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<td>Title</td>
<td>(VX57663) Colebatch, Dr John Houghton (Major)</td>
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<td>Description</td>
<td>Dr John Houghton Colebatch as a major, 2/4 Australian General Hospital, interviewed by Harry Martin for The Keith Murdoch Sound Archive of Australia in the War of 1939-45</td>
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START OF TAPE ONE - SIDE A

Identification: An interview with Dr John Colebatch about the 2/4th AGH recorded on 14th October 1990.

Dr Colebatch, where and when were you born?

In Hawthorn, Melbourne in, 6th June 1909.

Can you tell us something about your family, what sort of people your mother and father were?

My father was a, almost a failed college boy, so they sent him to the agricultural college when he was sixteen or seventeen, in Roseworthy and he .... It took to his liking so much he came dux of the college and was very highly regarded and he went off to Edinburgh and studied agricultural veterinary science and agricultural science, both, and got two qualifications. And his first job back in Australia was a lecturer at Christchurch - Lincoln Agricultural College outside Christchurch - New Zealand.

How was he as a father? Was he a firm disciplinarian or how did you think of him as a child?

He was firm but not unreasonable, not unreasonable ever I think, and not dictatorial.

What about your mother? What sort of a person was she?

My mother was, I suppose, I don't know that she was much gentler. She died when I was only twenty and I haven't as vivid recollections of her except as a effective housekeeper. You know, in those days we had a nurse and a maid, both, so it was not that difficult to be a housekeeper perhaps, but she was a very competent person and she did music at the university. She got a Bachelor of Music and was a pianist.

Did you have brothers and sisters?

Yes. Three brothers - two brothers and one sister and one stepbrother.

So what are your memories of childhood? I'd presume then with that sort of professional background during the depression years you would have at least been comfortable?
We were comfortably off. My father was very generous minded. He offered to reduce his salary [inaudible] - and I've often thought of it in recent years when things were tough in the 1929-30 period. In fact, in 1929, which was my second year at university I was invited here on .... We grew up in Adelaide by the way. My father moved to South Australia. He was a dairy inspector in Melbourne at the time he married - some sort of milk industry inspector - and he got a position in charge of an experimental farm in South Australia near Naracoorte and the rest of his life was spent in South Australia till he retired. And so I grew up, and school and university in South Australia and then came over, travelled interstate then.

Was it a religious family? Was church part of the upbringing?

Church was part of it but my father had been to a Methodist college and said he had had enough of religion so he seldom went to church in his - most of his life. He did in his latter years. His second wife was active in church. But he would drive us to - drive mother and we elder boys - to church with a horse and trap to Gawler which was seven miles away and then spend his day, spend his hour, walking round the town or taking the younger children around while we went to church. So he didn't go to church until he retired and his second wife had a Victorian background and she lived, had a holiday home at Olinda, so he retired to live at Olinda and he became the auditor for the church up there.

Was it one of those families with an ANZAC tradition, with relatives having gone off to the first world war?

Yes. My mother's eldest brother had been in the Boer War and her, two of her .... And her other two brothers both went to the second world war and in the infantry and were both officers - I'm not sure whether the first one was an officer or not but the second two were officers - and the youngest one wrote the history of the battalion. He served in the official history of it.

Was it the kind of environment where you grew up where the social issues of the day would be discussed over dinner and that sort of thing?

(5.00) Well, in .... All sorts of subjects would be discussed over dinner. There wasn't a great emphasis on the social ones particularly, as I recall.

Was it the kind of family then where you were encouraged, when you were small, to think about and debate or was it still a tradition of children should be seen and not heard?

Oh well, in the presence of company children should be seen and not heard too much, but in the home situation it was controlled individual contributions.
What about your primary school? Where did you do that?

I didn't go to school till I was seven. My mother taught us at home. We lived two miles from the nearest school which was near the Roseworthy College and ...

Why did she choose to do that? Was it because that she felt you'd be better at home or what was the basis of that?

