



TRANSCRIPT OF ORAL HISTORY RECORDING

Accession number	S00538
Title	(F25, NF391996, NFX121602) Crouch, Joan (Lieutenant Colonel)
Interviewer	Michaelis, Angie
Place made	Chatswood NSW
Date made	24 February 1989
Description	<p>Joan Crouch, Nursing Sister 113th and 2/9th Australian General Hospitals (AGH), 1941–1945, interviewed by Angie Michaelis for the Keith Murdoch Sound Archive of Australia in the War of 1939–45.</p> <p>Discussing training; enlistment; 113th Australian General Hospital (AGH) at Concord; embarkation for New Guinea; 2/9 AGH; uniforms; leisure; patients; availability of drugs; working hours; treatment of casualties; treatment of skin diseases and psychiatric cases; relationship with male orderlies; conditions of hospitals; caring for prisoners of war (POWs).</p>

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BEGIN TAPE 1, SIDE A

Tape identification: Angie Michaelis is interviewing Colonel Joan Crouch who served as a nursing sister with the 2/9th AGH in New Guinea and Morotai. The interview, recorded at Colonel Crouch's home in Chatswood on February 24th 1989. End of identification.

When were you born and whereabouts?

I was born at Nowra on the south coast, 10th March 1916.

And where did you go to school?

I went to school first of all at Berry near where I was born and later we moved to Bulli and I went to Wollongong High School, until my Intermediate and then I went to SCEGGS, Sydney Church of England Grammar at Moss Vale until Leaving certificate.

You didn't do tertiary education?

No, no, I always wanted to be a nurse so I ... and it was depression years so I had my mind fixed on doing nursing.

We'll come back to how you actually joined the army nursing service in the second part of the questionnaire. But perhaps you could just give me an idea of the training you did before that.

I did my general training only because I was keen to join up, so I just did my general training.

And where was that?

At St. Lukes Hospital at Darlinghurst.

And after finishing your training you went to Queensland?

Yes I wanted to get some experience in a bush hospital waiting my enlistment call-up because I had signed the papers and everything and waiting just for my call-up till I was twenty five years of age, which was the age for joining up for sisters in those days and I went to a bush hospital so I felt I could get some more ... different sort of experience.

This is a question that some people find embarrassing, what class did you consider yourself?

I suppose middle-class, I suppose. My father was a bank manager but it was depression years and everybody suffered during the depression years and we always had to be very careful, but my family were keen on education and all those sort of things but, I don't know, I don't know how to categorize myself ... I suppose ... yes, because we lived in mining towns mainly and we were better off than the people in the mines, who were often out of work.

And what religion did you put down on your papers when you enlisted?

Church of England.

Was religion important to you?

It was, yes, very important. My family were very keen, but not over keen, but we did ... my father always took great part in a lot of the parish things and helpful sort of things outside his

job and my mother was keen and I was keen and I went to SCEGGS to sort of ... at the end of schooling and then I did my training at a church hospital which was St Lukes Hospital.

Did the war make any difference to your religious beliefs?

No, it didn't, no. I think it just confirmed ... it provided great comfort I suppose in my religion during stressful times and so on.

What interest did you have in politics, any?

No, none at all ... not then.

Did that change at all during the war?

No, no, not at all.

Had you travelled much within New South Wales or beyond that?

Not very much. Nursing, you know, eight shillings a week, we couldn't afford to do very much but my father did send me on one holiday down to Tasmania on a ship with some cousins, during my holidays when I was training and of course I went up to Queensland and Brisbane and so on, but not very much travelling at all. It wasn't done very much in those days.

What were your main leisure activities at the time?

I liked tennis. I was very keen on handcraft and knitting and those those of things. I loved reading, that really was my favourite thing I think, was reading, and I read you know, really did a tremendous amount of reading in my young years. During my training I didn't have very much time for anything, we used to work very long hours and sort of a lot of those things went, but I still used to read – I still used to belong to libraries and read quite a bit.

(5.00) Still keep it up?

Yes I do although I write now, rather than read.

It's a good start. The next question is whether you were married, well clearly you weren't because, nurses weren't in those days ...

We had to be single to do our training and then, in the army, we had to be discharged if we got married and that sort of made you think sometimes and also, they were very different times and you met hundreds of people who could ... but you didn't really ... we were living in a sort of different world and one had to be, I felt, a little bit careful and although I met lots on nice people, and was romantically linked with lots but see, it was war-time and they either got killed or whatever, you know ... so it was different times we lived in.

Yes, yes. I suppose some people thought about marrying and then postponed it or ...

Oh yes, we all had ... you know, some people wanted to marry but then, they were just killed and it's hard to pick up the pieces all the time.

I should think so, yes. I think this one is probably for the men, someone writing about the infantry says, 'One of the curses which beset the Australian army was grog'. Did that in any way affect nurses?

No, we didn't have wet messes as it's ... no, we did later on in the regular army, but we didn't ever have a mess that sold grog or canteens like the men did. But actually, we didn't drink very much or didn't think about it very much because New Guinea was a dry island anyway and in Morotai we did get a ration of two bottles of beer a fortnight I think it was or a month, two bottles of beer a month. We paid for it, it wasn't given to us and a bottle of whisky a month which we could use for our parties really to give to guests and so on but we didn't think about it very much at all. I didn't anyway. We were most of us really I would say, didn't think about it. We couldn't afford it really.

Now, before the outbreak of war, had you got any military connections? Had any older relatives served in the first AIF for example?

Uncles, only uncles, yes.

Were you interested in their experiences? I mean, would they have in any way ...

Not in their experiences but I did read books which I think might have influenced me a bit about – *Testament of Youth* and books like that, that sort of books that I think I got very interested and especially when I was nursing and read books about war nurses in World War I and I think it did influence me slightly. When war broke out I sort of thought about it and I thought well perhaps I could use my skills that I had in a more useful way by joining the services.

And when you got there, did conditions that you met tally with the sort of things you might've expected from reading about the war?

I did realize that it wasn't all gunfire and gung-ho the whole time in fact we had sometimes long periods of doing very little and then had periods of extreme stress and being terribly busy. Sometimes they were quite long periods of months on end. Sometimes we had to sit round and travelling and wait to get on ships or wait to get on trains and there was a great amount of waiting around and even, when you're in the middle of it there are lots and lots of people who don't fight, they're all the services that look after the fighting men, and although we got casualties with the gunshot wounds and so on, there were periods when they weren't fighting, you know, it was fairly quiet.

So you were a little bit prepared for what life was going to be like?

Oh yes, yes.

Now, I'm sure you can remember Mr. Menzies' declaration of war?

Yes I can.

What was your reaction?

Well, I can remember I was on night duty at St Lukes Hospital and war was declared, and it seemed so remote, over in England what was happening and then we became extremely interested in what was happening over there we felt so sorry that England was standing on her own amidst all that fighting and so on, all on her own. And then I think it was with some relief that we felt that we were going over to the Middle East to help.

When and where did you enlist?

At Victoria Barracks, Sydney. I was twenty-three when I first applied and went to apply, and I had heard that you had to be twenty-five, so I thought that if I looked older they might think that I was all right. So I remember very clearly I bought a black dress and borrowed a hat, a black hat from my mother, thinking all this would make me look very old and mature and of course the first thing the matron said to me was, 'Where's your birth certificate?' and of course I realized then that you couldn't put very much over the army.

(10.00) I waited for my call-up and then reported to Victoria Barracks and they took, there were six of us altogether, reported and we were taken out in a car to RGH at Concord – the 113th RGH at Concord, and there I went into a different world altogether. It was very strange. I realized I couldn't even tell the time, everything was different, all the expressions and shorthand things that people talked in and letters and so on I couldn't understand anything. But with the help of those around me and much encouragement from the patients I soon picked it all up and started to settle into army life which I liked very much indeed.

So what sort of military training or what sort of army training did you get on enlistment?

Well we didn't have anything in those days.

Sorry, I'll just get you to repeat that. One thing that's – they're particularly conscious of for these is that my voice doesn't overlap with yours and it can be quite hard so ... Sometimes it takes me a second to get the microphone over to you so I'll just get you to explain that again. Where were we?

Did you have any military training?

Yes, did you have any military training?

No we didn't, we were told how to put our uniform together, put it on, how to fold the veil and put it on and we had to find the ward that we had to go to and Concord seemed so vast and huge to me and I seemed to have endless ramps and verandahs and things. And finally I found the ward and it was straight into the ward and of course the patients knew that you we're new and told you all sorts of tales and things that you had to do and pulling your leg all the time.

Can you remember any?

Well I can remember one incident which, they said my shoes were a disgrace to any army officer. I didn't know how to polish my shoes to a mirror finish like their shoes. So they said one afternoon, 'Sister give us your shoes and we'll polish them up for you', so I took them off reluctantly, handed them to the patients and they went off with them and I'm sitting there writing the report and who should come in but Matron and the CO and the RSM to do a round. I've never felt so ashamed in all my life because I felt I had nothing on at all but these stocking feet and of course I walked into the ward with them all I could do was walk in with them and they were looking at my ... nobody said a word. And the patients nearly dropped because one had a shoe over here and one had a shoe over there so they kept on polishing and we did the rounds and they went off and not one word was said ... It was mortifying, you know, in those days. I probably wouldn't think about it now, but in those days I felt ashamed that something like that had happened.

That's a lovely story, I like that. So right, this is all at Concord, you were serving there. How long were you there?

From May 'till, I was there a few months when I was called up to Matron's office and I found five others there as well waiting. We all wondered what we'd done wrong. I didn't feel quite so bad because I thought we couldn't all have done something wrong because I didn't really know the girls and when we went in she told us all that we were being posted overseas and the very next day we had to start six days final leave as they called it. So I went home, said to my mother, 'I'm on standby for overseas, I've got six days'. And I remember we went to the pictures and we saw Damien Parer's film of the Kokoda Trail, with all those awful, mud, getting those boots and those legs, ploughing through the mud and the very next day Victoria Barracks rang and asked me what size gumboot I took. My mother said, 'You're not going to that horrible place that we saw in the movies?' and I thought, 'Oh, it would be marvellous to be there and caring for those troops' you know, that's all I could think of. But however, we eventually had to go to Victoria Barracks and we were, there was six of us and the Principal Matron sent us around to the Q store and the girl said, 'Now I've got to issue you with some things' and first of all there was a deck chair each, that went outside on the ground, flat. Then there was a stretcher, blankets, mosquito nets, water bottles, gas masks and haversack, bedding, a canvas bucket and a canvas wash basin and tin hat and gas cape and then she said, 'Now I want you all to sign here for it', so we went in and we ticked it all off and signed, then she said, 'Now you can take it away'. We couldn't even drag it. You couldn't get taxis in those days and all it would be – would be – would be bus out to Concord.

(15.00) So we went round to the Principal Matron and said, 'We can't move the stuff, she's asked us to take it away' and she said, 'Have you signed for it?' and we said, 'Yes' and she said, 'Well, why did you sign for it' and I said, 'We were told to do it' ... So that was the sort of things that happened but eventually, I rang the matron at Concord and she said she saw the CO and he said he'd send a truck out for it. So it arrived in my room, all this stuff but nothing to pack it in, you know nothing just deck chairs and buckets and things and finally one day I was on duty one morning and they said, 'You're to be ready at two o'clock to move off.' and that was in November at the end of the year, 1942. And I remember the painters that were painting Concord – it was being built at the time. I appealed to them and they got a huge bit of sisal craft and wrapped everything up, roped it up, painted my name on it and it arrived in my tent in New Guinea just like that, so ... you know, it was lucky. So I actually went to New Guinea and joined the 2/9th who had been in the Middle East and I joined them, in early December, 1942.

When you first heard that you were going overseas, were you told that you were going to New Guinea instantly?

No, no we didn't know.

When did you find out it was New Guinea?

I think instinctively we knew because it was the beginning of the campaign and people were coming back from the Middle East and going to the islands, that's what it was called, 'going to the islands', and I think instinctively we knew that it was Port Moresby. We weren't certain, but we were fairly sure it was New Guinea and as they were still on the Kokoda Trail at that stage because we saw the odd documentary, that's where we felt we were going and of course, we got to Brisbane and then we went by hospital ship *Manunda* up to Port Moresby.

And what was your emotional reaction when you first heard that you were going overseas?

Well I was delighted because there were girls at Concord who ... We all wanted to go overseas that was the thing everybody wanted to do and because we felt that's what we joined up for. Some had been at Concord twelve months or eighteen months and we couldn't believe our luck that this little group ... We'd only been there a few months and we really didn't dare speak about very much because you know, everybody wanted to go and we'd only been in the army a short time.

Why do you think you were selected?

I think originally we were meant to be a little surgical team that were placed on the Kokoda Trail. I found this out afterwards by talking to somebody, but they realized that they couldn't have females on the Kokoda Trail. It would've been probably not an advantage so, and that's why we had tents and had mosquito nets and bedding and stretches and things because nobody else had them, but I didn't know until some time afterwards that we were meant as a sort of a surgical team.

