as part of the army basically were you with the army personnel for that long, Before we get on to that, Can you tell us a bit about the

02:00 **social life of you and your team in your two stays in Vietnam.**

In the Long Xuyen we had a lot more contact with the local people and we were invited to homes and out for meals and things like that. It wasn't a case of fraternising, that's a silly word it is pejorative isn't it?

02:30 It was a case of being friends with them and unfortunately in the Bien Hoa type of situation there was a little bit of that but not very much because everyone was so busy it was just a very busy arena. We did see locals and have quite a bit to do with the ones in the hospital. In Long Xuyen we'd had a lot to do with the

03:00 American advisory team that was centred in the town. They had their own bar and mess area and they also used to show films there so you could go and watch films at night time. I saw The Guns of Navarone for the first time there. The people, I guess because you have got nurses around it is a bit –

03:30 The Indonesians have got a saying, ada gula ada semut, and it means 'where there is sugar, there is ants'. They were an attraction for people to visit the teams and so we used to see people dropping in from the various American units in Bien Hoa. We would see some Australians but not many it was very much an American area.

04:00 Vietnam was divided into four corps, one two, three and four, the Delta was four corps and three corps was around the Saigon, Bien Hoa area. Have you ever read A Bright Shining Lie; [John Paul Vann and America in Vietnam] by an author, [Neil] Sheehan was the author? It is all about an American soldier and subsequent civil aid worker named Vann,

04:30 he died in the helicopter accident and his role in the civilian side of Vietnam was just over the road, that's where he lived, from the Australian quarters. The Australian quarters in Vietnam were part of a general army-quartered area there were Vietnamese guards on the gate. All our cars were outside, not cars we had jeeps

05:00 and a van one of those Kombi van sort of thing and a Holden station wagon. The jeeps looked as if they

had come out of the Korean War, painted a light grey and all of them had padlocks on the petrol tanks because the petrol tank was under the driver seat. And people had been getting into the petrol tanks in those and in motorbikes

05:30 and putting grenades in them and taking the pin out of the grenade and putting a rubber band around the grenade. Then the rubber band would gradually rot and go up in the petrol tank. It was a bit more of a dangerous area, as much from the point of view of motor traffic as it was from other things. It was an enormous troop concentration between Saigon

06:00 and Bien Hoa, and all the time you would hear helicopters would be all around, there were Super Sabres and I forget which other strike aircraft. And they would take off three at a time with the after burners going and the air would be just full of sound it was so loud. At night-time there was a lot of what they call H and I fire,

06:30 It's artillery fire, they call it 'harassment and interdiction', and they fire along known trails and try to upset anyone who might be coming in along the trails that would go on all night. You were very much aware of it. We had a contact with some Catholic priests who were from Canada and they were running a small hospital they used to come in and get blood from us.

07:00 And they were right on the edge of the Bien Hoa airbase and their area had been sprayed with agent orange and they couldn't grow anything in their gardens, we were aware of it in that way. The thing that I saw being used around Bien Hoa most of all was DDT [dichloro-diphyenl-trichloroethane] and that was dropped from air in enormous quantities. There was an aircraft, I don't know what it's called, a little bit smaller than a Hercules and these there might be two or three of them at a time,

07:30 just turning and weaving and diving a bit and climbing and with a trail of white powder coming out of them most of the time. I guess that is still in the system, the DDT.

Which is to say that you weren't that far from where the action was.

We were very close to where the military were quartered, and where the big bases were

08:00 But the action was a distance away. During Tet and I wasn't there during Tet in 1968, it was pretty hot area at that stage. There was a disused railway line that ran through some open country about 200 or 300 yards away from the Australian quarters and it was said that a Viet Cong battalion

08:30 or a North Vietnamese battalion had come in along that railway line to attack the Bien Hoa air base and that was the way they were guiding themselves in, and the Americans were onto them and there was a pretty fair dust up there. I'll talk about this a bit later, but when you have got great numbers of people in abnormal conditions their

09:00 activities are not always normal. If someone is a bit nutty to begin with they are not going to be any better by being exposed to these things and so the possible dangers of someone allegedly on your own side who could cause some damage are really very great. I'll have a bit more to say on that when I get to the army.

09:30 Socially anything else? We were very good we didn't go – it was almost as though there was one enormous brothel in Vietnam. It used to depress me a bit because the girls who worked in them were really only doing it to get money for their family and

10:00 Miss Saigon is not very far from the truth but that was around everywhere. The sport, no, swimming, if you were lucky enough, when you went down to Vung Tau you could swim down at Vung Tau. We used to hire boats on the branch of the Mekong River and have races across the

10:30 river, pretty bloody dangerous. I look back on it and think how ridiculous it was, no life vests or anything. We got pretty good at sculling them across the river. You know the ones I mean? They cross oars and they would stand at each stern of them and just use these crossed oars. It is inevitable that when you are in a situation where alcohol is

11:00 cheap there will be a fair amount of alcohol drunk and it was extraordinarily cheap but the people didn't overdo it except on occasion. Birthdays were celebrated but you had to keep an eye on – I have had this come up in other areas, if you have got people around you have got to keep

11:30 an eye on them you have got to look after them. We had one situation in Bien Hoa, which was pretty nasty and somebody disappeared for a relatively short space of time maybe some hours and I've really got no ides what happened and they were found wandering around by the military police and brought back. I wouldn't say anything

12:00 more about that because I wouldn't want to be sexist or do anything in the way of identifying anyone but it could have been very nasty.

Without having to identify, what had happened?

We never heard. Whoever it was wouldn't say. I was sent by Weary with another doctor to go to the American unit to find

12:30 out what had happened and we didn't find anything. But people behave abnormally in situations that are abnormal and it is just incredibly important to be aware of other people and know where they are. It is like when they say swimming, swim with a buddy, so that you have got someone else around you if things go wrong.

13:00 **What did you see while in Bien Hoa and Long Xuyen, what did you see of American or Australian troops who would be injured?**

Didn't see much of Australians lots of Americans in all sorts of capacities. The people who make the

13:30 Huey, the helicopter the commonly used helicopter they would have a civilian technical team that lived very close to us and were very expert in managing the thousands of helicopters that were there not just hundreds. I think the Americans had a bit of trouble with drug taking, I never saw any drugs personally myself, but I was

14:00 aware there was a drug taking problem. It was part of the Viet Cong deal to get black market American dollars and then they would be taken out of the country and then drugs would come along the same route. Drugs were a very real problem and from the point of view of wounding one of the enemy it is far

14:30 more embarrassing to everyone including the patient to send them home as a drug addict than to send them home with some sort of wound where they will get some pity. I am not aware of that in the Australian deal but it was a problem with the Americans. People are silly enough to be involved with the black marketing it is easier to steal something that is in large quantities than it is in small,

15:00 so a truck load would be the sort of sizes you were talking about. There would be a lot of black market goods available on the streets in Saigon, liquor, cigarettes.

What did you make of, I guess we can consider this the early stages of the war as far as Australian involvement went, what did you sense of the morale of the Aussies?

Very good, the people

15:30 who were there on the draft were just good lads they did their job well they worked well together and I am sure the business of looking after one another was very much in evidence in the sort of things that would go on there. They were encouraged to be a bit wild when they were on a bit of recreation leave

16:00 down at Vung Tau, but not too wild. The morale was really very high. Towards the end of the time I was there which was the beginning of 1971, the war was not very popular so there may have been some resentment there at that stage.

16:30 But they still got on with it and did the job and I was pretty impressed. I came back and did a bit more work. You would say how could he get off from his work and get away to do these sorts of things it was really quite interesting if I had been going on holiday, the sort of people who I worked with would have dropped me

17:00 But because I was going away where you were trying to do some good then it was completely accepted. It wasn't only accepted, my wife was terribly supportive and the family were, the friends, although they would say, "What would you want to go for?" The surgeons I worked with were all supportive the ones the surgeons I was away with

17:30 I would hardly ever have worked with when I came back, it wasn't the pattern of things. But the committee of management at Box Hill hospital the chairman the manager and superintendent were more than supportive of me wanting to go, it was never queried. Any entitlements

18:00 I had they maintained and things like that it wasn't as though you were resigning and going away they were very good. Mind you, if they had said no, I would have said bugger you, that is true I would have gone. And that wasn't a gun I was holding at their head I could have easily been replaced.

18:30 Coming back, and again how did you come to go to the army. I had been interested in the army because I was given this challenge of the patient coming in very soon after severe wounding because of the helicopter transport and the radio contacts and things like this. Bringing a patient in by helicopter

19:00 is called a dust off and you don't think about dust in Vietnam but during the dry season when there is fine earth about, when the helicopter starts to rev up to take off the dust that starts to fly up around it will completely obscure the helicopter and for the people who are in the helicopter itself they will lose vision altogether it would just be a red dust storm around them. As they

19:30 lift off you break through into the clear blue sky and it is really quite spectacular going from this reddish brown dust into brilliant blue and that is the nature of the dust off and I was interested in that it was such a challenge and just to see how

20:00 people managed it. We did look a bit of this in the Bien Hoa team because we had the unit that the MASH [television] series was based on. They were the 407s or something like that, but there was an actual unit that the author was in and that particular unit was in the Bien Hoa area and they were experiencing that sort of thing all the time. This is why they needed those enormous

20:30 quantities of blood.

It is probably obvious with the dust off and then how does that relate to your work?

With the dust off the troops would be in radio contact with base and if someone is wounded they would immediately radio back and the air force or army helicopters I think they were air force at that stage,

21:00 would come in to pick up the wounded person if it was at all possible if it was at night-time there may be situations a lot of fire that they wouldn't get in easily, and there were a lot of helicopters lost under these sort of conditions. The American helicopters had red crosses, painted on them and the Australian helicopters had machineguns on them. That was the only way you could

21:30 handle those sort of situations they had to be able to protect themselves in getting in and out. And very brave effort of getting into them. So I was interested in this. This was a new aspect of medicine. In Napoleon's time goodness me how, – if they got to anywhere where the treatment wouldn't be very good anyway it might have been days, the First World War the same. Korea it had started off to get them back

22:00 a bit more quickly. The army had been unable to maintain the medical personnel with reservists and full time army people they had used them but there were not enough of them to do the rotations and everything so they adopted a civilian scheme whereby you went into the army temporarily and you were

22:30 part of the army, sworn in etcetera, and went for three month periods to help them out during these periods, and a lot of people did that. That was how I came to go with the army. I went away with a reinforcement group from Sydney before that they had taken me up to Healesville and shown me how to strip a gun and put it together again, and I forgot immediately

23:00 and then we went up to Sydney and sort of marshalled up on South Head in that general area and went out on a Qantas flight.

You hadn't been trained to be a soldier?

Not really. I wouldn't have been a very good soldier.

How long was the training?

About half a day.