Well, it was the problem of getting us to school two miles away. I suppose, when she had two younger children at home. There were four children. And, yes, it was only .... It was a one-teacher school for eight classes with only twelve pupils. Actually, once we started going, we went regularly until we reached twelve or thirteen.

It was the State school, was it?

State school, and we had a remarkable teacher - a spinster woman who had travelled herself overseas, which in those days was pretty unusual. And she was quite outstanding - Lilly Baldwyn. And I shall never forget her. How she managed a school of eight classes and twelve to fourteen children, I don't know but she did.

What about secondary schooling then?

We went to St Peter's College in Adelaide. I think most of us had scholarships. I did and my first brother did.

At that point of your life had you begun to decide what you were going to do?

No. I was eighteen, in my last year at school, and my father said, 'What are you going to do?', and I said, 'Well, I hadn't thought much about it'. He gave me a list of things I could take up, about five or six, all professional of some kind and it ranged from the church to the army. And I chose on the basis of .... He was a veterinary surgeon, not that he practised much as a veterinary surgeon, but as head of an agricultural college .... He became principal of Roseworthy College eventually and that's where we grew up at - Roseworthy College - and I was four and a half when we went there. And he was still there when I went to the university.

Had you decided by then that you wanted to do medicine?

No. I only decided in the last two or three months of my final year at school - decided I was going to the university but what I did there was not known till then.
So where did the idea of becoming a doctor develop?

Good question. I really think it was I liked the doctor who looked after me when I had measles or mumps or something. And I also had a friend who had decided, a close friend, who had decided he was going to do medicine.

So having graduated, where did you start? Which hospital did you begin?

Adelaide Hospital, now the Royal Adelaide, and along with several others I left before the end of the first year and went to Perth - had a year in Perth. And then came .... And was looking for a paediatric job because that's what I decided I wanted to go into as a specialty and the Adelaide Children's didn't have any vacancies and the Melbourne Children's had several. So I came to Melbourne and I've been here ever since.

As a younger person, what had you made of the first world war? Do you recall having any particular sorts of impressions as to what it all meant?

Vivid recollections of the map of Europe on the dining room wall somewhere and the flags that Dad used to move from time to time when the news said we'd gained a bit there and lost a bit here. And we had no immediate relatives .... Oh yes, of course, my mother's brothers were there, in the latter part. The youngest boy must have been only eighteen, I think, when he went and he was probably only twenty-one when the war ended. I saw my uncles after the war but I didn't see them during the war. So we didn't have much activity. But the school teacher didn't let us forget the war. We knew about the war from what she discussed at school. She was very, most unusual to have such a worldly woman in charge of a small school in a country area.

Did she have any reservations about the war and Australia's role in it?

I don't recall her saying so and I do recall in the postwar - 1920 I think - when the leading French general visited Australia to show France's appreciation of Australia's contributions. She had us all lined up at the corner, a couple of hundred yards from the school, where the General would pass, with flags flying and everything else like that. No, I don't recall her being ... In fact, very few people were anti-war in those days except the anti-conscription movement.

(10.00) So just prior to the second world war, had you by then married and had a family?

Yes. I married three months before war was declared. I was engaged sometime beforehand. Had no children at that time.
So how did it come about that you decided to join up?

Well, when war was declared I thought, well - I suppose I had conscious in my mind that my father didn't go to the first world war and the reason was education. The government said they needed him as principal of its only agricultural college and he had two brothers-in-law in the army and that was enough. That's from what I remember he told, and I believe that would have been true knowing my father. He never spoke against war that I can recall.

Did you have a sense of disappointment as a boy that your father hadn't been to the war?

Not as a boy but later, you know, when the second world war was coming on I remember talking to him about it and he had already - I had been told before - that he had offered to enlist but the government - he was a State Education Department, Agricultural Department employee - so he was told not to.

So when you ...

No, I didn't have a sense of disappointment. I suppose I had a subconscious feeling when I wonder how much he would have liked to have gone.

In retrospect, what do you suppose would have been his attitude?

Oh, I think he would have gone if it had not been made difficult and I guess he could have insisted on going.

So how did you set about the process ...