And that team of half a dozen or so girls who were sent overseas at that time, did you stick with them or ...

They all came into the 9th yes, we all became good friends of course, because we travelled together and we were put in a great big marquee tent together when we got there, so we all got to know each other very well.

And you were all new to New Guinea at that time?

Oh yes, yes indeed!

When did you develop any loyalty to the 2/9th?

I think from the word go. I thought the sisters were marvellous, they'd all been to the Middle East and they had all had experience in the Middle East. They all knew how to ... I found it hard at first of course to learn how to shower and come back and put on a clean ... I didn't ... They sort of had the clean uniforms ready, I didn't ever have things ready, and I found it hard to shower and slop back in the mud probably with the rain, and be clean when I got to my tent and ...

And what were the techniques?

... and all those sort of things and I had a lot to learn just living, let alone working and of course they seemed to know exactly what to do in these ramshackle, big, long tent wards that were swamped with mud and all those sort of things. So I learnt a lot from the girls who were experienced in that sort of thing.

And what is the technique for getting back from the shower without getting muddy?

... Well I think it's a matter of what to put on first and last and what to take off first and always take a ground sheet and gumboots, that seemed to be the best thing to do. No dainty slippers or anything like that.

Yes, talking about going overseas – is there something that you especially recall?

Yes, I suppose it was my feelings. My family of course were brave about it all. My mother was – I felt sorry for her ... She kept on a very bright front because she knew I wanted to go, but it upset both my mother and father quite a bit but they were very good about it. And I was terribly excited about going up to Brisbane and onto the hospital ship and everything was new and then, I wondered of course, whether I'd be capable. I knew my health and strength and stamina was all right, but I hoped very much that my professional skill would be able to cope with whatever because it was all new, new diseases and new experiences and I just hoped that my professional ability would be able to cope with all the things that I was required to do.

(20.00) You mentioned that your parents were, well, upset. Did they have other children in the war?

I had one sister ... Oh no, no, my sister was ten years younger than I was.

Right. Can you remember the actual embarkation process? Did you get a farewell from Sydney?

Not from Sydney because that movement was almost secret if you know what I mean. We just went onto the stations and onto troop trains and moved off. In Brisbane it was a little bit different. We sailed on the hospital ship *Manunda* and as we sailed down the Brisbane River, 'cause everybody knew where the *Manunda* was going, and we had crowds along the banks everywhere and in the houses and all right along till we got to the sea with people waving sheets and flags and so on and a lot of the American ships up, just near the ... I think it's Nobby's or something ... no not Nobby's, I've forgotten the name of the mouth of the river, and they were were all pee-pee-peeping us and because they all knew we were all nurses on the hospital ship and we had a lot of Americans on it as well.

What's pee-pee-pee?

They have a sort of siren things they blow, you know like on their ... Big loud pee-peeps they give as sort of a welcome or farewell or whatever, they let you know that they know that you're there ...so a lot of that went on and then suddenly you're out at sea all on your own and you wonder what is going to happen next and all you have is probably one little escort somewhere, a little corvette somewhere. So from being masses of people everywhere suddenly you're all on your own. But of course the hospital ship was well lit up at night and lit up all the time.

How long did it take from Brisbane to Moresby?

If my memory serves me correctly it was about four days I think, something like that.

So that you were – it was a hospital ship so it was all nurses and other medical staff?

Oh yes, all medical staff. They prepare the wards and everything to get patients as soon as they arrive and turn around and come back crowded with patients, discharge their patients, restock and turn around and about every ten days they used to come into Moresby to take four hundred odd patients home.

Right, tell me about arrival in New Guinea, in Port Moresby.

Oh, well, we were not expected of course. All these things are not announced anywhere, except the war correspondents all knew and we were the first ... When the first lot of women

arrived of course they made a great fuss and of course they had some with us taking film and whatever.

Sorry, if I can just interrupt here, were you part of the first shipment of nurses?

No, no there were sisters who had been there for two months before. We were reinforcements. And of course the men drop everything and cheer and wave their hats and shout and carry on and look and behave in a silly way ... They get so excited and I always remember in Port Moresby, it was just a little brown dusty villagy place and down the main street they put showers and latrines because they had ... It was all, all soldiers – everywhere, every building contained soldiers there weren't any civilians and these were all open but they had to close them in, of course, when the women arrived but there were many others all along the seventeen miles of road that were still open and there'd be rows of men showering and they'd suddenly see us waving and they'd all turn their backs and wave and you know and so on and gradually, it was always quite amusing to see their faces and to suddenly realize there were women there who were driving past. We were full of, interested to know what the unit would look like. I couldn't imagine what it'd look like and finally we arrived – it was seventeen miles out of Moresby up towards Rona Fall which was up near the beginning of the Kokoda Trail and it was ... Our unit I suppose stretched about a mile, with hills in the background and this reasonably flat area and then the Laloki River and then another big mountain which formed the, it was a bluff, and it formed part of the gorge in Rouna Falls further up and it was cleared, the ground had all been cleared, because, to put all the tents up. They had about, over a thousand patients when we arrived. It was six hundred bed but they increased the bed state so they kept sending reinforcements and we were part of the reinforcements and we were up to about one and half thousand, that was early December and then, they got up to two thousand three hundred on Christmas Day, so we were having masses of casualties pouring in.

(25.00) So we didn't have much time to settle in, and it was the beginning of the wet season which meant the water poured down from the hills and it was a sea of mud where we were, so the difficulties were nursing patients in the mud with the drips coming through tents, and beds at all angles sinking into the mud and so on.

And I'm certainly going to come back to that more in the second half of the interview. During your period of service, was rank important to you as a nurse?

No. No, not at all. As a matter of fact originally they were called Matron, Sister, Staff Nurse and they had honorary rank as officer but, so they had all the privileges of an officer, and then when others came, other services came in and were commissioned, they commissioned us and we became Lieutenant, but we still retained purposely the courtesy of being called Sister or Matron because we didn't want the troops to feel ... We wanted them to feel still that we were their nurses and not any military rank. Of course, we wore two pips on our shoulders or three pips if we were a captain and the matron was a major and eventually that went up to lieutenant colonel as the war progressed and so on.

Did you wear those pips all the way through? At some point they actually came in with ranks ...

We didn't really wear them because we didn't have time to put them on half the time and they eventually had a little sleeve that slipped over. Our uniforms were just hotchpotch all the way along so, we didn't care about putting those things up if we didn't have time to put them on. That didn't mean anything and also the Matron-in-Chief insisted that we wear grey. We wore grey slacks and safari jackets eventually because we felt that the colour grey was more, was

better for troops to see as a change from the khaki all the time and they always loved seeing that figure in grey. They always felt they were in a safe area when they saw the sisters in their grey uniforms, so we retained that for the sake of the troops really.

Not for sentimental reasons, for the sake of the nurses?

They were both sentimental because the original sisters for the Boer War and the Middle ... the QAs which are the British equivalent, they all wore grey, scarlet and grey but we retained it and as I say, for that reason, but also for the reason of the troops feeling that they were in a safe area when they saw the grey.

We will come back to uniforms again, particularly when we talk about New Guinea. Just some questions about service vocabulary – certain arms of the services like the RAAF are famous for their slang. Did the nursing service have any words, any expressions that helped identify you as a nurse?

Well the troops used to call us the 'old grey mares' and of course, the song, *'The old grey mare, she ain't what she used to be many long years ago'* or something was a favourite song on every ship when every concert that we attended on ships or shore or wherever we were, that song was always sung to us. I think World War I it was *'Roses of Pickady'* ... or *'Rose of no man's land'* ... but we were the 'old grey mares'. Apart from that, we tended not to use Christian names as they did in hospitals. We called each other by surname, but often a shortened ... I was always 'Crouchy' and 'Mac' and you know, those sort of things ... We didn't use Christian names very much, in fact some girls – I don't even know what their Christian names were, that was that custom I think but the troops always called us Sister or Matron or whatever, and the doctors called us 'Crouchy' and so on and we called them ...

END TAPE 1 – SIDE A

BEGIN TAPE 1 – SIDE B

Perhaps we could just go back to where you were talking about the relationship with the doctors – what did the doctors call you?

Well, they called us 'Crouchy' or whatever and it was a more friendly relationship I think than in my training school where they called us Nurse or Sister but as we were living in the same area and travelling often in the troop ships and troop trains and things together we got very friendly with all our doctors who were ... We still are, we still know lots of them and they still keep in touch with us.

What did you call the doctors?

I think we still tended to call them 'Sir' a bit, but ones that we got to know very well of course we'd call them by their Christian names.

And behind their backs or amongst the nurses, would you have nicknames for some of them?

I can't remember that, I can't honestly remember. There were some that were more favourite than others of course, but we tended to work as teams all the time because with those devastating times when we had huge convoys in, you had to work as teams so, you know they helped us with our work even and so on – lifting and all those sort of things.

A couple more questions on the language that you used at the time. Some of the troops picked up New Guinea indigenous words for food for example, would any of those have come through to you?

Yes I think 'Kaikai' which was food was a fairly popular expression that was used a lot. We didn't come in contact with natives in our hospital except at the officers' club when we went down there, which we had ... Of an evening when you could have your dinner down there, and we saw the natives there in their lap-laps and things like that but we used a bit of that sort of indigenous language, but not really because we weren't in contact very much with the native – with the New Guinea natives.

And what about bad language, did the men use bad language?

No, never, never. In fact it embarrassed them if somebody came out of an anaesthetic – what would be mild swearing now, they'd say, 'Can't we look after him and you can go off somewhere?' They still have this attitude towards us. On ANZAC Day in certain part they can be drunk, they can be saying awful things and see us with our medals on and apologize and stop and so on, they still have that same feeling. But never ever did I ever hear a swear word or ... in fact it was absolutely unknown to swear in front of us unless they were coming out of an anaesthetic and didn't know and then, as I said, it embarrassed the patients around them and they felt that they wanted to get me out of the way.

And did any of the nurses ever swear or ...?

No, no I never heard a swear word ever. It wasn't used in those days, it wasn't part of our language you know, it just didn't happen.

You mentioned *'The Old Grey Mare'* – are there any other songs that are especially evocative for you?

Ohh ... Oh yes, *'Don't Fence Me In'* was another one ... *'Give me land, lots of land and ...'* That's especially in Morotai because we had twelve feet of barbed wire all around us and *'Don't Fence Me In'* became the great song there mainly, but it was popular all along, but we sang it more than ever. In fact we sang a lot. Singing was our thing going along in a jeep with fellows off to a picnic, we sang all the time, we sang, all the ... *'Coming Home on a Wing and a Prayer'* and *'South of the Border'* you know all those songs and sort of World War Two songs mainly – *'The Quartermaster's Store'* and all those things and we sang a lot, we all sang, going along ... *'It's only a shanty, an old shanty town'* you know those sort of homely songs and singing was the order of the day, it seemed to be. We didn't have radios or anything like that ... I don't know how we knew ... Of course, the bands used to play the odd song and when we ... You know, for dancing, we had American bands, quite a lot of American troops there, but we didn't know many new ... Oh, Bing Crosby's *'White Christmas'* that became a great favourite but there were at the church in Moresby on the hill, the church on the hill they called it, the Padre there used to have music recitals and he had a lot of these new songs and we'd all be sitting around these great hills at night sort of community singing and if any of the sisters were there everybody was overjoyed you know, to see us there singing with them.

(5.00) So that was troops and nurses together?

Yes. Yes, singing was a great pastime. I'd forgotten that and I just remembered it. There was the odd sister who had a lovely voice. We had a couple with us who had very good concert voices and of course concerts were very popular form of entertainment, they had movies with

outdoor screens and sort of watching. But a lot of our orderlies were very good actors and some of them had been good pianists and – in civil life, you know, they came and joined up as a private and got into the medical corps and they were quite talented and we used to dress them up in bits of mosquito nets and odd dirndl skirts or something of other 'cause we wore all uniform but we had dressing gowns and pyjamas and things and dressed them up and they used to perform tremendously funny things, and usually the sisters sang, two or three of them would sing, you know, and they were very popular – very popular singers and they ... So we were glad that we had a couple that could sing because not many of us could really.

Matron Marshall recalled a concert with the men doing a ballet. Were you there for that one?

Oh yes, they used to love that and their big boots and mosquito net skirts and you know, bows in their hair sort of thing clumping around that was always very popular and that got great clapping from the ... 'cause patients used to – you know, patients and everybody would be there and that was a very popular passtime (chuckles).

Wonderful. Tell me a little bit about leave. Did you get leave while you were in New Guinea?