23:30 I didn't know B from a bull's foot about the army. We got on this Boeing 707, I don't know how many a 707 take about 100 or so and we flew up and refuelled in Singapore. Singapore was supportive but didn't want to appear to be too supportive so we had to have a

24:00 coloured shirt available. We took off our army shirts and wore our army boots and trousers and our patterned shirts into the Singapore air terminal to have breakfast and we were looking like civilians with Singapore based Australian military policemen making sure someone didn't do a runner or anything.

24:30 We got back on the plane and changed our shirts again and then they said we have got to change a window in this plane so you will have to get off again so we took our army shirts off and put the coloured ones on and went back off and waited around a while. A lot of the servicemen were pretty hung over on that flight they had been poured onto the plane in Sydney and I thought

25:00 worse for wear later.

So it wasn't just the medical team?

No they were reinforcements for all sorts of units. There were two surgeons on the same plane I had met them once before at a meeting and they were both from Brisbane and they were very good.

25:30 One was trained as a vascular surgeon and they both – very good at vascular work, but they were just extremely capable and the army was very lucky to have them. We dropped down in Tan Son Nhut, the Saigon airport and sat down and had our boxed lunch on the tarmac and waited until the air force had planes to fly us down to Vung Tau.

26:00 It is a completely different environment the army environment you would say our idea of looking after people in the civilian side was all informal voluntary deal when you are in the army then the army has decided how it is all going to be done. You've got to do it that way and it is not too onerous but

26:30 certainly people are very much more protected in the army system. Just as an example, the army nurses would be treated in cottonwool in that sort of a situation in a base hospital whereas the civilian nurses were having to move around the towns and do various jobs

27:00 in relation to some of the other duties they had.

Were you given a rank?

Yes I was a temporary major. There were four of us there under those circumstances together and you didn't have any time off,

27:30 you were available all the time and when the dust off, the helicopter flight with the wounded person or injured person on board was coming in, the siren would blow and everyone would rush to the immediate triage and reception area. The actual landing pad where the wounded were brought into was called

28:00 Vampire pad and it is very important to have names that are easily identifiable. It is like the alphabet that they give in air traffic control instructions and identification and similarly the military telephone stations had these identifying – tiger and lark

28:30 were ones that I can remember. That you knew where you were in the system when you got this, so the naming of the pad was important there was a certain amount of wry humour in the whole deal. It wasn't that the Australians weren't involved in the war at that stage to a lesser extent but there was not a lot of

29:00 wounding when I was there not a lot we had a fair amount and we had some pretty nasty ones but the volume of the work would have been a quarter of what it had been at Bien Hoa. Bien Hoa was just so busy it could have been even less than that. Mind you, if there was a major accident and a lot of people were

29:30 hurt then they would be very busy they would be flat out. The sequence of handling those cases would be the radio contact would be made, the helicopter would go out and pick them up as soon as it was possible. And then they would bring them in, and it wasn't a very long flight from where they would be operating from to where they would bring them into. Sometimes it would be only about a quarter of an hour.

30:00 The people would know by that stage how many wounded there would be and the nature of the wounds and as I remember it in the triage area. And triage was the term that was used in coffee bean sorting in South America, and so you brought them into the triage area. They came in on litters

30:30 Now from the moment the helicopter landed at the landing strip to the time they got into this major area, I counted it, timed it one night and it was 50 seconds. So the helicopter getting down, getting the litters out and then bringing them along a covered way into the triage area. My memory is that there were six tables in the triage area. The most senior person,

31:00 the most senior surgeon had the role of triage officer and he didn't involve himself in the actual treatment of patients initially. His job was to see the patients and sort them out and decide where they would go. This one immediately, that one can wait awhile that one can go out to the ward and wait and so that is the general

31:30 way it was done. It was a very tense area this triage area and someone would come in and they all had their boots laced in a certain way in a pattern so you could run a knife down the laces and cut the laces and get the boots off, and then the clothing would be cut off and then a lifting team would go in and lift the soldier up

32:00 and the triage officer would then get in underneath and have a look without having the patient turned over. So he could see if there was any sign of wounding in the back as well as the front of the patient. And then if they required immediate operation there was an operating theatre ready to go immediately. It wasn't a case of ring up get them down here they were all scrubbed up and the instruments were out the whole thing was

32:30 ready to go.

When the radio communication came through that preparation happened.

As soon as the radio communication came through they got going. They had an idea of what was coming in so they didn't go into overkill every time. From the time the helicopter landed until the time the patient might be on the operating table it could be a very short time, five minutes

33:00 maybe less, and by that stage you would have one or more intravenous lines into him, you would have blood going. They used to have their blood group on their dog tags. Initially they would get uncrossed-matched group O blood, if it was serious enough. The

33:30 pathologist would do a grouping of blood taken from the wound immediately so you could give group specific blood and then if you could wait a bit longer you would cross-match blood for them. You had all these sort of things available. My job in that particular area was in charge of the number one table, which was the table for the most seriously

34:00 wounded person who wasn't going to immediate surgery and we had a big crew there. Sometimes you had too many people and you would have to tell them to leave because they didn't need so many people around. It wasn't morbid curiosity it was almost a religious endeavour to help. They were very dedicated

34:30 staff. We would be calling out various things and there would be someone who would be writing up on a blackboard or on a board I think it was a whiteboard but anyway, writing up those findings and they would be transferred onto the patient's history later. Obviously sometimes patients would come in who didn't make it past that area.

35:00 I guess the thing that upset me most of all in that particular operation was Christmas night 1970. It is easily provable by anyone who wanted to check up on it, but someone in the Australian forces had become disturbed and fired his automatic rifle into the sergeant's mess at Nui Dat.

35:30 And there were two killed and one wounded. It sort of, it was a very much a steadier and it had an enormous effect through the whole military unit because everyone would know about it. I don't know what happened in the end probably there wasn't any sort of civilian deal.

36:00 I wouldn't know what came out about it in the press or anything like that. It wasn't a nice time.

Those three men came into triage?

Through triage yes, one was dead on arrival and the other one died in triage. Just to hark back to the business of the high velocity bullet,

36:30 the entry wound would have been about the diameter of a pencil and just a round lead pencil, that sort of diameter. The exit wound would have been about a dinner plate. The bullet had passed through the lung and not cause any damage at all there was no bleeding of the lung at all so that the cause of death was

37:00 blood loss from the exit wound. We just got him too late even though they got him round pretty quickly. You would have had to have all those facilities on the spot at the point of wounding practically to get anywhere with something like that.

37:30 **You said that that had a fairly major affect on the morale of the troops what about on your team at the hospital?**

I think we were very upset, I think everyone was, we don't talk about it much I am sure other people – There was a lot of inter mission troubles in the American forces. Fragging, they used to call it and they would get the fragment grenades

38:00 and roll them into officers quarters and things like that. There was a fair amount of unhappiness along those lines, I don't know how much, but it certainly occurred. I don't believe that ever occurred in the Australian scene but I am not an expert on that anyway, but I saw this one. You have just got to cope and get on with it.

38:30 It had – I had one experience of an American who was down on the air base at Bien Hoa, and he had been having a shower and there had been some sort of faulty electrical installation. And he was electrocuted and they brought him up to us but he was a goner when we got him and I was involved with filling in the forms.

39:00 for the transport of his body to the American forces area and back to the United States. I think I had to fill in fifteen forms, there were fifteen forms involved in this and it was interesting at the time because this was very much in the middle of the Cold War that they had all sorts of rules and

39:30 regulations relating to temporary burial, and also temporary burial in radio active areas in the instructions booklets they had. I think that was the thinking that was going on very much. There was a book around about that time that I used to refer to quite a bit if I was talking to people and it was the NATO [North Atlantic Treaty Organisation] handbook on war surgery. It covered all aspects

40:00 of surgery and at the end of each chapter there was a chapter on atomic warfare and it makes pretty awful reading. If you are an anaesthetist in that sort of situation you are too well trained to waste in anaesthetic you have got to become one of the surgeons and the anaesthetics will be given by a physiotherapist or a dentist or someone.

40:30 Just looking at enormous number of casualties with reduced services available to them. That is what it would be like, goodness me what was it like in Japan? It is hard to imagine isn't it. What will it be like the next time one goes off?

Were there times when that was necessary where you

41:00 **had to?**

No there was no radioactivity there were no gases.

I mean where you had to don the surgeon's robes.

Not in the army.

Tape 6

00:32 Just talking about doing other people's work. We all did one another's work in many ways in the Long Xuyen team. There was one incident where the medical registrar was away and I did the outpatients. A

couple of patients came in and they both had very marked nasal polyps, overgrowth of tissue in the nose that

01:00 needed removing to give them a clear airway. I put them on the waiting list because we had a plastic surgeon coming with us and I thought anyone who could do a nasal plasty for cosmetic reasons can muck around inside the nose and remove the polyps. When he actually arrived he said, “I am not going to do any polyps,” and everyone said you are going to have to do them. I didn’t have anyone to give the anaesthetic for me for them, so

01:30 I had to do them under a local, and I did my best.

And the results?

The patients were pleased but I think they would probably come again. Getting back to Vung Tau and the facilities, they were good facilities. The camp had been well planned, the general level of hygiene and the layout was

02:00 very good the hospital was well equipped. It was about this stage that I saw what I felt was the army’s lack of foresight into the type of anaesthetic equipment that should be available for the modern army. The reason I did this was that we had been out in the field virtually with

02:30 the type of equipment we had used at Long Xuyen and Bien Hoa where we didn’t need compressed gas supplies to be able to operate on patients and this is the sort of equipment that a modern army needs. I suppose over the next five to ten years I had the opportunity to

03:00 talk to people about changing this, and eventually after about close to a generation, they got the message and all sorts of things have to come together for this to occur. There has to be manufacturer or a supplier locally and there has got to be an enthusiast on that side and these things happened over a period of time. The

03:30 experience that people had on this sort of equipment in Vietnam was invaluable and it pointed the way to the type of equipment that was needed in a modern mobile army. Some wonderful things have happened in the interim. For instance, oxygen can be quite difficult to get. When we first went to Ambon the nearest oxygen

04:00 supply was 700 miles away had to come by ship. If you think of demurrage in terms of cylinders you have got full ones, you have empty ones you have some going back to get filled you have full ones coming towards you. You have got to have a lot of cylinders. The thing that has happened is it has become possible in enrich air with oxygen if you have an electric

04:30 electricity supply a piece of equipment about as big as that box you’ve got down there, which would concentrate oxygen up to ninety-five percent oxygen and that can be used in the operating theatres. The other thing that happened is there are very much better drugs available now so that the old problems

05:00 of flammability of ether, you just forget about that, you just don’t use ether, and it is done at considerable expense these are expensive items but it is the sort of thing they need. They do it very well now they did it well in Timor and it was going long before that. I am sure they did it very well in the Gulf War on the

05:30 hospital ships. But those hospital ships the Americans had in the Gulf War were extraordinary vessels. I think they had 50 operating theatres something like that, they had scanners and I think they would take 1,000 patients. They were converted tankers or something like that. Things have changed remarkably and I would like to think that

06:00 maybe some us gave it a bit of a nudge along the way because we saw the value of these other things. It wasn’t that people hadn’t used them in the past in the Australian scene it is just that it hadn’t got itself together as a firm policy and that is what had to happen. And I guess nothing happens very quickly in a government organisation.