But I think my mother would have been against it because her two brothers - all three brothers - had gone to wars and they were lucky up till that stage but I thought she would have had a good reason for saying - by that time she had three or four young children, yes, - no she had three young children when the war started.

So how did you set about joining up? What was the actual process?

Well, I went overseas in 1937. I was away for two years, mostly in England - England and Scotland and Britain. And I married in London and - to a Melbourne girl whom I'd met in Hobart - and we set off on a Portline cargo ship to come home. And I was the ship's doctor and I wasn't allowed to leave the ship till it got to Adelaide and the day I stepped ashore in Adelaide was the day war was declared. So I hadn't started anything else.
Had there been a feeling in England that war was brewing?

Oh yes, it was very obvious. Yes, been very obvious. Of course, if you read Churchill's books it was very obvious five years beforehand. And, so that the .... I mean, we had gas drill and gas mask drill and everything else like that - air raid drills and we knew where slit trenches were going to be available and so forth. That was before we left England.

So where did you actually register? How did you go about that?

Well, having found a situation in Melbourne, where many of my colleagues had already enlisted, I went to the - medical services were manpowered, so you had to have permission to apply - so I went and applied to enlist and - we had no children at that time - and they said, 'Oh, no, you can't. You wait your turn. It's got to be approved by the Manpower Committee before you can go.' So I got a compromise and said, well .... And they wanted me to do a locum for a doctor of forty-six - and you had to be under forty-five to go away. He was forty-six, but he'd been to Melbourne Grammar and he knew General Blamey so he got himself in. And they wanted someone to do his locum in South Yarra, so they said I could do that. And so I agreed to do it on an eighteen months' limit. I was very worried about that. I thought the war might end inside eighteen months (laughs). However, at the end of eighteen .... I also had to add to that the locum for a physician, consultant physician, in Collins Street, a well-known man called Douglas Thomas who set up Epworth-Bethesda Laboratories while superintendent at both hospitals. So I did his locum as well as a general practice during that eighteen months.

And, at the end of that, I went and enlisted. And I ran into Sir William Upjohn, yes, who was chairman of the Manpower Committee at that time and asked me what I was doing. And I said, well, I was going into the Army Medical Corps in three weeks' time. He said, 'You can't do that. I haven't been asked and you haven't got permission.' However, I was allowed to do it because the other fellow who'd got himself overseas over-age, he was coming back to take over his practice, so that settled it. So I went in after the middle of '41.

(15.00) So where did you start off?

In Sydney. The hospital I was drafted to was an army hospital, was the 2/12th AGH which was being formed in Sydney Showgrounds.

And what sort of things were you doing there?

Marching up and down and learning what a uniform was and learning what the army, how the army worked and doing tropical medicine too. We did a course in tropical medicine. The medical people at the hospital did a course in tropical medicine there which was the only school of tropical medicine, in Australia at the time, at the Sydney University. And we were
there about three months. Actually I was later than the others in putting on the uniform because I had done a research project at the Children's Hospital and was about to present a report to the local paediatric society and it couldn't be presented to them until July. So instead of going in in June, which is when they said the vacancy I was slated to go into uniform, I got permission to put it off until three weeks later in July, or after this meeting. The day after the meeting was held that I spoke at I was on the train to Sydney. That was an expensive thing because - a couple of reasons. One, because the commanding officer I had was a general practitioner from Brisbane who had been in world war one as an infanteer and was very infantry-minded and not too medicine-minded, and he didn't approve of anybody who did research or read medical journals at all. So I started off on the wrong foot with him because I'd delayed going into the army for three weeks because of research.

When you say 'expensive', do you mean in terms of your relationship or ...?

Oh, I think we overcame it in the end but, initially, yes. And on the ship going over I was one of the three people picked out to give a lecture to the troops and that meant I'd been studying .... I quoted from medical journals and from one of the books I'd read on the neuroses in war - anxiety neuroses, et cetera. And based on world war one experiences and was a book that I found fascinating and was very realistic, and it analysed the people who'd won VCs and Military Crosses and so on and found that they had a higher incidence of neuroses underlined in later life, or at some stage of their lives, than the average member of the military population - so he said.