No, not at all. We were there just on twelve months, when suddenly ... sisters arrived up at the mess. We didn't know they were coming and this was the way things worked. They all looked so pink and fresh and hair was beautifully cut and they looked so smart and we were all bedraggled and yellow and hair was just chopped off any old how – or else, rolled up and pins put in it to keep it sort of off your neck and tatty sort of clothing at this stage, especially the under clothing 'cause the insects ate everything and you know, you couldn't buy anything. There were no shops anywhere so everything was pretty raggedy and all these sisters arrived and then of course we heard they were going to take over while we had some leave – they were the 2/7th AGH. After that, they were to move up to Lae because the fighting had moved up further and the worst of the fighting was over down where we were and they divided us into three groups and I was in the first group and there were about thirty odd sisters we went off to Sydney and you can't let your parents know, you're not allowed to do any sort of communication at all like that and we got to Brisbane from a troopship – we went in a troop ship, got to Brisbane and then you could ring your family. Of course my mother and father were terribly excited and they said, 'Where are you?' and I said, 'Brisbane' and they said, 'All that way away?'... They hoped I was in Sydney and then troop train down to Sydney. We troop trained down from Townsville right down and then of course we had to go and get clothing coupons to buy undies and things and then food coupons for our family to supply some food for us because we had to have food [sic] for tea and sugar and meat and all those things and our leave pass and away we went home for twenty four days.

It was a strange feeling because it was so hard to settle down. Everybody wanted to hear, you didn't know what to tell them, you know, you just didn't know what to tell them and you didn't want to tell them anything very much and it was a funny thing and we spent most of our time meeting each other in town having lunch. Almost every day we'd meet each other you know, those that were friends in Sydney, we'd go into town and meet and talk and come home again. It seemed to be a funny feeling – that we couldn't really settle down terribly well.

(10.00) Did you perhaps feel that others weren't as interested in what had really been happening as ...

Oh yes, they were interested. Yes, they were interested but we found it hard sometimes to relate to people who weren't there, you know? I think that's probably what it was. It was just—it didn't last very long but it was there, this feeling of not being able to settle, to do anything in particular, 'cause we knew we were going back again, which we did after twenty-four days we got to Central Station and went back to Brisbane and then, we waited there till we got a troop train up to Townsville and then we went back by troop ship to New Guinea.

A couple of, I suppose leisure time activities – I don't know if you had that much leisure, while you were actually nursing ...

Oh yes, we did.

OK, what did you do with it? Did you play sport?

In Moresby? No, no, there was no time or sort of ... I think the men did a bit of cricket and so on but we didn't have any sort of sport – we swam but ... The Americans had access to boats, little launches and things and there are islands all scattered around Moresby and picnicking on islands and a swim was a very popular pastime and Australians had boats too ... had access to boats and we'd go for picnics – picnicking was our main thing all the time and we'd pack up a tin of peaches and a tin of cream and a tin of bully beef and a tin of asparagus and get some bread and butter from the mess and go off with a haversack and so on – and have a picnic and that was a very popular day-off thing. If your male friend could get off that was lucky. If he couldn't you just did your chores and so on and went to the club for dinner at night. Now the club was an officers' club down in Moresby and it had ... It was like a couple of huts built out over the water and they prepared meals, the same rations as what we all had but they prepared it in a bit different sort of way and the tables were nicely set and they had a band and you could dance and so on.

How did you get there from the Seventeen Mile?

Oh jeeps, the men ... We didn't have any transport, the men used to pick us up in jeeps mainly. Occasionally you'd get a staff car if your escort had a high enough rank.

You mentioned reading as one of your favourite pastimes, pre-war, were you able to get plenty of reading matter?

No. I mean, they had *The Women's Weekly* and things like that but no there were no books or libraries or anything like that. It was purely a war zone and they had an education officer, with an education centre but they were so busy looking after troops and their problems that we ... 'Cause a lot of the men couldn't read or write you know, they came from all country – way-back out areas that hadn't had much schooling or any ... And they used to sort of find these fellows and often start them on a, while they were in hospital, a sort of occupation, teach them a little bit and then if they were going back to Australia, keep them on the chain of army education and get them taught to read or write or whatever. That's not all the time but that happened to some.

They had records in the evenings but there was no room to have books or ... Everything had to come by sea and rations and ammunition and all those things were more important than those other sort of things ... except *Women's Weekly's* and magazines and things like that.

There were army papers, weren't there?

Yes. We had a local newspaper, every day, it was called *Guinea Gold* in New Guinea and it was called *Table Tops* in Morotai and they kept us abreast with the news – what was happening in Europe, it wasn't anticipated news, it was always what had already happened, for security reasons.

Right, but that helped keep you in touch with what was going on?

Oh yes, yes that's right.

Did you read it avidly or ... ?

Oh yes, I enjoyed that, enjoyed it very much. And there was another little booklet called *Salt* which had firm paper – just a little booklet and that kept you up to date with quite a bit of the situation in the world too and it used to be funny because so often there was no toilet paper anywhere you know. We always carried a few letters in our pockets wherever we went and one of our boys took two nuns – there were quite a few nuns in New Guinea and they came into our hospital and we nursed them. They were very sick and then eventually they were evacuated back to Australia and one of our sergeants escorted the nuns down to the wharf from Seventeen Mile to the wharf to get on a ship to go back to Australia and they didn't know how to ask me but eventually they said, 'We really would like to go to the toilet' and there were some on the wharves – like makeshift ones so he took them along there and shoo'd all the troops away and he thought, 'Oh, I don't think there's any paper in there', but he found this magazine *Salt* so he thought, I'll give them this paper, so he said, you know, 'This *Salt* ...' and one of them said 'Oh, pass the *Salt*'. So we were all down to basics in those areas ...

(15.00) Including the nuns ...

(Chuckles) Yes. I always remember one time I was in hospital in a little sick bay and we had two nuns in and they went ... We had a three hole toilet, and they went out and I had dysentery at the time, and they didn't ... We let them have their privacy but I couldn't wait and I ran out and they were sitting one each end and I of course sat in the middle and I started to laugh because I thought ... I remember in my childhood it was always lucky to walk between two nuns, they always used to walk in twos and we used to think we'd try and walk between them and I thought 'I don't know what I'm doing now' ... Oh! Maybe that's a little bit bold, is it?

We'll think about it before we broadcast it.

Oh, don't broadcast it.

Now, a question about pay. Do you remember what you were paid when you went into the services?

I think it was just on four pounds a week – just a little bit over, about four pounds a week.

How would that have compared with civilian pay?

I think reasonably ... In fact I was quite pleased because I didn't get that much as a sister in civilian life and there was no such thing as overtime in those days or you know, or any of those things and I thought that was quite good.

Would anyone have joined the army, as a nurse, because of the pay?

Oh I don't think so, no. I don't think anybody knew what it was until you were there. Nobody asked, I don't think. I don't think it was considered. It was always well known that a soldier

got six shillings a day – that gives him forty two shillings, that's two pounds two shillings a week, but we had a couple of shillings a day deferred pay put aside for us and at the end of the war I think I got 260 pounds which was an enormous amount in those days, to me anyway.

What did you do with it?

I think it went into the bank. I don't think I specifically did anything with it, it just went into the bank.

Now, illnesses – clearly you were doing an awful lot of dealing with illness rather than having it yourself, but you did mention dysentery, were there other things that you came down with?

We did get skin rashes. Quite a bit of skin ... Prickly heat and dermatitis things, there were a lot of things that bit – insects that would cause insect bites that were pretty irritating and so on. We had to have long sleeves and long trousers and gaiters and boots and things for night time. Daytime we wore our ... In New Guinea, we wore our ordinary uniforms, stockings and shoes or gumboots, until we got issued with long grey slacks and safari jackets and that became the order of the day. But we improvised to start with. But, I don't think anybody got malaria, we all looked after ourselves. A couple of sisters that came up later on who ... I don't think they belonged to our unit, we used to have a lot staging with us, got scrub typhus, which was pretty horrendous and they were evacuated back to Australia. But we didn't actually ... I think one got some sort of jaundice at one stage but, I don't remember very much illness at all except we did get dysentery, and took our tablets and things and often only had a couple of days off or something, with it. And skin diseases, rashes and things, they were the main things.

And did you have time to treat yourself properly or not really?

Well we tried not to report sick unless we could help it. We knew the treatment and tried to take our malaria things if somebody felt they were getting a temperature they'd start on a bit of quinine and so on to try and not go off sick, that was the main thing. But dysentery, you couldn't avoid it sometimes, it used to flatten you completely.

You were working alongside the Americans up in New Guinea. What were relations like with the Yanks?

Well, we didn't see very much of them professionally. The theatre sisters did because they were near that side where the American hospital was and sometimes they used to have to liaise with them about certain things or with some equipment and so on and the Yanks were very generous with all their giving away things, to help out. Socially we saw them at the club. They used to dance and so on and we'd join up sometimes and sometimes you went to American bomber commands or somewhere for an evening and there'd be American nurses there. We were always interested in telling about our training and what they could do and also, when we did our 'medevacs' from the hospital down to the hospital ship, we started them off middle of the night to take the very sick ones slowly down the road and we'd drop them off at the American hospital which was near Moresby and we'd go off with them and they'd help us feed them and wash them and give them something to drink before we moved them on when the hospital ship was nearing the wharf. When it was coming in, we'd move them so they could get straight on to the hospital ship. The ones that weren't so sick came during the day straight down to the hospital ship but we did the very sick ones in two lots – two moves and the American nurses helped us there, look after the boys there.

(20.00) Did you meet any black Americans?

No, we were rather scared because they tended to try and ... We had a few episodes, trying to run us off the roads, you know, just to gain attention, I think. I don't think it was to harm us or anything. If you'd be driving along with ... We had to go out with escorts, with guns. We weren't allowed out at all unless our escort had a gun for protection and sometimes they did and – try and sort of attract attention I think, by running, and we used to get a bit frightened, you know when that'd happen.

But they were mainly ... I met some black officers in the American officers' mess and the thing I admired the most about was their beautiful piano playing. They could play the most wonderful music on the piano and we often gathered round you know, when they were playing this jazz and so on. But mainly they were used on construction sites and things, they didn't come into our lives at all – you know, the big construction of air ways and things like that.

When you say that when you had to go out it was with an armed escort, who did they have in mind that they were protecting you from?

Well anybody, really or anything. There could've been Japanese around infiltrating and so on. There was submarines often seen off the shores at night and there was some sabotage that went on, so I think they were ... it was for our own protection anywhere and we never ever felt in danger of troops themselves, you know, they never attacked us or ... But occasionally, if we went swimming we had to be very careful about getting dressed or undressed. We felt somebody might peep through some little crevice or something, somewhere, but never ever did I feel in danger anywhere and I can't recall any episode ... Oh, there was one episode with an Australian sister with an officer sitting in the jeep and they were reading some letters and a truck pulled up. They were just sort of off the roadway and a truck full of negroes got out and they shot the officer and then another thing went by and they got frightened and ran off – drove off, but we don't know who they were, you know, they never could be recognized or so on.

That was out of Moresby, was it?

Moresby yes, up near Rouna Falls. They didn't harm her, but they might've if that other truck hadn't driven past at that time.

And the officer was injured rather than killed?

Yes, he died eventually.

What about the indigenous population, were you frightened of them at all?

No not at all, no. We didn't come in contact with them very much, they were ... There was an ANGAU – Australian and New Guinea Force which were used for civilian – civil purposes really, they had officers in charge of them, Australian army officers. The fuzzy-wuzzy angels' were up over The Trail and they did absolutely superb work, but they were legendary with us, and if we saw any we'd be delighted to see them on the road and we'd give them something to eat, you know call them in and give them something to eat and so on. We were thrilled with those boys, they did such a wonderful job.

The other natives, they took them all out of Moresby, right down the coast. They weren't in Moresby except one town – Hanaubada I've forgotten the name of the little village thing, it was over the water, near the wharves – not near the wharves but around from them and they

still had a village there and we saw them occasionally, but mainly they took all the women and everybody further down the coast out of the way of Moresby itself and it was mainly troops everywhere.

So you called them the natives not the fuzzy-wuzzies, not the boongs, not the indigenous people but the natives was the usual term?

I think the natives was or Fuzzy-wuzzies you know, they had a distinctive look about them.

(25.00) So were 'fuzzy-wuzzies' any New Guinea native or particularly the ones that were helping out say, on the Kokoda Trail?

I think we mainly called them 'fuzzy-wuzzies' ... and I think we called them natives. At the club we had ... they weren't 'fuzzy-wuzzies' – they were people that lived there. They used to wait on us with their coloured laplaps and things in their hair and they were very pleasant. We got on well with them, they were very pleasant people and I think we just called them native – New Guinea natives. Unless we knew their name, at the club we might call them by their name.

Would they have European names or native names?

Oh, native I think, yes.

We are nearing the end of the war. When did you first realize that the war was close to over?