Can you tell us how you gave things a nudge especially?

06:30 **with special reference to Vung Tau.**

When I was in Bien Hoa the English anaesthetist who was with the Baski unit, the CMRI [Children’s Medical Research Institute] unit was the world’s leading expert on it and he had written more on it. He had more experience he was a consultant for the British army

07:00 and their first field test of all this equipment was in the Falklands [War]. So they hadn’t been involved in any wars up until that stage. I made sure that the right people read his particular articles about this. There was one person who was the consultant surgeon

07:30 for the Australian army who was very supportive. You can’t, it is not diplomatic to get out and say the Australian army is bloody hopeless in anaesthesia, you have to inform people diplomatically and hope that someone will change it along the way. I visited this chap in England

08:00 in 1976 or ‘77 and he was consultant anaesthetist to the British army and he had written the notes for

anaesthesia for the Royal Army Medical Corps, and I got a copy of those and I brought them back and gave them to the medical corps people back here to go through.

08:30 I wrote an article for one of the journals along the lines that the experience was valuable to the forces in the future. I guess I talked a bit about it, I don't think I was terribly important in the whole deal but I guess I was part of a thought process that was evolving and they have done it very well now. Very well.

09:00 It is still has got this basic British idea associated with it. They were very good the people who did it. And that man Macintosh, who I mentioned from Oxford, although it has become more sophisticated and the anaesthetic agents you are using are better, the actual principles involved are very similar. The other big step

09:30 forward was the ability to have an oxygen supply wherever you went as long as you had an electricity generator. Those sorts of oxygen enrichers are use in the community now, people who have lung disease have them in their own home. They have those on during the day and if they want to go out, they have a cylinder that they wear out. That

10:00 is a development I could have never envisaged would happen but has been so important in terms of military anaesthesia, and not only anaesthesia, but in the intensive care management, and the post-operative field. Just coming back to severe wounding and these high velocity missiles, the reason a lot of people died in Vietnam

10:30 in the American forces and some in the Australia was that they developed respiratory complications following wounding, which was not related to their chest and under these sort of circumstances blood clotting would change and the actual function of the lung would alter considerably. And they just wouldn't be getting enough oxygen in.

11:00 And it was a hit or miss as to whether they would survive or not. The Americans put in a field pathology unit, which was part of their, – I don't know whether it was from the Walter Reid hospital but the Walter Reid people wrote it up, and they had all pathology facilities to go round and investigate these cases on the ground, and they could fly

11:30 this unit in an inflated canvas tent and air conditioning the whole works, a full lab. They did a lot of investigative work in relation to this. People have started to see similar things to this happening in civilian practice over the years. Severe injuries like in the

12:00 Westgate Bridge some of the people who would have come in from that and died in hospital may have had that sort of situation. It is the sort of thing that could happen in severe civilian injuries now. They have become very much better in handling it in intensive care units, if they have any chance at all they will survive. I am no expert in this now

12:30 but it is something that has received a lot of attention and now it is called the adult respiratory distress syndrome and the one that we always knew even when I was a student was the neonatal respiratory distress syndrome and they are rather similar in their effect.

You encountered this a fair bit?

Yes.

How would you treat that differently there compared to how would you have treated before?

13:00 We had intensive care facilities in the military, we essentially had to put these people onto respirators and support them in relation to bodily functions, renal output and temperature and various things along those lines. We were pretty much babes in the woods

13:30 as far as knowledge was concerned in terms of causative factors they have become a lot more knowledgeable about these things now and some of the causative things can be combated more readily. Sometimes it just appeared to be hopeless that you weren't getting anywhere with the sort of support treatment we were using. The Americans had a lot of it obviously and they had various

14:00 names for it, 'Da Nang Lung' was one of the things they called it. It really didn't hit the medical press much until the early 1970s, and then a lot of interest was taken from then on. No doubt people had been occuring in the past and it hadn't been recognised or called other things.

Can you tell us in more specifics how you would deal with that, if breakthroughs were made that sort of

14:30 **thing.**

In the field I think the respirators were probably the big advance. Respirators had come on the scene, there had been various sort of respirators around over a long period of time including the iron lungs. The sort of respirators whereby oxygen can be delivered by an endotracheal tube through the mouth

15:00 or a tracheostomy had only been around in any quantity from about the late 1950s onwards and the design had been improving all the way along and people's expertise in handling them. It had been a learning experience some things hadn't been as well as they had been. The respirator was the main

chance for a lot of these people.

15:30 I can't say that I did it very well because I was pretty ignorant about it at that stage it was something rather new compared with what had been talked about before. There was much more of it around the American scene. The Americans used to have what they called a commander in chief in the Pacific

16:00 conference each year and they used to put a report out on that and there often there was some very good material and advice to go back into the field. That was a document that I was pretty interested in at the time. I only ever saw one copy of it and I managed to bring it home and put it in the local library.

How much sharing of information was there on the ground between

16:30 **the Americans and the Australians?**

A certain amount, the American military medical scene is very different from the Australian one. They have a lot of their own veteran's hospital they have a good career structure within the system for doctors and nurses and technical people and they do a lot of research work

17:00 and I was saying that one of the major gynaecological pathology textbooks came from the American military system. They have troops all over the world and they get specimens from different areas and examine them. They would be interested in blood grouping and things like that, different areas, looking at the possibly the way people migrated

17:30 and the patterns of the blood group showing it. They used to come to us in Bien Hoa and on the look out for pathology material there very frequently. I think if we needed advice from their specialist people or if we had cases that couldn't be managed in the Australian hospital then they would be referred on

18:00 pretty rapidly. For instance we didn't have an oral surgeon [facio-maxillary] in the unit and so that any of the major injuries to the bones of the face would be taken to a special unit in the American military set up. Diagnosis, helicopter,

18:30 immediately to there. It would not have been feasible to have someone all the time available for that very special form of treatment, whereas if it was something that needed to be done immediately it could have been done.

Where there instances where it went the other way? Where you would have helped them out?

Yes. Constantly at Bien Hoa where the Americans might treat a civilian

19:00 and then unload them onto us and we would take over the after care. One night I was in the operating theatre and the Vietnamese have pretty open operating theatre and sometimes the patient's relatives used to come in to the operating theatre to see what you were doing and this woman came in and tugged my shirt and no

19:30 language, no-one on the ward no interpreter around, and she took to me where her husband was and he had been treated by the Americans in one of their hospitals. He had a broken leg and it was in plaster and she pointed to his abdomen and his abdomen was as stiff as a board, and he had a ruptured spleen. We finished off the treatment,

20:00 immediately. He almost got treatment as quickly as if he had been brought in by helicopter. As things change people don't take spleens out anymore. They do but they have to be very badly damaged. The disadvantage of taking a spleen out it predisposes the patient to infection. This was all sorted out

20:30 by looking at statistics from previous wars that the Americans had been in. But that didn't hit the scene properly until about twenty or twenty-five years ago. Now they are treated conservatively, largely, and transfused and so things change.

I would like to know a little bit more about the helicopters the dust off and all of that.

21:00 **Were there personnel on board the helicopters who had a medical background because obviously they're informing you of what was happening.**

The Americans had medics on them, the Australians, were essentially as far as I know transporting them only. There could be people in the field who might initiate a splint or something like that but heroics no.

21:30 Nui Dat was a bit further away or closer to the Australian fighting and they did have a small operating theatre there, where if someone needed something life saving immediately. Say someone might have needed an emergency tracheotomy that could be done but there would be a medical officer there doing it.

22:00 I have got no idea what the army policy is now in the extent of training of medics in the field and how far they take them in terms of what they expect them to do. I know when I was in Vietnam at one stage they had stopped the American medics trying to put in what they call a subclavian lines because there had been too much

22:30 damage done out in the field and conservatism was the answer. Whereas if you are on a navy ship then I guess the medic has to do all sorts of things. As in the base hospital of the 1st Australian Field Hospital the medics were terribly important to us in terms of assisting in the things that we do. They were a great mob.

23:00 **Can you tell us more about the establishment there at Vung Tau.**

I can't tell you how many people were there but essentially there was the headquarters area with support in engineering and supply, medical and hospital facilities. There were several branches of engineering there,

23:30 it was quite a big complex. I believe there is nothing there to indicate that it was there even. The swimming pool might still be there but not in use, but all the buildings are gone. It was a barbed wire area you could only get in and out at certain points.

24:00 You had to have leave passes. The people on the whole were armed when they went out. There was one stage we had been invited by the Vietnamese to have lunch in Vung Tau with them and it was suggested that we didn't go armed to that. I don't know why, it wouldn't have made any difference. But I didn't think they wanted us to

24:30 go into the actual town area. One of the things that I got involved with in the army is that we went to support a Vietnamese hospital that was specialising in spinal injury and they had 160 odd paraplegic patients there and that was pretty depressing figure,

25:00 but they were doing their best with them. We were taken out by, an Australian lad who was an interpreter to see a patient who had a quadriplegia, and couldn't move his arms and legs. And he hadn't been injured in the military so he couldn't get in to that hospital and his wife was looking after him in a little hut.

25:30 His injury had been caused by an Australian driving a vehicle that he shouldn't have been driving. That was a pretty upsetting experience. He would have died, but the gentleness and care of the Vietnamese wife was just extraordinary.

Nothing could be done?

I don't think anyone wanted to know.

26:00 I couldn't mention the military without – see I was about 44 and I had five kids, and

26:30 I was pretty responsible but I was concerned by the bravado of some aspects of the military and that it was almost expected that they go into town and into the brothel. Booze was cheap, cigarettes were cheap and I have always felt that a lot of these things have an

27:00 element of reaction over a period of time. It is no secret that when you have got a military force around and the rate of venereal disease was, in the military force, was very high and these are people have to go home to wives and it is,

27:30 I don't think it is going to change I think it is there forever. I went to a breakfast meeting where people were talking about the – Timor, and they went on and on about a lot of things and I said what was the rate of venereal disease amongst the force, and they said there was strictly no fraternisation. Well you know, "Tell it to the marines." If there weren't any brothels

28:00 in East Timor when they first went in, there would have been importing the girls from other parts of Indonesia to get them there and there would be lots of money made out of it. I would have to believe there would be drugs around too. You go through a town like Vung Tau and the

28:30 the various bars and things would have Australian flag or a United States flag or both on the door and that would mean that the girls had been tested in some way fortnightly or monthly something like that, it didn't mean a thing. I felt very sorry for them. I thought they were people who had this all sort of thrust upon them,

29:00 it was a political war anyway and they were trying to make a quid for their family, very much so.

We haven't really spoken about where you stood in terms of the war, why were you there and what did you think of it?

I believed in the domino theory, still do. Things changed over a period of time.