Was there a bit of a feeling at the time that 'war nerves' as was often referred to was perhaps an easy way out or something? Did it have a bit of a stigma attached to it?

Ah, I guess it did have a bit, yes.

On joining up what rank did that give you?

You can't be less than a captain in the army, in the Australian Army. In Britain you can be a lieutenant to start with.

So in Sydney where were you billeted and so on?

Well, we were allowed to live out, actually, the first two months - so my wife came up - by this time we did have one baby - and my wife and baby came up and we had a flat on the North Shore somewhere.
Do you recall what the pay was as an army doctor?

Ah, as a captain it was 500 pounds a year, roughly.

And how would that have compared with civilian life in general terms?

Oh, it would be about a third or a quarter of what I would have been earning in practice.

At the School of Tropical Medicine, what sorts of things do you recall doing?

Oh, learning about malaria, dysentery - all kinds of dysentery - tropical viruses, typhus fever - typhoid fever - and the odd rare ones. I suppose they thought we were going to Asia. Actually the 2/12th - or at least I was, I don't know whether the 2/12th Hospital was - originally meant to go to Singapore. I think I must have been in the 13th Hospital originally which went to Singapore and for some reason they moved me to the 2/12th before I got into the army. By the time I got in they said I was going to the 2/12th. But when I applied to enlist they had me down to go to, into 2/13th which went to Singapore.

What do you feel was the nature of the Tropical Medical School at the time? Was there an adequate understanding generally of the range of tropical diseases or was Australia still sort of fairly isolated in terms of its ...?

Oh, the medical schools of Adelaide, Melbourne and Sydney didn't teach tropical medicine as a subject at all. We learnt about dysentery from what you learnt about diarrhoea. We had to recognise, we had to learn to recognise a malarial parasite on a blood smear and failed to recognise it when it was set in the exam at the end of the year. One of the slides that they set at the end of the year to test you, in your fifth year probably, happened to be a slide of malaria showing a malarial parasite, and none of the class picked it.

So what about the information that you were to go overseas? When did you first become aware that you were on the move?

(20.00) Oh, as soon as we knew the hospital was being formed. The hospital I was ... There were no army hospitals in Australia at that time. All army hospitals went overseas. They started forming the repatriation hospitals but no other hospitals.

So did you go on the Mauretania?

No, we went on a hospital ship.
Oh, I see. Which was?

The Wanganella.

And what kind of quarters did you find you had and so on in the Wanganella, on the ship?

Oh, on the Wanganella. I don't remember them as being adverse or otherwise. No complaints about it. You mean did we have a single cabin or something? I can't remember.

Do you have any recollections of the voyage itself?

Yes. It was a calm, I mean we didn't have much in the way of submarine risks I gathered. We did a bit of zig-zagging occasionally but I think that was for practice. And I remember it because I was one, as I said, I had to prepare lectures to give and that meant mainly from memory because the books weren't readily available.

And what did you lecture on?

On the subject of this book - Anxiety and Neurosis in Wartime - which I think probably .... The CO wasn't on board, he'd gone ahead. He would have been annoyed I think knowing that that was the subject I chose.

So where was your first stop?

We went straight to Ceylon. We were based outside Colombo.

For how long?

Fifteen months we were there.

What were you doing there?