I was in Morotai. We left New Guinea, we went up to Morotai. We were having success in Borneo, the campaigns in Borneo, 'cause we saw the troops off from Morotai to Borneo and we knew how that was going. We knew the Americans had pushed up north to Iwo Jima and those big islands that they were taking at great difficulty I might add. We knew that Borneo was practically in our hands and out of the Japanese hands. We knew that there were lots of Japanese scattered around the islands but weren't doing anything so we realized that they didn't have any equipment or anything. I think we had the feeling that then ... But then we thought, they've still got to push that ... We captured the Philippines, they'd gone up to [Miyajima? should be Iwo Jima]. I think was that big island that they re-captured. And we thought, they've still got to get all that fighting in Japan, we realized then that they had to really stop the war right in Japan itself. But we knew, because our work was getting lighter, that perhaps ... But all we could think of was, what's happened to all the POWs? – that was our big thought and I can remember when it actually ended, I was in an American bomber command, one night, we used to go there for dinner, I had an American friend and he used to take me down there to dinner, because their messes were like clubs and there were several of us there and we heard somebody running along the road shouting. One of the officers jumped up to see what it was and he came back and said, 'The war's over!' And we couldn't believe it we said, 'This is a Furphy' you know, false alarm. And he went away and came back and he said, no, he'd found out, and he said, 'There's been a big bomb dropped in Japan and now they're considering ending the war' and we thought 'Thank God for that!' because we knew that all our POWs wouldn't last much longer. They'd been three and half years in captivity. We had hoards of people up in Japan who were prisoners of war, had lots in Borneo even, that we were going to try and find and I thought it can't after six long years of struggle, it's been, I couldn't believe that it could be over and then they talked about this bomb a bit. It had been tried out in America and we thought, well there have been thousands of bombs dropped, you know, why one bomb? And then, of course they were negotiating with the Emperor to

surrender, and then three days later I think it was, they dropped another bomb and then we heard that was at Nagasaki, and then we heard that the war was actually over. The word came through to our unit one night and of course, we all went mad. Everybody was racing around everywhere and climbing up into rafters and you know, it was just so exciting, we couldn't believe it.

And then they came around and asked us did we want to go to Japan with the occupation force at ...

END TAPE 1 – SIDE B

BEGIN TAPE – 2 SIDE A

I've never talked so much about the war before.

It's been most interesting for me to hear it, I assure you.

Identification: This is tape two of an interview for the War Memorial, World War Two Sound Archive, Angie Michaelis is interviewing Colonel Joan Crouch, who served as a Nursing Sister with the 2/9th AGH in New Guinea and Morotai. The interview was recorded at Colonel Crouch's home in Chatswood on February 24th 1989. End of identification.

We were talking about the end of the war and you were saying that everyone went crazy and crawled up the walls.

Yes, it was a very, very exciting time. And of course the Americans were firing things into the air, Very pistols and we thought we wouldn't see many more days unless they toned down a little bit. But everybody was highly excited and sirens were going and all sorts of things, whistles and everything and of course it was, I suppose, nine or ten at night when we heard the news so it went on for a while and then it all quietened down and of course, it was August 1945. And then of course came the excitement of getting all the prisoners of war out of all their places – that they were captured in, all the little islands and in Borneo, they found lots of troops and from Japan they came to Manila and then, Manila they came to us in Morotai and then we sent them home and that was all terribly exciting. All that part of it and everybody finding out from the Red Cross if their brothers or husbands or whatever were all right, or fathers or whatever and it was just such a relief after six long years of struggle and death and disease and ... Mind you, there were lots of triumphs during that time and out of a war, strangely enough a tremendous lot of good comes because of all the medical research that's done during the war and it was really the start of a new era in medicine with the development of antibiotics and different surgical methods of surgery. And you see, a country spends an enormous – every country does, spends an enormous amount on medical research because an army is no good unless it's a healthy army, so preventive medicine became more popular than just curing diseases. I think medicine changed very dramatically, after the war.

I think we should come back to this when we discuss the New Guinea experience, what treatment was like and how it did change in that period. You mentioned that shortly after the end of the war there was an invitation, a request, for the service to go to Japan. Can you tell me a bit more about that?

Yes, they came round and asked us if we wanted to volunteer to go to Japan with the occupation forces, and a large number of sisters did. Some wanted to get back to get married and some wanted to – for various reasons wanted to go home, but a lot of girls, including me,

decided it would be an interesting thing to go up there with the occupation forces. But we were in Morotai and there were hospitals what were closer to home like New Guinea and places in North Queensland and so on. So they selected girls from – sisters from those areas, to get them ready quickly, to sail on the ships to go up with the occupation forces. So they went up fairly quickly. So from our hospital we didn't go.

And the aim of those units going with the occupation forces was simply to look after the health of the troops or to look after the POWs?

No, the POWs were all back at that stage, 'cause we got them back fairly quickly. Once we got them we got them back to Australia reasonably quickly. No, to set up a big hospital in Kure where they were to look after the troops that were there as the occupation forces.

So when did you end up going to Japan?

1950 I think it was. So I'd been home a few years before I went. Because they filled up and they stayed there for a few years. They loved being up there and they could come home on leave and go back again so we had to wait eventually 'till we could go.

(5.00) And did you have any mixed feelings about going to Japan, meeting up with the people who'd been the enemy for six years?

Well, It didn't come into my decision making, to go up there. I was wanting to go up there 'cause the Korean War had started at that stage also. That didn't after my ... But flying over Japan – it was late afternoon when I was arriving in Japan. I just wondered how I would feel about seeing them and working with them and living with them in the area and so on but I was greeted by a very smiling house girl who became devoted and I got very fond of this house girl because she was a wonderful person and she'd been ... 'cause we were near Hiroshima and she had been not involved in the bombing but she was nearby and her son and she worked hard with the occupation forces earning money, doing house cleaning and so on to put her son through university in Tokyo. So they were all terribly keen on getting education for their children, so a lot of these women worked. But no, I became very fond of some of the ... women mainly, they were very feminine and very artistic. I got very interested in the art of Japan and the flower arranging and their art and lots of us took lessons in that sort of thing – to have interest, and in the country itself. I just loved Japan, it was so picturesque, it was just like a picture book everywhere, it was so picturesque.

I think the people had changed a bit because they were imbued with the samurai sword warrior type thing during the war and all pre-war. They'd had many sorties into China and Korea and so on and I don't know if they've changed. I can't say that and I still have memories of what they did and especially to our sisters, and especially the ones in Singapore and the ones or escaped from Singapore and especially the ones who they took to Japan from Rabaul. But, workwise they were very very good to work in the wards with and they were very good, very conscientious cleaners and so on.

Why did you decide to stay on, in the services after the war?

I ask myself that sometimes. I don't know why I suddenly made the decision. After the war – World War Two finished, I was still in the services and I was posted to Melbourne and I'd never been to Melbourne and I was posted to Heidelberg and I enjoyed that. My family went to England. The house wasn't available so this suited me, I went to Melbourne. And I loved Melbourne and I had lots of friends there, of course, and then they handed the Heidelberg Hospital over to the Repatriation Department and at the same time there was a very big polio

epidemic at that point in time in Melbourne – in Australia wide it was. I think it was the very last big polio epidemic. And the Infectious Diseases Hospital at Fairfield in Melbourne requested if they could have some army people to help them out with this epidemic. So I volunteered to go to Fairfield, quite a few of us did and we worked with the polio epidemic for ... Well, I was there for about eighteen months, I really quite enjoyed it, following up a lot of the patients that I'd got to know well. Then they sort of put us back into the fold again after that period of time. I went up to Puckapunyal and I was thinking about getting out and then they said to us about the regular army and at the same time I was told that I was being posted to the Royal Military College at Duntroon, and I thought that's really where I'd love to go. And so, when they asked us about – if we wanted to join on with the regular army, I said, 'Yes' because I wanted to go to Duntroon and then I went into it a bit and found out that it offered some security of pension and defence force retirement benefits and ... They were a bit vague about it in those days but I realized that it was some possibility that it would form some security. I signed on, and of course I went to Duntroon and after that I went to Japan and Korea and so on.

(10.00) I really did enjoy my service life, it became like a big family after a while because a lot of those boys that I knew as cadets at Duntroon in those early days gradually became major generals and generals and things. And it's rather nice to have known so many all though my whole army career, of boys that I followed from their cadet days, through the campaigns in Korea and then later in Malaysia, and then later in Vietnam where they were all commanders and so on and right up until now, when most of them are retired now. So it was very interesting. I knew their wives and families. I've been to weddings and christenings and ... So it was like a big family, really. Many times I've felt I could walk out, you know – leave it all and walk out, but we all feel like that about our jobs I think, sometimes. But no, I have no regrets about joining the permanent army. I thought it was a great career, it gave me a great lifestyle, really.

In the years intervening since the war, have other people been interested in your war-time experiences?

Yes, I was interviewed together with a few others by the ABC. It was a short interview here – about one ANZAC Day, they played it on ANZAC Day, service women talking, just little excerpts of things. But no, not until I ... I decided that in fact ... I don't think we ... we never talked about our ... We were always very proud of our corps itself. We always felt from Boer War – World War One, those women had a tremendous reputation and did tremendously good work. And in fact we thought if we were as good as they are in that war, well, we would be doing all right, but we did admire them greatly. And we always felt we had a rich history in nursing because army nursing often reflects on civilian nursing because a lot of things happen during wars that is carried on to civilian nursing and it was through armies that Florence Nightingale – she was responsible and I'm going right back a bit – for so many things in the army, like welfare of the troops and they should get mail and they should have access to canteens that ... She really did start a whole chain of events that armies still have now. So nursing is linked up all the time with army nursing and progress is made, so it's had a deep effect on history of nursing.

And I always felt that it was, you know, something that we had not really talked about very much, what we had done, or where we'd been. Then with Vietnam, people weren't very interested in ... I mean, it was taboo to almost to talk about it all. But I felt sorry that none of this had really been written down or recorded and I think I was the first one to start to collect material, to put it together and eventually I ended up writing a book and I only wrote about

my one unit. I wasn't clever enough to branch out and write all the units or anything, that was too much for me. But I just wrote about the one unit that I served in during the war.

And your writing now, another book, or you've just finished writing..

I've just finished writing another book which is the life story of a sister who trained with me at St Lukes, or just before me, and she joined the army but she was one of those that was massacred on the beach, with the twenty one nurses that were massacred on the beach on Banka Island, after the escape from Singapore and I'm writing that book and I'm presenting it to the hospital and they can use all the funds from the sale of the book.

Right at the beginning of this part of the interview, you mentioned that you had a reasonably religious background and that, if anything, the war perhaps strengthened your beliefs, how ...? Can you expand on that a bit?

Only myself, I think, I looked upon my religion as teaching me how to live a certain lifestyle. I wasn't deeply religious or outwardly religious but I suppose it gave me something inside which strengthened my resolve in how to live I suppose and how to overcome problems or ... I always felt I was fairly self sufficient in solving my own problems and so on – if I had any. (15.00) I think during the war there was quite a tradition, shall I say, of religious services with the troops, taking communion and there was the tradition of the colours of course, but the drums would be piled up and the colours go over them and that would be the alter table for the troops to take communion and so on and I think a lot of troops asked could they go to church on Sunday in our little tent chapel at the hospital, who really had never been to church before. Maybe they were influenced by a sergeant or a corporal or some mate of theirs, or maybe they felt that's where they could go to think about a mate that they'd lost or something. We had combined church services with all religions in the day of the war [sic]. I didn't think about it all the time ... In fact, I hardly ever went to church. I think it was just there but ... And I go rarely to church now. I don't attend a lot but I do go occasionally. Perhaps it was an unconscious thing in me, that early training of ... helped me in some way. I'm not too sure really, I haven't thought about it to analyse it. But I think it was just something in me from my early upbringing that stood me in good faith all the time.

That's the end of the basic questionnaire. We'll resume with the second part about nursing in New Guinea in a few moments. We're now beginning to talk about nursing in New Guinea, the specifics. We talked about your joining the Australia Army Nursing Service, what did you call it? The AANA ... The nurses ...

Well, I think we really always called it the AANS, it didn't lend itself to abbreviating it in one mouth full – in a syllable, I should say.

Right. We talked about you joining the AANS in the first part of the interview put to just re-cap, how old were you when you applied?

I was twenty-three when I applied but I wasn't called up till I was twenty-five, because that was the age for enlistment of trained nurses.

And we talked there about your background in nursing and also your motives for joining the AANS. Something that must've happened about the same time – a little after you joined was that nurses who already had officer status were granted commissioned rank in 1943. Now some nurses liked becoming

commissioned officers and some didn't. How did you feel about actually being given military rank?

I didn't mind. I didn't give it any depth of feeling really. I didn't realize that I had it until one day I got my commission which was a lovely vellum typed paper signed by Lord Gowrie telling me I had a commission in Her Majesty's Forces and that was rather nice to keep but work wise it didn't make any difference at all because, we were just sisters and did our nursing work just the same.

Was that when you started wearing pips?

Yes, I think it must've been. Some wore them a bit sooner than that and there were no definite ... There were a lot of ... I'm putting this badly but, the rules weren't terribly strict in those days and it sort of haphazardly happened sometimes.

Now, with the commissioned rank, seniority dated from the time of commission in the army whereas in other women's services it dated from the time of enlistment, did that matter to you at all?

No, it didn't, no.

Let's move onto uniforms then. You had the traditional scarlet and grey uniforms and I think we talked already about when there was talk about changing them over to khaki that you were in favour of them staying as grey for the reasons that we mentioned there. Another point that's been raised about uniforms is that you had to buy your own uniforms and then you were reimbursed. Some people felt that there were a lot of items that you had to buy that you didn't then use. Was that your feeling at all?