29:30 When the F-111 was purchased and the purchase went through, the Labor Party were shouting their heads off about this expensive aircraft, and you can see how long it has lasted, it was a good buy. But when it was bought it wasn't pointing north although that might have been one of its functions from Butterworth it was going to point south to Indonesia because Indonesia was so

30:00 anti-pathetic, I guess, towards the western ideas. Sukarno had a pretty close affiliation with the Communist Party and it was a very big Communist party and the board of [the] coup really changed things altogether and Indonesia was no longer a threat to Australia,

30:30 and then that changed the whole pattern of things there. China would have had enormous influence in Indonesia had it had a Communist government, enormous, it would have been a different world and China was very much involved in Vietnam as was Russia. I am sure that the General Patton thought that they were going to extend

31:00 their conquests into other areas and that is how SEATO got going and that is how the Australian civilian teams went to Vietnam they went under SEATO, the South East Asian Treaty Organisation, which was Malaysia, Singapore, Philippines, Vietnam,

31:30 Pakistan, United States and Thailand and Britain and they were all sort of self defence organisation. The need for that disappeared when conditions changed. I think that

32:00 what was done delayed things long enough for things to change in Indonesia particularly. The Vietnamese couldn't get their act together, the Cambodians obviously dreadful and Thais haven't been all that bright. And Thais had been active in Vietnam, they had a division in Vietnam. Quite a lot of Thai troops there. But that is my view.

32:30 .

You are talking about Indonesia and the possibility of Communism taking hold there, abated with Suharto coming into the late 60s there.

I think that is what stopped it.

At the time were you aware of that being such an important – ?

Yes it was apparent. I had been very aware of the extent of the Communist Party in Indonesia.

33:00 How I got to go to Indonesia was there was a man named John Forbes who was a physician in Bien Hoa and while we were there I got on pretty well with him he was a great character. He had been in the artillery in the Second World War and then come back,

33:30 and done his medical course afterward. And he was a very skilled physician in infectious diseases. He was superintendent at Fairfield and the chairman of the Committee of Management at Fairfield was Sir Albert Coates, and ex-prisoners of war from the Second World War, who had been prisoners of war on Ambon in Indonesia approached Sir Albert Coates to see if the hospital or if he could get

34:00 any support for an aid program into Ambon because the ones who had been prisoners on Ambon had been helped by the Indonesians. Some of them had been helped escape and some Indonesians had been executed because they had helped them. It is all serendipity isn't it, but not only was Albert Coates, the chairman of the committee of management, the matron

34:30 was Vivien Bullwinkle, and you couldn't get more good will in terms of something going into a prisoner of war situation than you would for that. John Forbes was asked if he would break off his trip back to Australia and stop at Jakarta and then go out to Ambon and look at the hospital situation to see if an aid program could be put in.

35:00 And before he left he said to me, "How would you like to go to Indonesia sometime?" and I said, "Yes," that was in '69 and I had some sort of involvement with Indonesia ever since. It was my birthday Thursday week ago and I had a phone call from Ambon. I didn't even know anyone knew my birthday on Ambon but I'll tell you a bit more about that after. He went there

35:30 and had a look. And why Ambon? Ambon was one of the bases the Australians had put in to try and hold back the Japanese. The groups didn't have a chance, one was in Rabaul and I think that Sparrow Force or Lark Force they were all called birds, one was on Ambon and that was called [Gull] Force, and

36:00 one was in Timor and that was either Lark or Sparrow. They were all around about battalion size around about 1,000 or 1,100 people. The Japanese came into the war in December in Pearl Harbour and by February had taken Singapore and the people on Ambon, there were only about

36:30 1,100 of them and they were a Victorian battalion the 2/21st Battalion and they had coordinated with the Dutch East Indies army people there and their troops and there was a general plan of defence including a detachment of about 200 Australians guarding the airport. The Japanese put in a force, which is the one that took

37:00 Hong Kong so they just didn't have a chance and the actual fighting was over a pretty short period, about two or three days. The people at the airfield put up a pretty spirited resistance and the Japanese lined them up and shot the whole lot down and put them into mass graves. The

37:30 rest of the force about I can't remember the numbers in all this, who were taken prisoner were put into prison grounds, which the Japanese used as their munitions depot so if there was going to be any attack

38:00 then the prisoners would going be in the middle of this. They were pretty ill treated, they were split up into two groups one group of about 700 remained on Ambon for the rest of the war and another group

was sent to Hainan [Island] in the Gulf of Tonkin and the

38:30 people in Hainan were used as working parties and such. I don't know what their mortality rate was but a few of them died there some of them were killed by, Chinese guerrilla fighters who were attacking the Japanese. They were eventually liberated by American paratroops in that area. The ones who remained on Ambon were in forced labour situation.

39:00 And of the number that were there only one in five survived the prison camp. It was very much worse than the railway the actual mortality rate, and they died of all sorts of things, infections and malnutrition. There is a war cemetery there and it is not only for Australians there are some British troops. The Japanese moved their prisoners around

39:30 and they shifted quite a few British out but they weren't in the same camp as the Australians. And so there are British troops out there. There is even a grave of an Indian and his rank in the army was sweeper. There was a lot of brutality, it was part of the investigation the war crimes tribunal,

40:00 at the end of the war. As you can imagine the people who survived were a pretty close knit group. There is always an element of guilt, why did I survive. One man I know went round and saw the families of everyone who died in the camp. And at everyone

40:30 he went round they said to him, "Why did you survive and they didn't?" Even if it is not said to people they probably think about it. Did he get more food or didn't he work as hard, did he get the medicines? I am not saying that is what happened but people can be very irrational in their thought processes. This particular group

41:00 had been trying to do something about Ambon and some of them had been back and had a look and they decided they wanted to make a pilgrimage each year to there. And they set it up and it went on for quite a time. They are gradually dying off now, the youngest one I think, the one I know is about 83 now and he is not terribly well.

41:30 The war cemetery is in a very beautiful spot, which was the sight of the prison camp but it has all sorts of connotations for them in relation to that. Forbes came back, did his report to the government and the net result was we got a non-government organisation grant for 5 years and it was around about 20,000 dollars to 25,000 dollars a year.

Tape 7

00:33 **I feel there is a bit more we can explore in Vung Tau.**

Yes as far as any activities outside your work were concerned you were very restricted you didn't go out of the camp area very much. At one stage I went to a conference on intensive care in Saigon and met some of the people who

01:00 I had been involved in teaching in 1965. There was a great depth of experience around at that stage after a period of nearly six years that they had developed and there had been a lot of American money gone into the training of these people and the equipping of them. They were doing pretty well.

01:30 I don't suppose I saw very much of Vung Tau itself outside the army base. We didn't get much opportunity to go out and the fact that you were there for a relatively short time anyway and that your main job

02:00 was to be available was a pretty important part of it you couldn't afford to be unavailable you had to be within a few minutes of the major treatment areas. When I went to Saigon and that conference one of the civilian anaesthetists came to Vung Tau and took over my job while I was away.

02:30 He also did the same thing when the other anaesthetist was away going back to see some of the people in the Long Xuyen area. That was not strictly a military duty but it was something that he felt that he needed to do to maintain the contact with the people he had so much to do with down there.

03:00 I had one interesting experience coming out of Vietnam the first time. They were starting to think about bringing Vietnamese nursing staff out to Australia for training. And I was given the job of escorting the first nurse back. I was in Singapore at that stage and they flew her to Singapore and

03:30 friends of mine and I went to meet her and took her under our wing and then got her on the plane with me to bring her back to Australia. It was quite a novel event at that stage. It was interesting living in a

04:00 military camp and having time on your hands you weren't working all the time. The twenty-four hour call was very much a part of the duty. I happened to be there with a doctor who was a fitness fanatic and he used to get me running along the beach with him. I don't think I have been as fit for a long time as I was

04:30 then. I wasn't all that keen on the swimming, I had seen some of the problems that had come from swimming particularly from jellyfish so that any swimming I did I tended to do in the pool but it was a pleasant interlude in a day if you had the time to do it.

So during that time you had very little contact with the Vietnamese.

05:00 Not much. At that stage we had two chaplains. One was Church of Christ and the other one was Catholic, and they were both permanent army men and very fine characters. They were really psychologists as well as their clerical work. That was a great contact.

05:30 The Catholic had worked in the Vatican for some time so his Latin was pretty good and he could speak to the Vietnamese priests in Latin, which was interesting. He had learnt enough Vietnamese to say a mass for the Vietnamese women workers who were

06:00 cleaners and washer women, things like that around the army base. They had this group of civilians who were coming in and working on the base and that was very much appreciated. The Church of Christ fellow had a rickety old bike with a Claxton horn on it, and he used to ride around the camp on this with a battered had, he was one of the major characters of the

06:30 place and he was mad keen on aircraft photography and he used to take some wonderful pictures of aircraft. You could imagine there were very many different types of aircraft there. I don't think I had ever wanted to fly an aircraft except a helicopter I thought they were just wonderful means of transport. The Sunday before

07:00 I left the army they had arranged – the chaplains had a seat on what they called the brigadier's round, I think it was two seats and that gave someone the opportunity to go on the helicopter with the brigadier and one of the staff colonels to visit the various far bases in the

07:30 Australian army as it was extended through the province. That was quite an experience to go round and actually see where the servicemen were in the camps. At that stage of the year it was very dry and very dusty. There are a lot of problems with mines in the areas that they

08:00 probably willing to go into because of the number of mines that had been laid. Some of them were Australian mines that had been lifted and replaced by the Vietnamese. But they certainly had that province under control at that stage there was no doubt about that.

So all the action was within that province.

08:30 Yes they worked within their province. I think initially when they were in there they had some activity up in the Bien Hoa area. The hospital when it first went in wasn't a hospital it was a field ambulance and that was a tent hospital at that stage and then the wooden buildings were built later and a more established

09:00 venue for the hospital. Good quarter's, good mess, the food was okay. It was rather a novelty to be woken up very early on Christmas morning with the, one of the officers running through the lines and calling out 'gunfire' it was a gunfire breakfast.

09:30 And we went down and served the breakfast to the various people. At first we took them coffee in bed it was quite a lot of fun.

These were patients.

No to the servicemen. We had to prop up the cook for a fair while before he was able to get the Christmas dinner going. We looked after them.

10:00 Good camaraderie with people, I think people respected one another and the people were doing a good job.

Why was it called gunfire breakfast?

I can't answer that. It is apparently traditional and the breakfast they have on Anzac Day now after the dawn service, they call that a gunfire breakfast it is on the grass verge in front of the

10:30 Albert Park barracks, down there in St Kilda Road. I don't know, part of army tradition like splicing the like splicing the main [UNCLEAR] in the navy.

I wanted to ask you about the other diseases and medical problems that the servicemen had apart from battle wounds.