Jolly good question. The hardest part of my war was the first five months there. We had a 600-bed hospital with a capacity to expand to 1200 and for the whole of the first five, four months, we never had more than forty patients, so the hospital .... And we lived .... This was fifteen miles outside of Colombo. We had no transport to go into town. Only the CO and the matron and the quartermaster seemed to be able to get transport. But very rarely did we have
any transport into the town and it was too far to walk and it was not recommended to travel on the public buses that travelled around that area. We had jungle and villages all around us and we had no room to build sports grounds. There was no way of providing the troops with entertainment so we really had a problem of boredom which was hard to resolve. So we had many route marches and much stretcher drill and all that sort of thing. But that was tough. The only places ... Because there were no Australian troops there. You might well ask why they'd put a hospital there. There are two explanations. One, the one that I think is the most logical one - I intend coming up to the War Memorial sometime to see if I can dig into the correspondence to see how true this is. At the time that they decided to put a hospital in Ceylon (a) they were not sure that we were going to hold out in the Middle East. In fact, Rommel very nearly did succeed in getting through to Egypt. Germans already had Greece, and the edge of Turkey in hand and it wouldn't have been hard for them to clean up the Middle East, and then their next aim would have been India. If they .... If that happened then such troops as were needing sickness treatment in the Middle East would be very difficult to evacuate to Australia. You might be able to manage, through Africa, to get them to Ceylon. And Singapore, of course - it was impregnable from the sea and there was never any thought of it being attacked by land - but it was just possible that Churchill might have been wrong. It might go under from the sea. Then how would we evacuate to Australia? And, again, the answer was that a hospital in Ceylon would be useful.

Was that considered at the time or was it felt that it didn't make sense to people and they were a bit disgruntled about it?

Oh, I think we were a bit browned off that we had insufficient work to do. I had some because such work that came in came from the Maldive Islands mainly. British marines who were building airstrips over there got all manner of tropical diseases and they were evacuated to us. Without them I would have had an even more boring time. Ah .... Remind me of the question again?

Well, I was asking whether people were generally disgruntled and hadn't sort of thought through the process that you described.

(25.00) Frustration was the right word. What the hell can we do? We can't play games. There's no room for football or cricket grounds. There's jungle all around us. I remember the day we arrived the officers' and nurses' messes were up on a bit of a rise overlooking the rest of the ground. The hospital was a tuberculosis hospital which Australia was paying for the building of and it was half-finished. So we took over the half-finished part and put up extra tented wards as well. Standing on this rise and looking around me - beautiful, lovely green everywhere. We'd come from Sydney where it was, of course, hot, dry and brown. And green everywhere, coconut farms, you know, just lovely tropical scenery. Three months later it was frustration nagging at us for all that time. Every time I looked around, nothing but bloody coconuts everywhere you looked.

What were some of the tropical conditions that you were treating?
What were the thoughts?

No, what were some of the kinds of ...

Well, the Maldives (subset) malaria and typhus fever and a lot of dysentery, amoebic dysentery. I think those are the main ones we recognised. In retrospect I think they probably had other tropical disease too - the less common ones which we had not seen. We'd seen those three in Australia on occasions.

What about relations with local people? Had you been briefed about how you ought relate to local people or you should stay away and not fraternise or ...?

Yes. The answer was that fraternising was certainly not approved. See the people around us were all peasant types - it was jungle. It was on the way to the airport - the airport's still there, the same one - and it's about two miles on the Colombo side of the airport, and this low-lying land, it gets flooded easily and a few rises which were immune to flooding are all built on and heavily populated by locals and there were plenty of them around. We used to go walking and some of the more energetic ones bought bicycles and went cycling and you'd see a lot of them then. You'd go through their market areas and you were allowed to buy things there - not alcohol but other things. And .... We didn't have any close contact with the local people at all.

We did have some close contact with the political and professional people in Colombo who were very good to us and helped us with all sorts of social activities - inviting officers to dinner and so on. They included a large number of well educated Singhalese and Indians and a few Africans. I had very pleasant times with one man who was as black as your hat, a fat lawyer, and he was the attorney-general in parliament. I was told afterwards he was not a Tamil as I thought he had been, he was an African. But, by Jove, he was very educated. I think he'd been to Harvard. He'd certainly been to London and studied and he was a bachelor and wealthy and he'd been a barrister, I'd guess, in practice before he became attorney-general. He had an enormous library of classical records. So he invited us to dinner - those of us who were musical like me were very impressed by this - and the first time I went there he took us around the house after dinner - and he had a two-storeyed house. And he said, 'Watches is one of my interests', he said, 'Are you interested in watches?'. I said, 'No'. 'Would you like to see my ....' 'Yes', I said. So we went up to his room, and he had a room there with the whole wall had clocks around it, different types of clocks. And he'd tell us something about each of them and then he'd come to 'This watch is one that I'm very fond of, this one was given me by an air force man, this one ....'. And so he went on like this. He has an extraordinary collection and he was a very interesting fellow indeed.
Identification: This is side two of tape one of the interview with Doctor John Colebatch about the 2/4th AGH recorded on 14th October 1990.