No, I think we felt we didn't have enough of some things, we wanted to buy more. I think for instance, if I remember rightly it's just a long time ago but I think there were four cotton ward uniforms and we felt the we really needed six for the laundering and getting things back from laundry and often the girls bought some extra ones. I think from David Jones we used to get a lot of these things made. Our uniforms were made there. We bought lots of buttons, in fact the first day I had to spend seven pounds which was a great deal of money to me – on buttons and things like that – rank and pips and buttons and bits and pieces from the Q store. We didn't know where any of them went and we didn't have anything to put them in but however we had a great bundle of buttons, I remember, to start with. Yes, we were given thirty pounds I think it was, and we had to buy quite an amount of stuff with that thirty pounds.

(20.00) Also, we had to buy our own suitcases and things out of that thirty pounds as well, which were standard and laid down, that type and all that sort of thing. In fact it cost me quite a little bit of money to get into the army, to get properly clothed and with the right bits of equipment and so on. And it was a funny thing because when things happened after that, we'd get an issue of underclothing or something later on ... 'Oh, you'll have to pay for yours because you got thirty pounds in the beginning' you know. that thirty pounds was an excuse not to give us a whole lot of things I always felt – issue us with anything. But regular army was different. Wee got an issue of everything then we replaced our issues ourselves. We got a clothing allowance and so on, so that was different.

Right. What about the AANS uniforms – how did they compare with civilian uniforms, were they equally practical/impractical?

Oh yes, and I thought they were rather nice and distinctive, those lovely red caps over the grey uniform and the white veil. I don't think I'll ever forget the first sight of the first meal I had at Concord when I was taken to that huge dining room and it was filled with white veils and red capes with white cuffs and white collars and I thought I'd never seen such a sight in all my life. It really was magnificent. You know, you get accustomed to it after a while but it really was a wonderful sight, I felt. I thought it was a wonderful uniform to wear.

Did you manage to keep up those standards of white veils in New Guinea?

No. When we arrived in New Guinea it was quite impractical to wear a veil in the tent with the rain and all that sort of thing. At first we cut the veil into two triangles, diagonally and tied that round your head like a cap. That was impractical also and then we were issued with a little grey hat, grey cotton stitched hat, and that was very practical and also we were issued with a man's khaki felt hat but we wet it in a bucket of water and put it into a more feminine shape by putting the brim round instead of creased like a digger hat and we dipped it down in front and cocked it up at the side. We did anything to make it look a bit more feminine. But they were practical because they were wide brimmed and kept the sun away.

I'm just a little confused, with the white veil cut in half, why was that impractical?

Well, it became just little bits of rag and the laundering and you couldn't iron them and they really weren't very practical tying up your hair and also, they didn't have any shade.

Did you wear boiler suits or trousers?

I actually ... We started off with boiler suits, we little group of six, were taken to Brisbane in the train to go to New Guinea and we were raced out to Ascot race course and that was a sight never to be forgotten because whole battalion was on the race course, spaced in lines and a truck was going up and down throwing issues of equipment – trousers and things. We had to stand there and get our issue of trousers and shirts and big blucher boots. The same as the men and when we got on the ship we thought we could never be expected to wear these awful things, they were men's trousers and the legs were too long, and then we put the American – our own shoes on, the gaiters fitted over our own shoes, but when we put the big red blucher boots as we called them, the same as the men, they were big tanned leather, huge heavy things, the gaiters wouldn't fit over those. So it was all a bit impractical. But we cut the trouser legs off a bit and tried to smarten them up a little bit and I said, they'll never expect us to wear these because women didn't wear slacks in those days. But of course the first night, the first time we were there, shower and straight into the slacks and men's shirts but after a while they did manage to get us some overalls the same as the other girls had, so we wore these khaki boiler suits as we called them. And eventually, almost at the end of the New Guinea campaign, which was eighteen months or so, we got issued with the long grey trousers, cotton trousers and safari jackets which were much neater and much nicer.

(25.00) Now someone's mentioned with those that they had a fly front opening down the front.

Yes, and a flap at the back like a babies one piece pyjamas and the buttons – the khaki tin buttons used to pop off of course, so we had to sew red or green or whatever buttons you had on your own dressing gown round the back flap you know, so you had all coloured buttons across the back. We were very quaint.

Was there any resistance to wearing men's clothes?

No, we felt shy I think about going down the road. Walking down the road the first time was the most ... the bravest thing I ever did. But it was so much more practical when you got to those awful muddy wards that you know ... They were just so practical, especially at night because we had to have long sleeves and long trouser legs.

Now, training of nurses for military service, did you get any sort of military training and if so, what sort of thing?

No, the senior matrons did. They went to an administrative school in Melbourne to learn administration and the structure of the army and a few basic things like that. We didn't, we just got mess procedures and how to behave and things like that. We learnt a lot from the boys, what corps – different corps they belonged to – infantry or armoured or whatever, and we vaguely learnt a bit about the army from them and about the structure, just in talking. But no, we didn't get any specific ... We picked up how to tell the time, that was different, we picked up how to fill in all the hundreds of pieces of paper and where they were being shuffled off to. But no, we didn't get any basic training in ... We had nursing lectures in tropical diseases but not any military training, not until we became regular army, then we got lots of it.

Did you get any nursing training in – specifically in treating the sort of wounds you were likely to come across in war?

No, I think you picked that up very rapidly because it was just a matter of whatever the doctor orders you do. I mean we still came under doctors orders for all our treatment of patients. We still were like an ordinary hospital. We didn't go off and do lots of things on our own. We always were there with doctors to obey their orders, so that was second nature then – it became just second nature. But we learnt a lot about malaria and all those diseases which we didn't know about and the treatments for those diseases. We had to give all that type of treatment. But no, we didn't really have to have special training for it. It was just part of your nursing.

And the sort of treatment that you were taught about before you went to New Guinea, did it prove to bear up in the New Guinea conditions?

Well yes, we learnt about malaria, the life cycle of the mosquitoes and how it happened and the different types of malaria and that was very useful when we got to New Guinea to understand the disease which of course we hadn't ever seen before. And scrub typhus was a new disease which became very prevalent. It was much more serious than malaria because we had deaths from it and we were learning a lot about that on the job. As a matter of fact, I assisted with some malaria and scrub typhus research by doing statistics on various patients, filling in a big proforma and asking them questions and then ...

END TAPE 2 – SIDE A

BEGIN TAPE 2 – SIDE B

... A little bit about your work with scrub typhus ...

Well these were the first patients we'd ever seen with this disease and it didn't follow a very direct pattern. They picked this up from the – mainly they gathered from the Kunai grass, where these rats lived and on the rats were these mites and if these mites got onto the boys they bit them and it formed an s scar that was the point of entry that ... we felt. And within a

very short space of time, they could become unconscious or delirious or semi-conscious or sometimes it didn't affect them very much at all. And they died actually from heart failure in the end and this was sometimes after many days of a coma and it was a very serious disease and we had no known drug. So there were many many hours of total bedside care. Usually we tried to 'special' them and it was very disheartening after many days, sometimes when a patient died or sometimes they got better, it was quite unpredictable, the course of the disease and quite often they had malaria and dysentery at the same time and of course, this lessened their resistance we felt, to the disease.

But it was difficult treating the boys, because they often developed mental changes in the course of their fevers, such as confusion or restlessness and trying to get out of bed and not knowing where they were and delirium and they were sometimes very querulous and irritable and trying to keep their fluids up to them because that was so important and they wouldn't take them and so on. But this all cleared up with the end of the fever, that part of the mental attitude usually cleared up. But it was disheartening at the end of many days to lose a patient, because we got so fond of these boys and knowing also that their relatives were nowhere there with them, it was one of our sad duties.

What sort of percentage of patients might have succumbed?

About ten percent. Ten percent of the patients.

That's a lot to lose, isn't it?

It is a lot. It's rather wonderful now to think that they've got antibiotics that you just say, 'He's got scrub typhus' and just give them a handful of tablets and they're all right. And also if we'd had helicopters in those days perhaps we could've got them out sooner, but they had to be carried all the way back down this awful mountain range where no aeroplanes could go and this I think, made their fever much worse of course because they weren't getting the right fluids and things on the way. And they had to be carried down these slopes and around gorges and across mountain streams and through the muddy areas and through swamps and it was quite a hazardous trip for anybody with fever and malaria or even you know, battle casualties.

Now you came in to the 2/9th during the Kokoda Trail battles, you came in as a reinforcement at that time – was under-staffing a major problem when you got there?

Well of course they were very short of staff and of course the patients increased so rapidly, but what we had to do or they had to do and what was happening when I got there, they had to put stretchers underneath the beds as well as on top so that thirty patients had to come to your ward you had to fit them in under beds or wherever you could. And this made it very hard sorting them all out at night with all those dark green mosquito nets down. Often they came in at seven at night and almost every moonlit night we had an air-raid which meant that you had to blacken out everything and just have a dim torch and sorting out all their intravenous drips or injections or whatever. But we managed it by working out our priorities. We had priorities that took precedence over everything else and that was – everybody must get their treatment, their mixture and their copious fluids. We had to give them all lots and lots of fluids to drink which was hard because we had no refrigeration and a sick patient is not inclined to drink some warm water and we had to make sure that all that was done. Their hygiene came last of all. Nobody ever died from the want of a wash or whatever but they could die from the want of their treatment or their fluids.

(5.00) So you worked out your priorities and you just did what you could at the time

as a priority and then after that if you had time you could sponge them ... The very high fevers had to be sponged and we used to wring out sheets in water and put them in a tent of cold wet sheets and fan them with *The Women's Weekly*. So this is where other patients used to help – helping you with the fanning of the patients and cooling them down and giving them fluids and so on so that it helped you a lot.

So in an average ward, you might have a number of patients at different levels of illness?

Yes, and those that were able and they worked willingly – they did everything they could, as soon as they were out of bed, they'd help with taking buckets of fluid around – hot drinks and cold drinks to give patients and even us, they'd say, 'Here's a drink for you, sister' you know, and we'd have a drink while we were standing there, because the heat was so terrible and the humidity. We were right in the tropics and you know, we had to make sure that everybody had their fluids. But we couldn't have managed without the outpatients. They were absolutely superb. Everybody was out to help everybody and that's what happens and that's what this – I suppose, this mateship thing because you're all so very much basically trying to exist, I suppose.

How hot did it get?

I beg your pardon ...

How hot did it get?

I've no idea – I don't think there was a thermometer anywhere. We didn't think about it. It was just the same every day. We perspired all the time, you know – wet with perspiration. Especially if you danced, went down to the club and danced. And I remember one night, my friend and I, we were invited out by two of MacArthur's aids and we thought we'd wear our very best mess dress, which was a grey marocain with a little organdie collar and they said they had a staff car. Well when they arrived it was a jeep and they were apologizing – something had happened to the car and they had all these rubber ground sheets. They wrapped us all up and put us in the jeep and when we got there and we unfurled ourselves, we'd perspired so much that our frocks had shrunk. You know that marocain used to shrink right up and I was standing there with two inches of pink petticoat – very tatty petticoat I might ... These were the men we were going to impress. Well, we certainly impressed them because they said they'll never forget us as long as they lived. Anyway, that was just beside the point. But, it really was very very hot and everybody perspired profusely. But you sort of become acclimatized after a while.

How long hours would you've worked in an average day?

Well, we went on duty – we had our breakfast at six thirty and went on at seven. Sometimes you could walk to the ward otherwise you went in a sort of wagon because the wards were so far away and we came off at five-thirty, 'cause we had to be showered by six. Some came off for a while in the afternoon then went back – had their tea at five and went back to the ward at five-thirty and worked 'till nine when the night staff came on. But we did work for two months without a day off when we first went up there – just kept on working.

Did penicillin come in in time to help you out in New Guinea at all?

Yes, I can remember when it first came – we called it 'penicillin' we'd never heard anybody say it you see. We heard of this drug, it came out from America by some special means for one special patient. The doctors had ordered it through the Americans and it was a big glass phial thing and it had this yellow powder at the bottom. We had to put sterile water in and mix it up and we all expected ... But it give some results we felt. But of course, they were using much smaller doses in those days. They weren't using the doses they have now. And it was the very beginnings of the drug in the end of the New Guinea campaign – that was the very beginnings of it.

And when we came back to Australia, it was starting to come into the civilian population as well and it was, you know, quite new and we used it more freely in Morotai. It was more available up there. We had sulphur drugs that was the only other antibiotic we had and we used that for dysentery – sulphaguanidine. The boys used to call it cement – that was the effect it had on them. And we had sulphamezathine which was another drug which we gave for pneumonias and things – they're not as effective as the modern drugs are now. So it was just the beginnings of those drugs.

(10.00) What about intravenous drips – would they have been used?

Very little, it wasn't used as much as it is now – not at all. We had blood transfusions were quite a big procedure because we had to take it from us or the orderlies ... (siren interruption) We had blood transfusions, taken from each other to give to patients. I mean, the sisters gave sometimes, but the orderlies gave all the other patients up patients gave blood. It wasn't a direct transfusion but they got the blood and then they gave it to another patient.