There is a medical component

11:00 associated with having troops in a tropical situation and on the whole most things can be coped with in relation to the infectious diseases with immunisations they are not entirely proof against infectious diseases. But we did have one case of

11:30 poliomyelitis while I was there. No one could find any record of this young man having had his polio

immunisation on his medical record so presumably he had missed out on it somewhere along the way and he did develop quite severe polio in his legs. The respiratory infections

12:00 intestinal upsets were pretty common. You were always going to get a run of mill type of things someone would be sensitive to something, there will be allergies. The commonest operation in the Australian hospital while I was there was circumcision.

12:30 And this was done because people felt that it contributed to infection and things and I guess there was a bit of peer pressure and things like this.

Was that done under general anaesthetic?

Sometimes they used to do them under that local and they would say, “Not the needle,” and of course rather than placating a patient as you would in civilian practice,

13:00 you can say, “Oh, shut up.” It is a somewhat different approach you are not really rough on them you are just jollying them along a bit. We actually did one of the orderlies in the theatre area one day and they had coloured ribbon that they tied the dressing up with and then sent him back to the

13:30 ward with that on. There is a lot of good humour in a military situation and I think it does help people cope with a lot of situations.

Was the circumcision related at all to their sexual activity?

Probably.

14:00 There was malaria around I didn’t see any malaria but people were on malaria suppressants and you sort of keeping an area free of mosquitoes and just general public health activities like that so that there is

14:30 nowhere for them to breed are terribly important. For instance, when I was living in Singapore and I am sure still in Singapore, there was no malaria in Singapore plenty in Malaya, they just had very good mosquito control and if you had any mosquitoes around you just ring up the appropriate people and they would come along and start spraying or looking for

15:00 sites of breeding the same in the army the same thing would be done.

Did you see any evidence of any kind of chemical injuries?

No. Burns were the only – I can remember at one stage seeing some burns where people had been burning off grass and rather than using a rather low combustion accelerant

15:30 they would use petrol and had burns from that. We didn’t get a lot of it. Infected sweat rashes and things like that would be around. I think it is inevitable in situations

16:00 like this that people, some of them will react badly. There maybe problems of settling into a group of other people and away from home for the first time, a completely foreign environment and it can be quite difficult psychologically for people under

16:30 those sort of circumstances. I think there is a lot more awareness now that these sorts of things are looked at and recognised. I think the chaplains were very important in relation to seeing these people and you have got that, they were really army but not army if you know what I mean. It’s a trust and a confidence established

17:00 that was a bit different from that they had just gone and seen someone who was really operating as a soldier. They were extremely good people, the ones I had contact with. I didn’t ever hear any complaints about food. The food always seemed to be pretty reasonable.

17:30 I don’t think the cooks would get jobs at good restaurants but they could cook meals that were edible. Supply didn’t seem to be a problem.

Given the helicopter pickups and drop offs of the wounded were there aid posts out in the field?

18:00 Yes there would have to be regimental aid posts there would have to be somewhere where the patient could be taken to. The nature of the war it would be that if they were in the field and wounded there, then the pickup would try to get into there or they would be brought out to a more

18:30 secure area where the helicopter could land. They didn’t have to land they could pick them up from in amongst the trees they would lower a thing like an enclosing stretcher that could be winched down and then the serviceman could be placed on that and then winched up into the helicopter. The helicopters carried up to about four litters

19:00 and he would carry more people if they were sitting on seats but in terms of actually having them on a stretcher they could carry about four. I suppose some of the bigger helicopters like the Huey’s would carry more, not the Huey the Chinooks they are a bigger helicopter.

19:30 **You said earlier that there were quite a number of helicopters that were shot down or lost.**

Yes, I think the Americans lost about 1,000. I don't know about any Australians whether any Australian helicopters were lost. I think the Caribous

20:00 was an interesting squadron, they carried a lot of men and materials around Vietnam. The airfields that they used to fly into certainly in the Mekong area weren't protected and they used to spiral down over the airfield

20:30 it was thought to be a safer way of coming in and taking off. When you went up you didn't fly low on the whole, you flew round and round in an altitude over the airport that was pretty common. There never ever seemed to be any guard personnel out at the airport at Long Xuyen. We used to drive out to there to pick up stuff or take people to put them on

21:00 a plane. Coming into Vung Tau the Australians had supply ships coming in there the Jeparit was the name of one of the ships that came in there, and the HMAS Sydney, the aircraft carrier, and they were always

21:30 very aware of the possibility of limpet mines being placed on these vessels and the time that it would be likely to happen would be about the change of tide. And so they had frogmen to have a look around the vessels at that period the change of tide to see if anything had been attached to their ship. Some of the ships went up the Saigon River,

22:00 and they were I don't know about the Australians ones but they were a bit more exposed going up there. And the Germans had a hospital ship and this was civilian and it used to anchor off areas in Vietnam and they would take patients out to the hospital ship and they would treat them out on the hospital ship and then return them to shore.

Military patients?

22:30 No they were civilian.

How do you think the treatment for civilians fared?

In Vietnam during the war?

Given that you had worked inside these hospitals earlier on, how do you think they would have coped?

A pretty big population about fifteen or seventeen million,

23:00 and not a lot of doctors and not a lot of highly trained doctors. For instance, just a simple example, cataracts and there was only one person in 1969 who was doing cataracts on the civilian population amongst people who couldn't afford operations. There would be people who

23:30 would be paying for operations in a place like Saigon so if they could pay they could get the operation done. But these people were doing it for nothing and they were these St John of God priests from Canada and the American I don't know what background training this fellow had but the Americans had trained him to do cataracts. That was his

24:00 one and only specialty treating people with cataracts and he did a lot of them. People would come from far a field for an operation by him. I think a lot of things just didn't get treated. Tuberculosis would be a pretty good example. I don't think leprosy would have been handled very well.

You,

24:30 **same with Bien Hoa and you were in '69, would there have been other teams of Australians there continuing?**

Not there the first one went there in 1966 I think and

25:00 the last one was there in '72 and there were Australians in teams at that place all the way along. They stopped the one in Vung Tau shortly after Tet, I think, and they stopped the one in Long Xuyen around about 1970 thereabouts, '69 or '70.

25:30 So they didn't continue. They had been there a fair while it was a pretty good effort. It made a difference to other aid programs with a limited amount of money to go around. At one stage one of the hospitals in Melbourne had been going to set up a teaching facility in North Central Java and that all

26:00 collapsed with the Vietnam War and there wasn't the money to go ahead with anything like that but it would have been a very good place to have had some sort of civilian hospital situation going. Twenty-five or thirty million people in central Java, a big area.

You spent all up three months at Vung Tau,

26:30 **is that correct?**

Yes three months.

Can you now take us or describe what you did. You returned to Australia and then at some point you went to Ambon. Can you fill in those years, what you did in coming home and what you went back to and how going to

27:00 **Ambon came about.**

I have gone over a bit of the Ambon and the genesis of the aid program and the background of the servicemen who were there so when we got the first parcel of money from the Commonwealth Government of about 25,000 dollars, the question of planning what we would buy and take.

27:30 Because Ambon or the Gull force on Ambon had been a Victorian battalion in the Second World War, there were people in Victoria who knew all about it they had relatives or friends, people had died over there most of them had no contact at all and knew nothing about the war cemetery or very little

28:00 about it, and they certainly hadn't been., And we found that there was an absolutely enormous amount of good will to tap into in the community. We were given equipment and drugs quite willingly by large firms and got a great amount of help. We used to store the stuff over at

28:30 Fairfield hospital and then spend a couple of months sorting it out crating it packing it and doing all the customs work that had to be done on it because you had to get export licenses etc. Because the program had this military affiliation the then Minister for Defence who was Barnard in the Whitlam Government

29:00 had said for the military to give us maximum co-operation, I saw the letter, and we got maximum co-operation. They would come and truck anything that we had packed up and take it

29:30 down to Laverton and then they would fly it to Richmond and then it would be air freighted from Richmond to Darwin. They wouldn't take it into Indonesia for us that wasn't the idea of having the military taking in aid to an Indonesian city and they would store it for us in Ambon.

30:00 We used to take about four tons at a time including ourselves, and our own luggage and hire or charter a TAA [Trans Australian Airways] Fokker Friendship and they would strip it out and all of the seats but about half a dozen seats would be taken out, and they would load that up and we would fly into Ambon. It would take about four hours on that sort of flight.

30:30 The first time I went it was just the same old feeling, it was go down and have a look at the markets and find the best Chinese general store. Because you know you can go and buy your toothpaste and everything like that there and there will be someone who can speak English. The locals were very friendly and receptive of what we were trying to do.

31:00 I guess after I had been there the first time I was sick of going into the place and not really being able to converse with the locals unless they speak some English so I set out to learn a bit of Indonesian. I went to night classes, which was very close to where I was living at the time, just across the road. The teacher was probably the most outstanding teacher I have ever met, he was

31:30 born on a ship in Odessa in 1917 and his parents had been working in Russia and they got out just before the revolution. He had been brought up in France so he was French Russian speaking and at 17 he was in the Spanish Civil War and then in the Second World War he was in the Free French Forces in North Africa. Finished the war and went back to

32:00 Sevon and majored in political geography and went up to Addis Ababa and taught geography there and learnt Aramaic, he already had Spanish and Portuguese as well as his French Arabic and Russian and he got to be interested in Indonesia and came out here and taught at one of the secondary schools. Quite outstanding brain.

32:30 He not only taught us the Indonesian language but he taught us about the sociology and the clothes, the food and the climate and the geography it was really marvellous tapping into a brain like his. I finished up going to Ambon eight times and because I had been going and because I had a bit of language I

33:00 got involved with a gynaecological program that was being set up in the College of Obstetricians and Gynaecologists and we went in specifically for gynaecology into two areas for a couple of weeks and then to another area and there was another team at the same time and we crossed over. I got to see

33:30 Padang, Pekanbaru, Palembang, Mendung, [Witamaydung], Makassar and worked in all these areas.

Can we just go back to your first trip to Ambon. I am curious as to what you told the local people you were there for. What did you say to them?

They understood.

34:00 They knew about the war they knew about the number of people who had been killed, they knew about the Japanese, they probably went past the war cemetery at least once a week for most of their lives. They accepted us on that traditional basis they just understood it.

34:30 It's really very much what it was all about an element of gratitude for what had happened. Ambon is unusual, the people in that Malaccan area are very much like the New Guineans than they are the Javanese, darker skins and curly hair. The Christians had made

35:00 inroads into that area and about half the people were Christians on Ambon. With the ascendancy of Java and the numbers of people on Java there was a lot of Javanese migration into other areas. There is also migration from the southern Celebes into there, it was voluntary migration. The Indonesians had tried to set up a system

35:30 called transmigrasi [transmigration] where they shifted people out from Java and put them out onto outlying areas and tried to get them to build up communities in those areas. I don't think that was terribly successful, I doubt if it is going on now. People didn't like it much. It just

36:00 wasn't difficult to move into that particular part of Indonesia. People were terribly friendly. Our contact with people was just constant they seemed determined to entertain us in all sorts of ways and take us around and show us the various spots. Come into the hotel that we were staying in and make

36:30 sure we were being fed correctly and this went on all the time. We were extremely well looked after.