During that period were you being briefed about the course of the war or getting much news from home?

Oh yes. Not much from home, no. The amount of information about the war in Australian that we got was minimal. We didn't see many Australia papers and I don't think we had radio, much, of Australia. We would have had news sheets, I think, provided by the army. So it's been of great interest and amazement to me to read about war in Australia in many respects. For example, the raid on Darwin took place while we were there. Well we heard about the raid. We knew .... We were .... The chaps were all scared about the raid. They were scared once Singapore dropped. But they were very anxious to get home of course. And, no, we weren't really fully briefed on what was happening in Australia. That may have been deliberate of course, I don't know.

Was there any official attempt at entertainment, groups visit, all this sort of thing?

Oh yes, yes. We had a very outspoken major in the, amongst the medical staff who was - you might have known him at some stage - Mick Cook.

No, I don't know him.

He had a lot to do with Darwin before he went overseas and he was chosen because of tropical medicine, not as his having served in Darwin. He was Chief Medical Officer in Darwin at one stage and he went away as our pathologist. He told the CO, when this boredom was becoming more obvious, if he didn't bloody well do something about providing entertainment for officers as well as men, he'd have trouble on his hands.

Would he have? If he would have, what kind of trouble?

Oh, what happens when men gets bored. That's really what it amounted to. We eventually got some soccer balls and some badminton sets but not enough - not many. We had one in the officers' mess and one in the sergeants' mess, I think one in the others and that's not much for a team of 150 people.

What about correspondence? What sort of turnaround was there in letters to and from Australia?
I don't think there was any airmail then, was there? Yes, perhaps there was airmail. Yes, the overseas airmail began in the thirties, didn't it, to England? So I guess it must have been coming by air because if it came by ship it would have been three weeks. I think most of it came by ship.

Was there a sense of being isolated in that respect or could you get a regular flow ...?

We were isolated in many senses. There were no Australian troops in Ceylon - number one. There was a liaison officer - a major - was the only person. There was a naval base at Trincomalee where the Australian naval ships would occasionally call in there, but that's a long way away from Colombo - it's the other side of the island. At any rate, we were occasionally sent a patient from there, from the Australian Navy, but we had no Australian Air Force or Army personnel in our hospital at all because there weren't any serving in the area ....

What about relations with the nursing staff ...

Well, I should say, until the 6th Division came back from the Middle East - then they - different ....

What about relations with the nursing staff? Was it expected that socially it was acceptable to fraternise and so on?

Ah, yes. Well, they were also frustrated because they .... Unless the CO and the matron and the 2IC chose to choose to take some of the nurses into functions that they were invited to - which they did. Only a few of the nurses got involved in that. Most of them .... We also had the first, we had the first overseas team of voluntary aid - VADs - girls came with us also. So we had an officers' mess up there on the hill and slightly lower down was the sisters' mess and then the third one was the VADs' mess. The local Ceylonese, I'm told, couldn't understand why we put our wives in separate houses.

What about the working relationship? Was it a formal one or generally relaxed and friendly? How did it work?

Oh, it wasn't informal to the extent that it is today, even in non-military hospitals. No, it was quite formal in a normal sense but we would ... and we didn't have sisters coming into the officers' mess every night for drinks or anything like that. On formal mess night we had, occasionally, we had sisters invited by the CO - not by us - in the mess.
And what about in a military sense? Would you be wearing uniforms during the day and salute the ranks and so on?

Well, we all wore tropical dress, not serge uniforms and so forth. We all had shorts and shirts which were army type. Shirts were khaki and shirts and lapels on them.

Would you be in the habit of saluting other officers or within just the medical corps itself as well?

Not every time you passed them probably but the first time in the day and the first time when you went to them on business, you always saluted, yes.