They started a blood bank at our place. There was a sister and an orderly and the doctor who did transfusions, which were very few and then they worked out a system in Townsville where they could crate some blood up to us and that was in these 'soluvac' bottles, packing it in sort of shaved ice, with salt or something and then they ... The patients used to go down when a consignment of blood had come in and they'd get all the ice, run back to the ward with it and give it as drinks to the sick patients which was quite rare.

And then in Morotai, they were giving blood more in Morotai than they did in ... 'Cause it was a fairly new procedure in New Guinea but in Morotai they were giving much more blood and they had two sisters and they had quite a well set-up blood bank and so they were giving more blood. Occasionally ... We had intravenous saline drips, but that didn't help a lot of the patients and it wasn't given then as freely as it's given now. We didn't have the disposable equipment you see. It was all boil up equipment and they thought of infection more than, you know, weighing it up all the time about infection and we boiled everything up in primus's and things. So, with the intravenous disposable equipment ... The Americans had it but we didn't have it at that stage. So it inhibited a bit of intravenous therapy, quite a bit.

What would you use the saline drip for?

Mostly battle casualties and things who might be dehydrated and so on, coming down from the trail.

Now we've mentioned a number of the ways you had to nurse various sorts of conditions. I've got here, a list of the most common ones, and perhaps if there's something that you want to add with any of these, you could let me know.

Dysentery?

Well, we had fly-proofed wards, where it was possible, and we disposed of the faeces in a special way by burning or boiling the bed pans. The orderlies used to do all that. And they

tried to fly-proof the wards as much as possible and the latrines too. And prevention was the big factor to prevent dysentery, if we could. But coming down that trail or going up, there were a lot of dead bodies with flies and all sorts of things, which wasn't very easy, but they had to keep the troops well rehearsed in hygiene and all the ... etcetera.

We gave them lots of fluids because they were very debilitated – like tomato juice and Bovril – vegemite drinks and jelly and tea. Jelly if we could set it – it was hard even to set a jelly without a refrigerator. Eventually we got these hot boxes with a block of ice in them and we could set some jellies and put a few cordial bottles full of water in these hot boxes to keep some cool drinks and then eventually we got kerosine refrigerators right at the end of New Guinea, and also Morotai, which made it much easier to manage.

How did they make the ice for ...

There was an ice-cum – a factory down the road, but it made it with untreated water from the Laloki River so we weren't allowed to eat the ice, if you know what I mean. It wasn't sterilized and they had this cordial factory, which they set up again. The troops ran it and worked it and they had ice from there and also we could buy these big bottles for a penny of bright green lime – 'fuzzy lime' or something like that. So they came from what they called 'the cordial factory'. But the troops could manage all sorts of things. They made mobile bath units and they had these mobile shower units going round giving battalions a good old shower and all that sort of thing. And the laundry – they had laundry units which could do all our linen, from the hospital, and our uniforms.

Were they good?

Well, they were pretty primitive but they did their best.

Right, back to treatment. Malaria – how would you go about treating malaria?

Well, we first took a blood slide to determine what sort of malaria it was. That went to pathology. We had a tray set up all the time, that you could go and take a slide at any time – as soon as somebody got a fever or a [??] we'd take a slide to determine what type of malaria. And sometimes it was difficult to pick it up even, sometimes it was quite difficult. And then they had a standard course of treatment of quinine, atebrin and plasmaquine, which they gave so many tablets eat day in a different scale and then they had a maintenance course afterwards.

(15.00) And we first had to send them home to Australia because of the numbers – huge numbers, but then they set up a convalescent depot up at Rouna Falls and they took up to three thousand convalescent patients up there, so we often sent truck loads of them up there, to finish off their treatment, when they were well enough to go.

Three thousand at a time?

Yes they had three thousand. We had two thousand three hundred beds and they had three thousand convalescent patients up there. They also sometimes got cerebral malaria or black water fever and they were much more dangerous than the ordinary malarias.

So what could you do for those?

Oh well, they treated those with quinine and so on and symptomatic treatment that they had, to give to those patients.

I think we dealt with scrub typhus pretty thoroughly. What about dermatological cases?

Well, that was a very sad sort of ward, I always felt 'cause nobody ever seemed to get any better. They never died and they didn't get better and often they had to be sent back to Australia because they weren't fit for tropical service. But it was a ward where everybody was comparatively well except that they were painted in all different colours. We used to use all these bright dyes from gentian violet to brilliant green and so on and there were quite a large number of different sorts of skin diseases and a lot of streptococcal skin infections and so on from the lack of proper hygiene which they couldn't manage properly for a time – for days on end. But they were depressing sort of wards because everybody felt miserable with their itchy skins and uncomfortable – disinclined to eat and so on because of their discomfort, but they weren't really sick if you follow, but they needed a lot of attention of course.

Is it pronounced dengue fever?

Yes, dengue.

Did you get much of that?

I don't remember very much in New Guinea but I think probably there was some there. But we did get quite a bit in Morotai. We had quite a bit of dengue. It's a very debilitating fever and when they're seeming to get better they often have a relapse and it's very depressing. They used to get very depressed I remember with this fever. But it wasn't a fatal disease, but they were just very miserable with it.

Did you deal with psychiatric cases at all?

Yes, we had psychiatric wards. I didn't ever work in the psychiatric ward. They were tent wards the same as any other ward and it made it difficult sometimes to manage the patients, especially the very violent schizophrenics and so on that somehow got slipped into the army undetected. There were quite a lot of anxiety states which were from their own horrendous experiences and, or whatever had happened and they recovered reasonably quickly with good nursing care and some sedation and a good rest and good food for a couple of weeks and they often recovered quite well enough to go back to their units. The other psychiatric ones were at various stages of violence. We had different treatments to quieten them down and they usually went home on the hospital ship in padded cells. They had special cells there for the dangerous ones. But we didn't have those wonderful drugs they have now, which quieten the psychiatric ones down. If we'd had those it would've been much easier.

Yes, I can imagine. Did you hear of or come across any men who had self inflicted wounds?

I can't remember specifically any. But there were the odd ones that had shot the foot or something, you know, said, 'My rifle went off and ... shot a toe off' or something. But I don't ever remember nursing any of them. There were some of course who found it so much more pleasant being in hospital than going back to their unit, but that was unusual really. They all seemed to want to get back to their units, that was the main thing to get back to their mates, that was the big thing. There were ... The odd one one who felt might've been malingering a bit and I suppose there were more ... I didn't really come across any though. Some boys were marvellous in helping you out in the ward and you felt you'd keep them in a bit longer to help you and I felt sometimes they might've been doing that to stay in a little bit longer or maybe

they thought Sister so and so was rather nice and he'd help – stand around all day and helping her with all her duties and we thought, isn't he marvellous, he's such a good help. And I thought, I just wonder if he's doing that to stay a bit longer but that's understandable. But no, I would say on the whole, as I remember it, they were mainly interested in getting back to their units or if their wounds were very bad they were always keen to get home. They didn't want to stay long. They'd rather get home if they were told they'd eventually have to go home.

(20.00) Did you work in a surgical ward at all?

Not for very long. No, I did mainly medical nursing. But I was in a surgical reception ward once where all the casualties came from outpatients into this one ward and then we would sort them out after the first treatment and sorting out or sending them to the theatre and whatever and then they'd go to the respective wards where it was more appropriate to be nursed. Sometimes we had them for a few days in this ward, or a couple of weeks sometimes, but it was a reception ward really. It had eighty beds in it, so it was quite a few, and it there weren't any beds in such and such a ward they'd stay with us till they moved on. But here we saw all the gangrene wounds and that sort of thing and we'd send them to the theatre and then they'd go on to the appropriate ward where the surgeon specialized in that or something like. They specialized in lungs and chests and they specialized in ear, nose and throat, or they specialized in orthopaedic – bones and so on. So we'd send them to the appropriate wards.

When a whole lot of casualties came in at once, that must've created problems of who to deal with first. Who would make those decisions?

Well, they were seen first of all, by medical officers in the admitting area. That's at the administration level – maybe hopping into ambulances and seeing them, and they'd have an overall picture of what we were getting. This was when it was decided once that they would send them all to one ward so that they could all be bedded and looked at properly. But mind you, they had been having treatment on the Kokoda Trail. There were various surgical teams all the way down the trail and there were various field ambulances and casualty clearing stations and some of our doctors would even go with our orderlies up to one of these mobile operating teams and go up to help out. So that they had pretty good treatment and it was recorded on their tickets as they came on their way down. So when they got to us, which was the place where we dealt with everything, they were pretty well sorted out then. And some went straight to theatre, you know, there was no waiting, they'd go straight to the theatre. Others could wait till tomorrow and have another X-ray or put some more intravenous, or try and get a blood transfusion going and that sort of thing so, they were almost sorted out before they got to us.

But there's still, in spite of the casualty clearing stations, in spite of the field ambulance stations along the way, you were still getting cases in a pretty shocking condition.

Oh yes, yes, a lot of them suffering from shock and dehydrated, possibly from lack of fluids 'cause although the Fuzzy-wuzzies carried them beautifully and gently – they weren't always having their fluids and so on. They became dehydrated and so on. And loss of blood all those sort of things added up and nowadays we'd easily put a drip in and have them on a drip as they were being carried, but those days it was not, sort of possible. See a lot of that transfusion came from World War Two – a lot of the types of drips and so on came from World War Two and the equipment came from there etcetera. So this is why ambulance men

now deal with the patient for a long time on the road before they transfer them back, because they can get them over that first stage of shock and so on, and they do much better. And yes, there was a lot of sorting out and a lot of paper work. There was a tremendous lot of paper work to be done. Getting their name and number and unit and next of kins and all those sort of things. And you had to get it all very very straight and very accurate because they were the people that were notified about casualties or deaths and dangerously ill ... You had to notify their relatives back in Australia, ... we didn't but the administration people, it went through their channels, about notifying their next of kin if they were a casualty or seriously dangerously ill, if they were dead – all had to be notified and had to be done accurately.

What about the doctors – many of them must've been quite young and the wounds and diseases that they were treating may have been new to them. Was that apparent?

No, we always had senior surgeons you see. We always had a bit of a hierarchy of seniority of surgeons. We had an OC Surgical and an OC Medical who were very experienced physician or surgeon. Usually very well known in their hospitals and they came in directly as senior surgeon or physician and they had supervision of the doctors in saying where they'd work and so on.

(25.00) But we had quite a few very experienced surgical specialists and we had some not so experienced, but they were used to give anaesthetics and all those sort of things, you know. They worked with the senior doctors. Some of them, the young ones, went on to become quite famous surgeons in their own right, in later life, became the very notable physicians and surgeons in our big hospitals after the war.

Did you come across the situation, where you felt a doctor's decision was wrong?

No, we always had the open ability to discuss anything with the doctor, but I didn't feel that they were making wrong decisions. It was pretty simplistic type of medical and surgical when you look back on it, and compared to the amount of equipment and technology there is today, and the pathology, there is today. But a lot of that came out of the work and the experience that they had during the war. Electrolytes and all those things – nowadays, if a boy gets dysentery in the army, he has an electrolyte powder to put in his water bottle and he doesn't feel as weary and as washed out as ours did. We didn't know it was a say, potassium deficiency he had, to make him feel exhausted and couldn't lift his head up. Well, a lot of that came out of ... that sort of technology came out of the war and it was fairly simplistic in our day. Shall I put it like that? It was not known, the technology wasn't known.

What about male nursing orderlies? It's been recorded that there was some resentment against the female nurses when they first arrived because, they'd been held back from serving in New Guinea until the situation was over it's most dangerous. Did you feel that resentment, by the time you arrived?

They were well established when I was sent up as a reinforcement. But the unit ... You see a lot of these boys were infantry men, and came to you – sent to you and you got two or three infantrymen to be orderlies. Well they helped with the heavy lifting and fetching and carrying and they picked up quite a bit, but the sisters actually did all the nursing. They did the assisting or carrying the meals from the trucks down to the thing or washing up and stoking the boilers, and all those sort of things. There were some who had more experience than that, and you could get them to help you with the dressings or the mixture rounds and that sort of

thing. Now, this unit had been in the Middle East, and had been at Nazareth ... Egypt and Nazareth and then it came back to Australia. Well they wouldn't send the sisters up straight away with the orderlies and the doctors because it was a new thing and they didn't feel that women probably could stand the tropics etcetera. So the men went up two months before they brought the sisters up and they brought the sisters up as soon as they started pushing the Japanese back at Ioribaiwa which was about thirty miles from Moresby and the boys had set up the wards and had started the work going. Now the sisters admired the way in which they had carried on – with very little nursing experience really, and of course, if they were really honest – the boys – they would say that the work – the standard lifted as soon as the sisters came, because they didn't have the experience. And the medical officers were delighted to see us because they often had to sleep in the ward, because they couldn't trust the orderly to be there at night with some of the patients that ... Had no experience ... and some of the orderlies did resent ... See, they used to go directly to the doctor before whereas now they had to come to the sister and tell her what had happened.