Can you describe your work.

Going into the Ambon hospital was rather like going into Long Xuyen. There were some medically qualified people within the hospital system. There was one

37:00 general surgeon and he was reasonably well trained. They had one nurse anaesthetist, a man and no-one had been able to pass an endotracheal tube satisfactorily and this is putting the tube down through the mouth and into the trachea. And that's a vital part of modern anaesthesia of maintaining the airway and keeping the airway

37:30 clean and free from anything that might get inhaled. Just to achieve the teaching of intubation to these people was very much a major advance. We took the same sort of anaesthetic that was used in Vietnam and it was certainly good stuff to take in.

38:00 The composition of the team was a physician; someone who is involved with the supplies initially, the surgeon, the anaesthetist, pathologist and that was about it at the time. And then the team varied a bit from time to time as you went along. We had a ship's pilot come with us one year because we had bought three boats from the

38:30 Sydney when it was sold to be broken up in Japan so we had two naval cutters and a whaler which the P&O [Pacific & Orient Line] took up for nothing on one of their trips from Melbourne up into the East Indies.

What were you going to do with the ships?

The boats? They weren't very big they were about thirty feet long, they were pretty sea worthy, they were good for the navy.

39:00 There is about 1,000 islands in the Malaccas and getting people from one island to another and getting them into a treatment area is very important so the general idea was here was the boats that they could use for some inter island transport. One of them was particularly suited to that and we did a trip with them and demonstrated how to use them and things.

39:30 Not me, I was on the boat but the pilot he was a pretty good man a master mariner, a Port Phillip Bay pilot. He had been in the Second World War. We did some other things that people hadn't done before. It was very difficult to get blood,

40:00 in a place like that. Often in the east people say if they give blood they are going to lose vitality and part of their health or spirit will leave them. One of the people I went away with saved the life of one of the patients by donating his own blood. He had the right group and everything.

What did you do about blood if you couldn't get anywhere, were you getting your blood

40:30 **supply from?**

I think we just kept asking.

I imagine that would have taken some educating, getting people to understand why it is important.

That's right, Very much so. These things grow once people realise they are all right.

41:00 We had come back and then we didn't go – I didn't go for eight years in a row there were gaps and that here and there were more I think two more teams went and I didn't go with those particular ones. We extended the aid period over about ten years and in terms of goods that we collected,

41:30 we had about a million dollars worth of stuff go through into there. There was some extraordinary generosity on the part of people. For instance, Nicholas, the Aspro people they had a facility in

Indonesia a factory of some sort and it had been taken over in Sukarno's time and when Suharto came into power,

42:00 their business, they got it back again.

Tape 8

00:33 **Going back a step to how you set up for the Ambon expedition what supplies you worked out and how you worked it out**

I think we had the advantage of having had Dr Forbes go in and have a look at the hospital in 1969 when he was coming back from Vietnam. He was a very astute physician and hospital administrator

01:00 so that he looked the hospital over very carefully as to what sort of equipment they had and what sort of work they were doing. Each of us thought about what we required and put in a list of the various things that might be required.

01:30 Some of these we had to buy, some of them were given to us. When you start on an aid program like this you don't realise it is a bit like the sorcerer's apprentice when people know you are doing something like this and they know there are materials you might be interested in they just keep coming and even after the aid program stopped

02:00 it was very difficult to turn the taps off. We had or I had a pretty good idea of what I would need in what I had needed in Vietnam to be able to work effectively and so I based a lot of my recommendations on that.

02:30 As the program progressed, again because of the military affiliation with the ex-prisoners, we had a wonderful man working as supply officer in Fairfield. His name was Bill McGuinneston [?], and he was an absolute wonder working on a telephone. He

03:00 just seemed to have the personality he didn't get on the telephone to beg or anything. In some way or other they contacted the Department of Supply and whenever any surplus army medical materials were being sold off we got first go at them and it was extraordinary some of the things. I can remember we were unpacking

03:30 one of these boxes, and it was a bit like opening Christmas parcels and we opened this particular box and there were fifty-six amputation saws in it. This is something that doesn't happen in the modern army you save the limb, you must save the limb you try as best you can. Perhaps one of the greatest advances in the Vietnam War was the vascular surgery that occurred there,

04:00 and so that limbs that would have been amputated in a flash in the First and Second World Wars had some chance of survival because people could repair the arteries for the blood supply to the leg. These were all new skills the Australian army certainly had them. This is a sort of a blast from the past the fifty-six amputation

04:30 saws, and there was one stage we couldn't get rid of these and they said we're going to send them to the tip. There were 360 bone nibbling forceps and I said, "You can't send them to the tip," so I carried them around in the back of my car for a fair while until I found a surgeon in Ballarat who was running part of an orthopaedic program in Indonesia and he

05:00 took them all off my hands and got them to Indonesia. They did get somewhere anyway with them. They weren't the best of bone nibblers but we got a lot of things like that. Someone would say I don't need this microscope for instance or we would get a pretty good deal, we took a refrigerator at one stage

05:30 you would get a very [good] deal on buying a refrigerator. A fridge is a pretty important thing in relation to drugs and pathology and things like that at the hospital. One thing that I found out that you might take the refrigerator in there but if you don't tell people how to defrost it properly they will get a screwdriver

06:00 and they'll defrost it with a screwdriver. I don't know if you know the patterns and the aluminium channels in the freezer part of the refrigerator they were pretty easily punctured so the fridge rapidly becomes a cupboard. You can't get upset about these sort of things it is just with experience you realise that these things do happen.

06:30 **You just went on a tangent there which I thought was intriguing which is to do with the vascular surgery and the developments of that in Vietnam can you say a little bit more about that.**

The vascular surgery. I am not sure of the actual times when vascular surgery really developed but there was a lot of experimentation with animals,

07:00 severing vessels and then suturing them together. Various things had to become available, suitable

suture material, suitable instruments and often magnification for very small vessels and all of these things developed gradually but the general techniques for suturing large vessels

07:30 were pretty well established in the 1960s so that people were starting to [do that]. There had been a lot of suturing of vessels in the early cardiothoracic work with some of the things they had to divide the aorta and then connect it up together again. These were skills that had developed over a period of time.

08:00 But they hadn't, to my knowledge been utilised widely in a wartime scene. It was a question of how quickly you got the patients back and whether the limb was viable and whether you could do something about it by suturing the vessels. This was probably one the great advances of the Vietnam War that there was vascular surgery available to help save limbs.

You had

08:30 **skilled surgeons and you must have had equipment and good magnification equipment.**

They didn't need it for the sort of suturing they were doing in that situation. If you had the people who could handle that scalping that we spoke about earlier you would need magnification and an enormous amount of time to do the work and it would be a very big and long job.

09:00 The sort of, not only instruments and materials have improved, surgical training has improved and so that the – and anaesthetic training, so that the people get a wide range of instruction along the way. Some of them become vascular surgeons but almost certainly these people will do something in the vascular field as they progress through their training. Some

09:30 will be pretty adept at anything like that and do it well it certainly was a great advance. I remember one of the surgeons was consulted by Denis Warnoff, an article he was doing for the Readers Digest, he was the famous Australian correspondent. He said, "What do you think was the greatest advance?" And I said, "Without a doubt, vascular surgery."

10:00 All the other things had been done pretty well in relation to wound management but this was something that was a pretty new skill in the field.

Your time there you were witnessing this, you were seeing surgery take place that hadn't really been done to that

10:30 **extreme or with that sort of skill and then you were coming back to Australia in Australian hospitals. Was there a gap in skill there that you identified? When you came back to Australia did that concern you?**

I think the majority of people wouldn't have known how to deal with one of those extensive wounds that I spoke about, the ones from the

11:00 high velocity missiles and the amount of tissue destruction I think that that is a learning experience in every war after all they are not all military people who go away to war in hospitals so that everyone has to be taught when they go away that this is how you handle these sort of wounds. The thing that happened in the Second World War was the development of antibiotics and that

11:30 was and there has been bigger advances if not bigger than the vascular surgery. It must have saved so many things the antibiotics, there was only penicillin at that stage. That is from about 1943 or so on.

Going up to Ambon again, were you able to get supplies of antibiotics?

12:00 We took anything we needed or thought we needed we would take ourselves. The personnel on the team varied and the second team we took in two engineers one was a civil engineer and the other one was an electrical engineer both very bright people. The civil engineer

12:30 a man named Alec Chapman had actually been on Ambon when the Japanese landed and he was the one who was ordered out to bring eighteen or nineteen people back to Australia, and they had a school atlas with one page of that half of the world on it and they thought the islands seemed to be out to the east and none of them had ever sailed before,

13:00 and they got up over the mountains, it is quite mountainous in Ambon, and got a boat and sailed to an island and it was wrecked there and then they gradually worked their way from island to island over about a three month period getting out. He was coming in as an engineer he put in new water reticulation for the hospital and the electrical engineer put in new electricity

13:30 reticulation for the whole hospital and put in voltage regulators because we had a lot of fluctuation in current and he worked on the emergency generator, which was a vital part for the hospital because there were so many power failures. Another time, the first time we went there and the second there were about

14:00 thirteen crates of very advanced radiological equipment that had been given to the Ambonese government by the Japanese and the Japanese had done it in return for fishing rights in the area there were a lot of Japanese fishing vessels in that general area and a Japanese factory. They didn't send anyone to install it

14:30 so we had an x-ray engineer go in with us one year and he just worked like a slave installing this equipment and got it all going, and the electrical engineer was there at the same time and he stabilised the voltages for the plant. The first time we went in they didn't have, they had an x-ray plant but they had no x-ray film. One of the things

15:00 that we were given were quite large quantities of x-ray films, which is very expensive. It is amazing how heavy it is, it's got a lot of silver in it. And they used to I don't whether they still do, they used to get the old films and extract silver from them it was a worthwhile process. There is quite a disadvantage in

15:30 not having an x-ray plant available when we first went there to operate. The pathologists worked with the pathology people on various techniques they were doing in the pathology department. We had a public health expert come in several times who worked with the public health people on the island in relation to immunisation and

16:00 child and maternal health. It was pretty worthwhile we had very good contact with these people. A number of them have visited Melbourne and I still have contact with some of them, some of them have died off.

Have you any idea how many people the hospital would be treating?

In Ambon?

16:30 **In Ambon and coming from outlying areas.**

No, I can't answer that in absolute terms. There were several hospitals on the island, some of them were very small and just virtually a local treatment areas for medical conditions and things like that. There was a mission hospital and there was an army hospital. Probably the busiest

17:00 hospital on the island was the army hospital and they used to treat civilians as well. They didn't only treat [military]. We had good rapport with them they used to come and watch some of the work we were doing and then they would invite us down there and we'd do some of the cases for them. There is one quite memorable one you are very close to the coalface

17:30 in the medical scene in some of these places and we had a patient who had a sarcoma a terrible sort of cancer in the leg and the leg had to be removed there was no alternative. When the leg had been taken off one of the military surgeons who was watching took the leg out and showed the whole thing to the relatives who were out in the next room.

18:00 The relatives wrapped the leg up in a bundle of cloth and took it home and buried it and then when the patient died eventually they would have been buried and their body would have been reconstituted in the ground. Because If they are Muslim there is no, they don't burn bodies they have burial.

18:30 As I say pretty real and earnest. As in Vietnam you would often look around and there would be someone with the door open and looking in and quite often in Vietnam someone would be peering over your shoulder and it would be a relative come in to have a look at the operation. We did other things. Neonatal resuscitation was something that I was

19:00 pretty interested in. It had developed during my training period and we could get some of those techniques across to people. We got them interested enough in anaesthesia for them to send one of their nurse anaesthetists to Jakarta to do a four year course there, it is quite a long course.

19:30 He came back and worked on the island after that. Now there is a medically qualified anaesthetist in Ambon and she is the one who rang me up last Thursday and said happy birthday. I don't think there is any prospect of going into Ambon in the near future, for me. There has been quite a bit of fighting between Muslim and Christian

20:00 Christian groups. The Lascar Jihad, I can't seeing any difference between it and Jemaah Islamiah, just another grouping. And there have been thousands of people killed in the Malaccas and I think that even on Ambon there was something like 60,000 odd people who had to move out of the areas they were living in because it was no longer safe for them there and they had to go virtually as refugees on their own island.

20:30 I said to her how are things going and she said, "So far so good." I don't think there has been any doubt there has been a lot of army and police collaboration with some of the activities in Lascar Jihad throughout the Malaccas. It has been a pretty terrible time.

21:00 I used to always send her medical journals and the last lot I tried I got some up to her to relatives in Bali and they finally got to her. But I thought I would try the postal scheme and they just never arrived so that even the postage is upset, and we tend to take all for granted don't we.

When you were there

21:30 **earlier on with the aid program were you aware of any religious animosity, I was also thinking about religious customs that related to health treatment and medical treatment?**

There was certainly

22:00 was animosity it wasn't open or anything like that but the Christian doctors would have their morning or afternoon tea together and the Muslim doctors would be in another area. I thought that one group was more bigoted than the other it was the Christians against the Muslims.

22:30 The Ambonese or Indonesians in general have very beautiful singing voices so the churches on a place like Ambon would have fabulous choirs. The Dutch had taught them music from early days and the notational system that they used was all in numbers so they taught them those songs they just wrote down the number for the note.

23:00 Everyone could play some sort of a musical instrument. Some of the nights that we used to go out with them they would have sing-a-longs and you would go to somebody's house and they would have an electric piano there, and someone would be playing the piano and another person would slip in on the seat and take over with not even a pause and play the piano just as well or they would play a guitar.

23:30 They are really quite astoundingly good voices and then they would want us to get up and have a sing. We were pretty poor singers. It was a very pleasant exposure to Indonesian people. The Dutch had used the Ambonese in the way the British used the Ghurkhas as garrison troops and semi police activities

24:00 in some of the areas and so the Ambonese weren't liked very much by some parts of the Indonesian because ofthe way they behaved when they were in the police force. I guess that was one of the – But then, Indonesia was so disparate in so many places and in terms of

24:30 treating the patients I don't think there were any particular things that we had to watch out for we could always ask someone if we were doubtful about how a situation needed to be handled where the treatment was worthwhile. Some of the things that, we might have liked to have done weren't available

25:00 if a person needed radiotherapy or something like that, it was just not available unless they had a lot of money they would have to go to Java and get into a private system to have those things were done. Most of the run of the mill things could be done.

I was going to ask you whether they trusted you.

Yes.

25:30 It was quite embarrassing how much we were trusted and you had to be very careful in terms of what you might be able to offer and promise and things like this. It is interesting a place like Ambon it is very much a sea port, a wonderful harbour about ten miles long and about

26:00 a mile wide and very deep and part of an old volcanic crater and you get the activities of a sea port and there would be quite a number of knifings in the area. The local surgeon was expert in dealing with knife wounds. Up until the recent troubles in Indonesia there were no firearms around

26:30 as far as the civilians were concern in fact you would be in a lot of trouble if you had one and that is why the trouble that has gone on could not have occurred without police and military aid to ignore the fact that firearms were being used in the past. It would be a capital offence

27:00 having firearms. The Ambon deal went along pretty smoothly, and because I had some Indonesian language by that stage, I got involved with the College of Obstetricians and Gynaecologists and I had three trips into Indonesia with them.

When was that?

27:30 1977, '78 and '80. That was very interesting we were much more narrowly focused in what we were doing, it was just pure gynaecology and the particular people I went with on a couple of occasions were both interested in fistula work. I don't know whether you have heard about the

28:00 fistula work in Ethiopia where the woman and her husband worked on fistulas and they had a fistula hospital and the same story in Ethiopia the African pelvis is a bit narrow and you can get obstructive labours very easily and the first baby, dead baby, divorced, tossed out, and

28:30 incontinent of urine and or faeces and these women would walk for hundreds of miles some times to come into the hospital in Ethiopia to have treatment. These people developed treatment, which had been started in Germany of all places it was pretty rough obstetrics in Germany in the latter part of the nineteenth century early part of the twentieth century and they

29:00 just became the world experts and people went there to see them and work with them. Both of these people had gone and worked on fistulas in Ethiopia with these people. And we were looking for fistulas in Indonesia and we didn't find many. The Asian pelvis is much more suitable as part of the birth

29:30 canal and they don't get the obstructions that they get in other parts. Although sometimes you would see things where a woman had an obstructed labour and the baby had died and she had to come for a 100 mile canoe ride to get to a place where someone could do something about it.

Was this a research program?

No, again one of these non-government organisation

30:00 five year plan deals. All of these sorts of programs when they have occurred have needed one activist in the whole deal who has guided the program and in the case of the Ambon one it was John Forbes, in the case of the gynaecology one it was a man named Peter Elliott from Sydney who was very interested in Indonesia. It is interesting there

30:30 had always been some contact with Indonesia. People had gone there and had contact with them in the 50s and various plans had been mooted for some sort of Australian involvement and training at the time and something had happened, there had been local civil war or something like that and it had stopped.

31:00 There was this idea of continuing contact and there was a system of Australian volunteer graduates who went and worked in Indonesia. Some of these were doctors and some were agriculture experts. There had been people going through and working in Indonesia. I think it is like a lot of these things small beginnings and they just gradually develop.

31:30 The Ambon aid program was a particularly good one it worked well. In the end the Indonesians started sending people down quite regularly for extra training in Melbourne. Not only from Ambon but from other parts of Indonesia that again worked well.

Where would they be trained in Melbourne?

The last one I had a lot to do with was

32:00 a woman who was a haematologist and she was also a paediatrician, those two things go together in Indonesia because they get the blood disclosure that the Italians get. It is common in Indonesia and so being able to look at blood films and make diagnosis

32:30 of blood diseases is a very important part of paediatrics. And she came down here to do a Master of Science degree at Melbourne University, she was already medically qualified and when they got her at the Children's they realised how bright she was and she did a PhD [Doctor of Philosophy] and obviously did it very easily and went back to Jakarta to practice.

33:00 Some came down in public health, some nurses came down. A lot of good will, we were terribly fortunate in meeting a man in Indonesia whose name was Julius Tahija, he died last year and his parents came from the Ambon area but

33:30 he'd grown up in Java and at the start of the war he was in the Dutch East Indies army. He finished up on an island out in the Malaccan area and he escaped from there with a group of Indonesian soldiers and came to Australia. He was obviously bright and very physically capable and he trained with the Z Force people.

34:00 You know, the Krait and the people who trained in Queensland and went back to Singapore [on] the boat the Krait in Sydney Harbour. They were successful the first time and they got caught the second time they were captured. He didn't go back with them he was landed back via American submarines with specific roles and he got the Dutch equivalent of a VC for his wartime work. He became a very successful

34:30 and honest businessman and a great nationalist and he was very helpful to us in facilitating things. Sometimes you can imagine going to a government department here and trying to get something done if you came from Indonesia. You needed some local help on the ground to do some of these things they were terribly helpful.

35:00 He was chairman of Caltex, which was the biggest Indonesian company with pretty substantial oil fields so that was a lucky break. He was orientated towards Melbourne because his wife was European and she had done a dental course in Melbourne. She wrote a biography. That was a great help in

35:30 local knowledge on the ground.

With the aid program on Ambon did you have goals that you had set yourself that you achieved during that period?

Yes they we decided early on that, that they had to be limited objectives we couldn't do everything that

36:00 you might have liked to be done. The general aim of the project was to make the central hospital on Ambon the reference hospital for the whole of the province. This is a very spread out province, I am not sure what has happened in the last few years as to whether the province has been divided as whether it is in the north and south, it's over quite extraordinary

36:30 area not all the islands are inhabited but I think the general idea was to try to get people used to referring things to the central area, where something could be done about investigating and treating them, and our role was to make the facilities and services that we could influence good enough to make that a worthwhile thing for the outlying people to do.

37:00 Where these people were being seen and treated you might – there probably wasn't a doctor, a barefoot

doctor if you like, someone who had done some nursing training and had a limited range of things that they could treat and so they had to be on the ball what needed to be sent on because this was an expensive business to transport them in and feed them and we didn't have too much money to spend on every patient.

37:30 I think when we first went there it was about five dollars a day per patient. That had to cover everything, wages, drugs, power you really.

This was this 25,000 dollars.

No this was the local system itself that is how much money would have been available within the local system. It is a system that

38:00 has lent itself to corruption. There is a lot of corruption in the Indonesian scene and a lot of it is because people don't get paid enough.

How would that show up in the medical system?

I can't say that I ever saw it, but it might mean who got to the head of the queue somewhere or other or who got to see some particular doctor, it would be facilitated.

38:30 Change of money. It is pretty hard to nail some of these sorts of things I certainly didn't observe it but I would be aware that this sort of thing goes on at practically every level in Indonesia and it is one of their great problems.

Did you see over that period of time did you see people that were you were training earlier on develop their skills?

39:00 Yes and be able to continue so you really didn't need to go after that and I think that is the object to leave something behind. I hope that the people we trained in Vietnam if they are still working would be continuing in that sort of role and teaching other people. Things have all come along a bit further, they have had more of their own people qualify, have had more of their own people go overseas.

39:30 Aid has come in from other areas so that it is, the World Health Organisation must have been involved in those places, even when the American aid was being withheld from Vietnam. There was a training program that centred on the Philippines in anaesthesia and they used to get people from all over the Asian area to train there.

40:00 Then there has been the increasing development of societies and local societies having meetings and having visiting people there has been a lot of that happen. I just feel so lucky to have been part of it, it wasn't a case of any special ability it was just having to be there at the right time and happening

40:30 to say yes when someone said "will you go there" and it has been very much worthwhile as far as I am concern. Around about 1990 one of the people I had first been in Vietnam with was a fellow named Alan Cuthbertson he was surgeon at the Melbourne Hospital and he was the dean of the faculty in Melbourne,

41:00 and he was also one of the trustees of the Weary Dunlop and I forget the name of the Thai person involved but it is a scholarship system but it is Thais coming out here and people going to Thailand.