END TAPE 2 –SIDE B

BEGIN TAPE 3 – SIDE A

Identification: This is tape three of an interview for the War Memorial, World War Two Sound Archive. Angie Michaelis is interviewing Colonel Joan Crouch, who served as a nursing sister with the 2/9th AGH in New Guinea and Morotai. The interview was recorded at Colonel Crouch's home in Chatswood, on February 24th 1989. End of identification.

We were talking about the relationship between the medical orderlies and the nurses and I think you were saying that the doctors were relieved that they no longer had to spend quite as much time in the wards supervising the nursing – when the nurses arrived to take over the task.

Yes, some of them said, you know, they didn't have to sleep in the wards. They could go home back to their tent and have a night's sleep but I think most of the sisters just took a quiet approach to all of this. They realized that the boys – some of the boys resented it. Usually, the ones that didn't know very much that resented it. It was the ones that welcomed us with open arms who had some knowledge and felt that we lifted the whole standard of the paper work as well as the nursing care. Some of the boys thought we were a bit too fussy, we needn't put a screen round or we needn't have to cover the patient up or ... what does it matter if he didn't have anything on? But we always tried to do the right thing by the boys even if they were unconscious or whatever and that was a bit stupid to be a bit fussy like that about something or other. So they had that little resentment at times, that they could do it better. They didn't have to worry about draping somebody's modesty or something but on the whole we knew a lot of the boys. It was only some of the new ones that had come who didn't know very much – thought they shouldn't report to women, that they should go to the doctor and so on but I think it all eased up eventually again. And usually sense of humour and all that sort of attitudes and so on developed around the ward again and we were all friends again.

Now you obviously tried to maintain the same standards of nursing in New Guinea that you would have in a civilian hospital back home, but were there any standards that you had to drop?

Well, we had to drop a lot of the fine things, like, we didn't have to sweep wards of course, because it was mud, mainly under foot and the tropical rains used to drip through the tents and so on, so that eliminated a lot of cleaning. And shortages of equipment were a great problem because everything had to come up by ship from Australia and of course, there were priorities in the shipping line too, with ammunition or whatever or food and so we often had to makeshift a lot of things and do without bed tables or lockers or – all those bits of equipment that'd make nursing very much easier. But somehow you managed through and eventually more lockers would arrive and that'd be a great relief and so on ... (I've forgotten the question.) ... And we had to improvise a bit. We couldn't always ensure that the patient's teeth were brushed twice a day, or shortages of face washers which made it very difficult. Shortages of pyjamas which made it difficult but we did try when we were sending them off onto hospital ships, to have them clean, wounds dressed properly and give them a bottle of water, have them shaved and cleaned and have their paper work with them all correctly up to date and send them off so that they were quite clean when they got onto the hospital ship instead of muddy and grubby like we used to get them into our hospital. So it became priorities and, yes there were lots of standards, but not in our nursing or in our ethics – those two things remained always very standard.

(5.00) It was very difficult not to become emotionally involved. In civilian hospitals somehow, you came to a degree emotionally involved, but you were off duty in a way and had other interests. But seeing them day after day, you could easily become emotionally involved and that was not professional of course. So after losing somebody, after many days of constant bedside care, it was very difficult not to show your emotions, but we felt that was not good for the morale of the other boys if we were sort of weepy or anything. So we did a bit of private weeping and of course not having their relatives there, knowing those boys, we sort of tried to stand in a bit and be some comfort to them and so on.

Are there any particular cases, that you can remember that were particularly distressing for you?

I can remember several, but I think I remember best of all one rather good one. We had a little young lad eighteen who had scrub typhus, and he became unconscious like others and he was a delightful young fellow and all the older boys used to want to protect him a bit. He was such a bright little fellow. And he succumbed to this coma eventually, and I can remember I was on night duty and we had a wedding in the sisters ... One of the sisters married and the caterers – catering corps made some cakes and bits and pieces for this reception which was unusual because the food was so awful – all tinned stuff. And they had these cakes and there was a plate of them over and I smuggled them over down to the ward ... I smuggled them down to the ward and I thought, I can give these to the boys to eat. At least it's something different, I don't know how I'm going to give ten cakes to eighty patients, but never mind somebody can have one. And this boy was still unconscious and he was very ill and became restless and we were very sad, it'd been going on for some days – a very high swinging temperature, and each shift used to try and keep them alive until the next shift and it was the first thing you'd ask you know, 'Is he still there?' ... 'Yes' and I came on duty and ... Often when they were regaining conscious, they were fully conscious you know, it wasn't a slow thing, they often regained it and they were quite sort of conscious. Anyway, I'd been with him and I left the orderly with him and I went down to do something or other and do something else. And the orderly came down and said 'The boy's, I think, coming out of the coma' and I said, 'Oh, go back and stay with him, I'll be along in a minute' and one of the patients came – it was about eleven o'clock at night, and he came running down to me and said, 'Quick, quick,

he's asking for you' and I said, 'What do you mean? He's asking ... (I of course running) and hse's saying 'Where's Nugget? Where's Nugget?' and I said, 'Who's Nugget?' and he said, 'You are!' And I was so ... I was overwhelmed to think that this boy regained consciousness and the thing he remembered was me, prior to the fact. So I said, to him, 'What would you like? What would you like now?' and he said, 'I'm hungry, I'd like a chocolate cake' and do you know, I had a piece and I went down and I came back ... well, nobody would believe it. But, wasn't it funny, from this wedding I'd brought those few cakes down. So much to his delight he took a few mouthfuls of this chocolate cake. Wasn't that funny? ... It was quite a coincidence, wasn't it?

Delightful!

But I didn't know that they used to call me 'Nugget'. I was a bit 'Nuggety' I suppose in those trousers and things. And that was my nickname, you see and I said, 'Who's Nugget?' ... They said, 'You are!'

That's a lovely story! Were you involved in any air-raids?

Oh, in New Guinea, yes, we had air-raids every moonlight night, but they didn't directly bomb us. They did on one occasion, but I wasn't there, but sometimes you got caught, down from the club, you know – you might be having dinner and you'd have to get out and go under the cliffs and they might be bombing the harbour that night. Mainly they were bombing the airstrip and once they were bombing the harbour and I was visiting the navy and we all had to get under a big billiard table. I remember they were living in one of the houses in Moresby. We had dinner there and then we all had to get under the table and that was my first encounter with a bearded man ... He was trying to think, 'It's all right ... it's all right!' and I'm saying 'I'm all right, about your beard!', it was so awful. Anyway, we had that. The wards of course, we didn't do any precautionary things, there was no point in it, we had no ... Slit-trenches – only got filled with water and they were a hazard and it was no point in it really. Tents and whatever, and the beds didn't stop anything, so the boys knew when to get under a bed and give a bit of protection to somebody better than we did, they knew the time. And so we had them every moonlight night about nine o'clock every moonlight night, they used to come over Hombrom over to the airstrip and pass over us, so they'd be caught in the search light and we often got the ack-ack flack falling on us from the ack-ack guns that picked them up in the search lights. So we often got big bits of lead falling around from the ack-ack guns. But it was more of a nuisance to us because of the inability to see the patients and go on with treatments and things like that, with the mosquito nets all tucked in and so on.

(10.00) Were you frightened when you first ...

My first one I was because I didn't know what to expect and I was walking on a road all on my own, coming on duty, and I'd left the mess and I didn't know whether to run back or run forward or what? I thought I can just keep on walking but I was frightened because I didn't know what to expect and I was all on my own and I had to keep on going right down to my ward. When you know what to expect it's not so bad but you always imagine that they can change their minds up there and do anything you know? You're just not sure whether they're going to go over or drop it or what they are going to do and it's always a bit of uncertainty. But we were always busy enough not to worry too much about it. We had one big one in Morotai. We had one raid there, where the bombs dropped along the beach near our hospital but that stick of bombs went along – very very loud because they were falling near us, but didn't do any damage, so we were all right.

As far as nursing conditions go, which was the hardest to cope with? The heat? The wet and the moulds? The inadequate equipment? Under-staffing? Or the insects and animal life?

They were all pretty horrendous. I think the worst part for quite a while was the mud, because you could only move with great difficulty anywhere – walking, you couldn't trot down a ward, you had to carry physically things like oxygen – big oxygen things to take from one patient to another. You had to carry everything laboriously and wade through the mud all the time because it was really ankle deep and terribly hard to manage and delirious patients would get out of bed and flop in the mud and you'd have to get them back into bed again. I think the mud was the hardest thing. Lack of equipment. You can always manage without lockers and things. Um ...

Insects?

Well you could cope with that ...

Humidity?

And the humidity, you could cope with. I just found the mud so hard to deal with because you couldn't walk normally anywhere. You know? It was so hard to cope with it and it was ... So many wards were flooded with it and so many tents leaked because they'd all been to the Middle East and back and it was just so difficult to plough your way through this sticky mud, all the time.

Were there any unpleasant animals ... snakes, rats, scorpions?

Scorpions? Their favourite haunt was the latrines of course, and they were just big holes in the ground you know, with the seat across and we made it a bit private by hanging hessian down between the little areas and often there'd be these sort of scorpion ... I don't ever remember anybody ever being bitten but you very vulnerable you know in those situations ...

Absolutely! What was morale like generally? Do you remember any periods when it all got a bit much, the state of the conditions or the state of the men coming in with their wounds in such shocking condition?

As far as your work was concerned your morale was very high because you really felt that you were doing something worthwhile. The atmosphere was wonderful in that everybody helped each other – any person would stop and help. The boy that brought the rations would help you with something if you were snowed under with something – everybody helped everybody. Everybody worked as a team and you didn't mind the long hours, and so on, because you felt everything was worthwhile and the atmosphere ... We all got on, you know what I mean? All petty differences were all forgotten and there's no problems interacting with each other. In fact, everybody worked so well together. In periods, when we had nothing to do, it was more difficult I think because people found time to find problems you know, for not getting on or something or other. But there were six of us in our tent We lived in a big marquee, and I can't ever remember a cross word between any of us. I really can't. We all helped each other, we made cups of tea for each other or delighted if we found six potatoes somewhere and we'd cook them and when you came off duty there'd be a hot potato. I mean, we shared and we worked together and we ... Every little thing was helpful – you know, every small thing was helpful.

(15.00) Did you form close friendships with the people with whom you shared the marquee, for example?

Oh yes, we still see each other. Yes I know where they all are, only one's dropped out altogether. She wanted to forget the whole thing and has never appeared at anything and so on. But I've remained in the system – in the RSL and so on because there are always people you can go and help or visit down at Narrabeen or somewhere and there's always somebody needing a bit of help, or sick, and you take them an apple or flowers or something. You know, there's always something to do. I'm not on the hospital visiting thing, but another friend of mine and I, we sort of go around seeing people here and there. And I feel that I'd like to remain in the system so that if there's any way you can help, because it is a welfare organization – the RSL and RSL clubs are a different thing altogether from the RSL. They're run separately. Each is run in their own right with a committee. But the RSL organization is a different organization and it is a welfare organization.

Yes, right, I know there's a question about that later on, we might just come back to that.

Yes.

Did you have any non-European patients at all, either any indigenous people or you didn't have any Japaneses POWs ... no-one ...

Yes, we did. In New Guinea we had Japanese patients that were captured and brought back. If they were very ill, we had them at the end of the ward under guard but we did the same for them as we did with anybody – the same nursing went on. I don't ever remember any of them giving us any trouble, at all. The guards kept them under discipline – if there was any ... Maybe some of them were resentful. Some of the girls said they felt that they were resentful but the guards ... They maybe resenting the guard, I don't know, but they kept them under discipline. We did what we had to do. Then we had an area called 'Little Tokyo' which was a barbed wired in area with tents and wards and patients and we had orderlies in that and the doctors used to go in there and do the daily round and the orderlies looked after them. So we did have some Japanese patients. We had some nuns who were French and Australian nuns and Dutch from New Guinea, that they brought them all to us. So we had those in the wards and sometimes the odd ... I don't mean odd in the head but, odd, security person who might be – we weren't too sure what they belonged to – may have been wounded and we looked after them, they came under our system. We'd find out afterwards, sometimes after the war that these were pretty famous coast-watchers or ... people that weren't army but we knew that they had some major part to play. And we wouldn't know anything much about them, but those are the only different – other than our own troops. In Morotai, of course, the prisoners of war, there were Dutch and Dutch women and children which we nursed in our own sick bay in our own lines and there were British and Canadian and you know, a few Canadian and odd troops like that ... But mainly it was our own troops.

With the Japanese patients, did any of the troops or any of the medical staff feel ... Did you feel any resentment on their part towards treating Japanese troops?

I don't think in our category we did. I don't think ... Maybe they were badly wounded and it was a challenge to you, like any patient, you know? I can't ever feel ... We didn't like them because we knew what they were doing to our troops you know what I mean? It was the

normal feeling that you have in a war against your enemy, because it's either you or them, you know what I mean? I think when somebody's ill, you don't often think of what they are ... I didn't anyway but some might of. I mean, I can't say I was enamoured ... We didn't ever fraternize with them or ... We just did our work and that was it. That was the way to do it anyway.