Tape 9

00:34 **Your time in Thailand what was that?**

Don Cutherbertson was involved with this scholarship scheme between Thailand and Australia. He just said to me one day, "Would you like to go to Thailand?" And I said yes. One of my daughters, the youngest

01:00 had been an exchange student in Thailand and spoke Thai and she was actually quite good, she went on ahead of me and went to visit her Thai parents and family and then she picked me up in Chiang Mai we went to Chiang Mai and then to Chiang Rai, and we did a bit of work there in both those places.

01:30 The Thais didn't need any teaching from me they were very good. Big busy hospitals and lots of very good staff and quite a good medical system throughout the whole deal. It was a great advantage to have my daughter because

02:00 we didn't have an interpreter with us most of the time so we could get around a bit more and have a look at things. It was an interesting experience.

What were you actually doing in the hospital?

I had a couple of prepared lectures that I used one was on difficult intubation and that

02:30 was a universal problem that an anaesthetists ran into and I had been a bit interested in, and then I had

prepared one on muscle relaxant drugs and talking to them about those. Generally going into the operating theatres with them and seeing what they were doing. They really didn't need much help from me. It is something that I probably

03:00 should mentioned before but when I went to Singapore I was employed by the External Affairs Department as they were at that stage and in New Guinea you were employed by the Department of Territories and in Vietnam we were employed by the External Affairs, Foreign Affairs at that stage,

03:30 and the other things that I had done they were all pro bono, those ones were paid. They weren't terribly highly paid but they were paid. And the army was paid. But it was really, I was making enough money for us to get by and it was great to be able to go and do something like this.

04:00 It was terribly beneficial for me, and the family in all sorts of ways.

How your wife felt about and dealt with you being away as much as you were?

She always said it was easier when I was away and probably our marriage would not have lasted if I had been there all the time. I think she means it too.

04:30 She has been very supportive and I think we as a family have gained a lot from it, not material things but the experience of these. I have two daughters who were exchange students one in Thailand and one in India.

05:00 The Indian experience was extraordinary. Unfortunately she lived with families who spoke English and didn't get the stimulus to learn Hindi although she got a reasonable amount anyway, but I think it, is as far as my family is concerned it has opened up South East Asia for us. I might have

05:30 been a bit apprehensive or worried about places. When we first went to Singapore we didn't know what we were going to. You become much more relaxed in going to these places in the way you experience them.

Your wife was a doctor as well.

Yes.

06:00 **She must have been intrigued by what you were doing. Did she accompany you ever?**

She did to Singapore and that is where she worked in the hospital there. She was working back here in a part time capacity and she didn't want to go although we met up after one of the Vietnam deals and did a bit of a short trip to India.

06:30 I can recommend taking your wife to see the Taj Mahal on a moonlight night. It is very hard to describe the Taj Mahal and your experience of it, I don't know if you have ever seen it or not, but it is better than anyone ever said it was. It is just a miracle of a building, nearly as good as the opera house.

07:00 It really is quite marvellous building.

What have you done since you retired?

When I was sort of winding down I went back to Ambon really as an observer more than anything.

07:30 I had never been there for Anzac Day and I just thought I would like to go and see what went on on Anzac Day. It was quite interesting. I think there were about 100 Australians at the war cemetery that particular Anzac Day. Some of them were relatives of people who'd died and the air force and the navy transported some of them up there, close relatives.

08:00 Some of them were children of the people who had been in the prison camp. There was a good contact between those ex-prisoners and the people in the hospital because every time they went in they would take something in with them. There were two naval patrol boats went in that time and they could carry a bit of cargo on that, books and

08:30 things like that, that was a continuing thing. It was interesting to see just how the emotional the bond was between the people who had survived the area and the whole prison camp area and some of the families that they knew who had actually helped them they still had contact with.

09:00 One of the groups that I went up with we knew that the patrol boats were going in and we had two anaesthetic machines that were quite large about four to five feet high and two feet square

09:30 and quite heavy and we had them crated up and they actually put them on the back of one of the patrol boats. They said to us if we get into any bother with weather or anything like that, they go over the side so they were lashed onto the stern of the boat where they could dump them if they had to. But they are up there and they are still being used. I saw them when I went through that

10:00 last time I had gone with the group that took them up there. We always went in under our own steam into Ambon but if we got out as far as Singapore we could get a ride back with the air force, they had a weekly or fortnightly Hercules flight that went from Butterworth to Richmond.

10:30 It might have been free but I reckon they should have paid you to take it. It wasn't very comfortable. The seating is pretty rudimentary but it was an interesting flight. I had been on it coming back from Vietnam. When Australian

11:00 sick or wounded were being repatriated, a list would be made up of the people who were going to go back, and it was usually around about once a fortnight and the air force medical people would come in and do a ward round and vet the patients and there would have to be an agreement about whether the patients were suitable for carriage back at that particular time and they would

11:30 take them out by bus and ambulance to the Vung Tau airport and they would get on the Hercules there. The Hercules had two modules that were pushed in, one was a toilet bathroom sort of module and the other one was a kitchen heating and then there were litters,

12:00 three layers of litters, and they had nursing staff male and female looking after the people on the flight. The first part of the flight was very short was from Vung Tau to Butterworth. They would be taken to the RAAF [Royal Australian Air Force] hospital in Butterworth and held for thirty-six hours there. Twenty-four or thirty-six hours there just to see they were all right to travel on.

12:30 Because it was a pretty long flight the next leg of the flight, it was about sixteen or seventeen hours from Butterworth to Richmond. They could put down in Darwin if they had to but they tended to fly straight through. There had been a lot of criticism of this transport of the sick and wounded and it was completely unjustified and I was quite interested to go and see it myself,

13:00 and I couldn't speak highly enough of the conduct of the air force people and the way they handled the people on the flight. They obviously didn't want any help from me and I was given a bed to go to sleep in and the same sedation as the soldiers and I was feeling hung over for the next day. We developed some sort of an oil leak

13:30 on the way down and they kept on filling up some receptacle near me and when we came into Richmond they had all the fire carts out as soon as we touched down the whole of the group of fire engines came in but there was nothing wrong everything was okay. The criticisms had appeared in the Medical Journal of Australia

14:00 really they were quite unwarranted and when we started to go back to Indonesia and flying with these people again even after years there was still that resentment that had been caused by this criticism, it was quite unwarranted. They couldn't have given people any more care it was a bit noisy but you wore ear protection it wasn't as though that was a problem,

14:30 pressurised aircraft, and it would depend on how you look at it, luck or ill luck. We had just left Butterworth on the flight to Richmond and the pressurisation on the aircraft broke down so we had to fly a bit lower. We flew into Changi air base, which was a RAF [Royal Air Force] air base at that stage, the big airport wasn't there in that area.

15:00 And we were admitted to patients to Changi overnight. The duty officer was an anaesthetist and when he had got everybody settled down he took me round and showed me the hospital at Changi and let me have a look around. Have a look at the sort of equipment they had available and things like that I found very interesting. The next day they were still working on the plane and we were given the freedom of

15:30 Singapore for about twelve hours or so and had to be back by a certain time. That was rather nice. I think I was probably an illegal immigrant to Singapore at that time. I didn't have any pass to do that.

What would you say you're most pleased with in terms of achievement?

16:00 I hope I had left something behind that people valued and that would help them and the patients and the general management of patients. I think that the skills needed developing and you are just sort of lucky to be there at the time where you have been doing a bit of teaching in the Australian environment anyway.

16:30 It is just an extension of that and cutting your cloth, – your coat according to your cloth. You modify what to teach and show depending on what the equipment and things that are available but we had more than adequate equipment in the civilian things that I did.

17:00 I hope that I might have had some very small influence on the military in sort of persuading them to be a bit more realistic about the sort of equipment that is required in a military situation. You can't – the way it was being run in Vung Tau

17:30 was as though it was a Melbourne city hospital in terms of anaesthetist equipment. That's ok, that works that was fine, it was good for the patients and everything but it depended on American supply lines, the Australian supply lines couldn't have achieved that. You had to be very flexible. I am always very grateful for

18:00 the friendships that I have made in the area. I hope that I have become a bit more understanding of different religions and trains of thought from people of different countries. I always used to say that some of my best friends had been to Mecca. They are just very fine people the moderate Islamic people in Indonesia,

18:30 very good people. Every bit as kind and considerate as people would like to be in this sort of community. I can't say that I didn't enjoy being a tourist. The areas that you go to

19:00 sometimes are just incredibly beautiful. Indonesia is a fascinating place and the different cultures in Indonesia and the influence of Buddhism and Hinduism and Animism and all the various religions. The history of the spice trade, Ambon was part of the centre of the spice trade and knowing what a

19:30 nutmeg tree and a clove tree looks like. Seeing cloves in such abundance that they shovelled them into sacks. Sukarno as part of his attempted at nationalism wearing the black hat and things like that he had the national cigarette, the clove cigarette.

20:00 The Indonesians call them rockok kretek and it means the cigarette that sparks a bit so when you are smoking them, or it you smoke them, the little bits of cloves sometimes burn as embers and drop on people's shirts and burn a hole in their shirts so they tend to lean a bit forward to smoke the cigarette away from their clothing.

20:30 You have only got to get off the plane at an Indonesian airport and you can smell them straight away, I smell them walking along the street. Cloves, the Malaccans say that the Dutch came to Indonesia and shook the trees and guilders fell out of them. It really was an incredibly wealthy area. The fascinating part of a place called

21:00 Bandanera, it is a group of about nine small islands on the culdera of a volcano on the east to south east of Ambon, east to south east. It is not a very big area but that is where nutmeg came from originally and a lot of history associated with the Portuguese being there and the Dutch ousting them. The British annoying the Dutch and the British

21:30 took over one of the islands, an island called Roan, it was a very small and insignificant island and at some stage when the Dutch were vacating the eastern seaboard of America and getting out of the colonies that they had there this small island, which was so vital to the spice trade in the seventeenth century onwards was swapped for Manhattan. It is unbelievable isn't it.

22:00 There is practically nothing there now. I have not been onto the island but I have been within about nine miles of it. And flown near it. The people with the boats didn't want to take me out there, it was across open sea and they weren't too keen on the trip so I didn't get to go on Roan Island. There are old forts on the place dating from the sixteenth century.

22:30 There were people like Magellan who didn't go to Ambon but one his ships called Drake called in. Historically significant so many of those places around there And then all the empires before them, from Sumatra and Java, and from the Ambonese area.

23:00 At one stage was how the trade porcelain came down into the Malaccas as part of the Chinese trading for beche de mer and trepang shell and then they would trade the porcelain and people would take it and treasure it and in times of strife would bury it and then it would often be buried as grave furniture.

23:30 I saw one of the production areas in Vietnam and the stuff that was being dug out of graves in Indonesia. So that was great interest to me.