Now you've mentioned a few places in which you had contact with the natives for example, at the club. Did you ever do any health services for villages for the Paupuan and New Guinean villages?

No. We didn't specifically do anything like that. Maybe in the sort of smaller units like the CCS up at Koitake. They might've done some RAP work up the but ... We were such a big general hospital, we weren't set up to have ... Oh, they did rescue some Chinese from the Japanese, including a little boy, who lived at our hospital and the Chinese started a vegetable garden and they used to grow vegetables. We'd supplement the diets for the very sick people, with some salads and things.

And the little boy we had to dress – cut down our men's uniforms and dress little Billy and he sort of lived in the men's lines but he became a bit of a favourite around the place. I'm not too keen to encourage that because they've got to move on to something after you go, and I think it's best that we keep them independent, not to become too ... of a pet in the place because ... That could happen easily in Korea where you had odd little children and it used to worry me, because as much as we wanted to pick them up and cuddle them and do all that, which we did, but I thought what's going to happen to these children when we leave this place altogether. We've got to get them in some situation where they're going to be looked after before we go. But, we did have these Chinese about ... I'd forgotten about those boys. They did gardens and this little one ... I don't really ever know what happened to them, but I suppose, they were repatriated or something.

(20.00) With the limited contact that you had with the natives, did you notice amongst others – amongst the troops, what sort of attitudes there were towards the natives in general?

Well, one of their favourite things was to go and visit the native villages on their time off duty when it got easier, or go over to one of the islands where there were natives and barter a bit with getting some grass skirts to take home or things. But I'm sure it was just very friendly, there was no ... Never any troubles that I ever knew of. 'Cause a New Guinea native to me was a very gracious, dignified person. They were inclined to be a bit spoilt and they got a bit ... Putting their prices up because the Americans would give them much more money than they needed out of kindness, so where you could get a lakatoi for a few cents or so – they went up in price that sort of thing. But looking at them walking down the road, I thought what a tall, straight backed, dignified people they were. And they never ever gave us any problems.

Off duty – we talked about some of the things you did, picnicking, down to the club, were there other off-duty things that you recall?

We swam around the little islands, especially Local Island, which was in the harbour and barbecued a bit. The Americans always seemed to produce a bit of steak or something and it was a great lure ... They only had to say, 'I've got some steak, can you come out and we'll ...' you know, that lured us out straight away. And they were very generous with their rations which were much better than ours, I always felt. They had different sorts of tinned foods and things. Ours was baked beans and bully beef and ... very monotonous. Whereas theirs was a

little bit different and, I can't say, they didn't have messes as we had them, like an officers' mess but the officers would build a club as they called it and you could go there and sit and talk and play certain games with throwing dice or ... you know, they set it up like their ordinary clubs and have an evening there which was always good fun because they always had good music and some dancing and so on, which we could manage in our boots and gaiters and things, And the club often had good bands out from America, part of the USI I think they called it or something. I've forgotten what they called it – United Forces, anyway and they had very good concert people who'd come out like Joey Brown or – people like that. Even John Wayne came out. I thought he was the dumbest person I'd ever seen, standing there talking but Joey Brown – I couldn't stand him on the screen, and I loved him in reality. He was just so marvellous, you know, such a great entertainer. And they often had these camp concerts with famous people, opera singers and things like that coming out. Sometimes, if they visited the hospital, they'd come to various wards and sing in the wards and run round and talk to the patients, which they thought was wonderful. But the circumstances didn't always allow it for the transport and the ... Priorities were given to food, and ammunition and so on because there were limited amount of transport and there wasn't the big aeroplane transports like there is now. So, it was a little bit more difficult to get those sort of amenities up there but the boys used to go fishing and diving and ... up on the reef and a favourite thing was to go onto the reefs and fish. They could sometimes throw a bit of dynamite over and all the fish would come up and they'd have a huge feast of fish on the beach and sometimes take some back to the ward and cook it and give it to the patients and that sort of thing. We went on board ships. A lot of ships invited us on board for dinner or lunch, especially the Greek ships. They had a great softness towards the nurses because they'd lost ... They knew that the Australian nurses had been in Greece and they hadn't been back to Greece themselves, because of the situation. So they always felt they ought to give us a good meal whenever they came into port. And they'd bring up food from Australia and give us a great feast of roast pork or something or other you know, on their ships.

(25.00) And quite a lot of the navy used to have us on board for dinner. Actually, you know, we could be very well catered for. Sometimes there was nothing much to do. Very much simple pleasures, there was no – nothing very glamorous at all about any of it. It was all very simple pleasures.

Did you put on concerts and things yourself?

Oh yes ... Oh, I didn't, I'm not very good at that. I wasn't any good at all but some of the girls had a great bend for dressing people up and a couple of our sisters sang but the boys seemed to enjoy it thoroughly. They used to be conjurors and have all sorts of funny little skits they'd think up themselves. One of our orderlies' name was 'Whimpey' and he used to be 'Prof. Whoom-poo-pee' you know, all this sort of thing and do conjuring tricks and so on. It would be very simple sort of stuff but everybody enjoyed the night ... A lot of picture shows – open air ones. All down the roads there were these big screens, you could pull up your jeep and watch a film, anywhere.

Can you remember any of the films?

Yes, 'Casa Blanca' I remember that extremely well, we thought it was wonderful, you know. 'Going My Way' was that one of them? I think, there were a few things ... Oh, and 'Forty Second Street' and all those things you know, we'd love those musical things.

Yes, lovely stuff. It's been said that quite a number of nurses found marriage partners as a result of their service in New Guinea?

Yes, quite a few.

Did you go to any weddings?

We had two in our unit in New Guinea. We had a few more in Morotai because some of the AAMWS got married. They used to have a wedding at the church in Moresby as a rule and have the reception in our mess and then at Koitaki which was a rubber plantation up over the Rouna Falls and up a bit – there were a couple of houses that plantation owners had lived in and had to go back to Australia and they used to have one of these houses where the honeymoon couple would go but the sister was always sent back to Australia as soon as possible. They didn't keep them up there at all. We had two weddings, that I remember. We had a few more in Morotai and that was more complicated because they had to get married by the Dutch as well as our own people 'cause it was Dutch Territory and so it was a very prolonged activity. But you had to get permission from the commanding officer and his commanding officer and it all had to be proved that he wasn't already married and all these sort of things – you had to go through the hoops ...

That actually brings us to the end except I've made a note here ... Decorations?
– When did you receive your decoration?

I received it in 1960 something or other ... Yes, it was in about 1961 something like that – '62. I got the Associate Royal Red Cross. The Royal Red Cross was given to senior matrons and the Associated Royal Red Cross was given to more junior people and I was a captain, when I got it. The citation was fairly general, but it did mention the fact that I'd been responsible for the proper feeding of the children and babies during that big accident we had at sea on the way to Malaysia and so on ... and not also, one of my very favourite ...

END TAPE 3 – SIDE A

BEGIN TAPE 3 – SIDE B

We were just taking about your decoration and the citation.

One of my two very favourite things, and I was just, I think, very privileged was, first of all, the release and looking after so many prisoners of war – Indians, British, Australian etcetera. After World War Two, in Morotai, that was a very great joy and it's a very joyous and a very special sort of occasion when you're looking after POWs and I was very lucky that the second time in Korea – I was in Japan, when the war finished and my ward was selected to received all the POWs. The first group of POWs which came across from Panmunjom. They were repatriated, they were exchange POWs and a group of about eight Australians I think, and British ... A group of British, Australian and Canadian came through and they came straight to my ward – not all together but in turn. And they were a closed ward because they wanted to find out what had happened to lots of other POWs and the Intelligence had to talk to them and see what POWs had – remaining and if this one and that one ... they showed them all these big photo albums to see if they could pick anybody and also to, I think, to see exactly what had happened to them while they were POWs. So we had to manage ... We didn't have priority in the ward. The Intelligence had priority and we sort of had a secondary role and I sort of had to manage that 'cause no visitors were allowed but we were allowed to get a few in occasionally and the boys wanted to see their mates and so on and it was a bit of a difficult

management that one, but still the joyousness is there – looking after those boys. They're uncontrollable. They do exactly what they like and they tell you what to do and you love it. You love every minute of it and it's really a very joyous occasion and I had this little group of POWs and that sort of was mentioned on the citation as well.

Tell me a little bit more about the POWs that you received and treated at Morotai. What sort of condition were they in?

The ones from Borneo were in a frightful ... They'd been on Sandakan death march and so on and there were groups of them there that were in – very poor. The worst ones I've ever seen, were Indian Army ones from the British Army. We got sixty-eight one night or sixty odd, I just can't remember the exact number – one night about six o'clock and it was Belsen horror camp all over again. It was the saddest and the most frightful things I've ever seen and of course, they were so weak, so devastatingly ill, that they thought we were the enemy still and they were pushing us away – sort of trying to push us all the time. We put them on a very special sort of diet that was the one which was used in Belsen, with measured amount of milk and orange juice added to that the next day and then a bit of *Bonox* added to that and so on. And it was remarkable to see the difference in them within about four or five days and they suddenly realized that we were actually looking after them and for several years I got letters from them, from India. We all did – get these letters from them. It was really a tremendous experience but the cruelty that had been meted out and the devastation of these human bodies was incredible to believe and I suppose they were similar to those on the Burma railroad, from starvation and..I won't go into the details but it really was cruel – absolute cruelty.

(5.00) The ones from Japan were not too bad. They had had some time. I don't think they had an easy time at all and prior to that they'd had a devastating time in getting up there – from Rabaul till they got up there . But we had six sisters up there and they can tell you horrendous stories about starvation and ... I mean, they ate the glue that they were using for making some labels or something they were doing and they used to eat the glue for something to eat ... Frightful cold and no warmth in that sort of thing. But they survived and a lot of them are still around. We did gather up a lot from the little islands, from Mindanao and so on. Mainly Dutch women and children and they had been badly treated. But, with care and attention for a week, it makes a vast difference and the morale is so high when they come to us, even though they're devastatingly ill, their morale is so high – that they're out of that captivity that they're wonderful ... They're so wonderful and as I say, they do what they like, they tell you what to do and you just love it! You love every minute of it and I suppose the only time where you lose control of a ward completely and don't mind, you know, you don't mind. It's quite impossible to get six together to get them chest X-rayed you know, you get one here, 'Stay there' and you get another one and he's gone, you know? But it's a lovely feeling and I really envied ... I watched every minute of those boys from Vietnam, those Americans, coming out of captivity and I saw them with the American nurses in that hospital, and I thought, 'Oh, how I'd love to be there, I knew exactly how they all feel' ... It's a very different sort of nursing. And I suppose it makes a lot of it all worthwhile in the end, if you get some of them back anyway. But we, our orderlies and doctors went in ... Planes went in locating these prisoners all over the islands. The Americans went out on reconnaissance. When they located them, they'd send a battleship or any sort of a ship with doctor and orderlies to pick them up and bring them back to Morotai and we got lots back. Some of our doctors ... and some Island ... Oh where is that Island? Ambon? One of our doctors was there and he stayed behind and did a lot of surgery with the civilian population and just a few years ago he decided to go back there and visit on his way to England. He sort of went a devious

route but he said, he didn't recognize it. It was still very much underdeveloped and so on. But even Australian troops have taken to some of these islands and they've built schools here and they send educational material and so on – the troops do a lot of this and the RSL does a lot of that too.

A final question on POWs – I think it's a final question. Was it a shock to you to see just in what condition they were or did you have a pretty good inkling of what condition patients might be like, who had been POWs?

Well they were textbook cases of starvation really. I've never seen patients like that before. But you're so busy, you've got so much you can do, that that overrides every other sort of thing. Professionalism takes over I think, and you're just so busy because there's so much to be done with them – so much you can do that your feelings aren't there while you're doing things. It's often when you come off-duty. You get a bit shakey and think, oh, I must get that out of my mind. You sort of go to sleep and forget it all for a while and then you get up in the morning and there it is again. But you somehow overcome all that because professionally you're taught and I think this was illustrated once when I was teaching a lot of Special Air Service boys how to dress wounds and how to do things and they saw a film and they all went pea green and I thought I've got to make them overcome that thing and the next time I saw them I said, 'I noticed that you all went very white at the gills when you saw that. Now have you stopped to think how an eighteen year old girl can see that and not go green at the gills? That's because she's been trained and she knows she's got to take over one day and learn everything she can'. So, learning process takes over rather than what's happening, but I said, 'If I see you racing off at weekends with your parachutes to go and have a jump, I would be pea green all over if you pushed me out of an aeroplane, because I'm not trained to do it' and they cottoned on straight away. They immediately saw. So they sat down to learn everything they could, rather than think, 'Oh, I couldn't do that ever' you know? So it's what you're trained to do I think and that sort of takes over ... I'm rambling on a bit here.

END OF INTERVIEW.

END TAPE 3 – SIDE B.

Read only