And what about the nurses, would they salute the officers at the start of the day or ...?

I don't think the nurses did. The nurses were given officer status and were technically lieutenants, I think, but the only army regulation that called on them to act as officers in the sense that the men had to was if the CO and the 2IC were absent from death or any other reason. Then the matron became the officer in charge of the unit.

What about relations with the British, British military people? Did you have much contact with them?

Very limited because there were very few British troops there either. There was a naval unit in Trincomalee at one end of the island and a naval headquarters in Colombo on a beach, and that .... It must have had a small staff of naval people because occasionally we were asked about treatment for chaps there but they had their small sort of camp hospital for their own purposes. There was no military hospital in Ceylon other than ours. So any troops, British or otherwise, who had more than their common illnesses would probably come to our hospital.

What about your own health? Were there cases amongst the medical staff of malaria or other problems?

No. At that time Ceylon had a - from the previous decade - it had a drive of WHO efforts to eliminate malaria from Ceylon and they had eliminated it from the Colombo area and the large area of the south-west corner of the island. It still existed over in the north-west, north-east side where the naval base was but we weren't serving there so that we didn't have that risk. And there was a lot of malaria evident in the natives. I used to go to the children's hospital in Colombo sometimes to try and keep abreast of paediatrics and they had a lot of malaria there.
I went - I'm getting mixed up a bit - I went back to Ceylon evident in 1956 as a Colombo Plan visiting paediatrician specialist and there I saw a lot of Ceylon and the whole island. And the extent of malaria in 1956 was amazing. I was .... I had seen a bit of it while I was in the army, yes, of course I had. Yes. How did I come to see that? Oh, through the local ... There was a Sinhalese hospital not far from ours, for the local population, and the part Dutch doctor in charge of it was in good relations with us. He used to come to our mess often. He took me over there quite often to see his patients.

Were you able to assist in any way?

Not much because I didn't know that much about tropical diseases in children.

As time drifted on were there rumours about as to what was going to happen to you - where you might go and so on?

Well, this boredom period started easing up at the end of four to five months when a few of the Middle East chaps started coming through. They were sending people home more readily with minor illnesses, some of whom were put ashore in Ceylon to straighten them up a bit more before they went on to Australia. And then the first advance parties of the 6th Division came through - 6th Division and 7th Division - and some of their hospital units actually stayed in Colombo harbour for days waiting for Curtin and Churchill to decide what was going to happen to them. Churchill wanted them all to go to Burma and had decided that one division would go to Burma and one division would go back to Australia. Curtin disagreed. So that led to delays. One of the 2/4th AGH ships was in the harbour for .... The 2/4th AGH came with the division it belonged to on its way back to Australia or to Burma and they sat in the harbour for two days, three days. Yes. One of the ships .... They came out on several ships from the Middle East. This 2/4th AGH was also a Melbourne-based hospital which had served in Tobruk. It was a very well-known hospital.

So you obviously weren't with them at that point?

No. My hospital was the 2/12th. The 2/4th came and it was with the 7th Division I suppose - I'm not sure about that but that doesn't matter. They were on their way either to home or Burma when the row between Churchill and Curtin developed and they sat in the harbour in Colombo for a while and then they landed. It was decided that two brigades of the 6th Division was going to stay in Ceylon and this hospital had no CCSs but two field ambulances. So they were then unloaded and started. And they had settled in the suburbs of Colombo in a boys' school, but they hadn't started taking patients when, on Easter Sunday - which was 5th April I think - the Japs bombed Darwin. And five days before the Japs bombed Darwin the harbour had about eighty ships in it - Middle East people coming through as well as the usual shipping going through Colombo. And most of them were waiting there for orders as to where they were to sail to. And the orders were changing, I gather, from day to day. 'You're
going to Burma', and the next day, 'No, you're going to Indonesia'. 'No.' Next day, 'You might be going back'. 'No, you may be staying in Ceylon.' All this sort of thing went on.

Anyhow, the GOC for Ceylon had been an army man up till that stage and he was transferred to Singapore and a naval man took his place and, partly, I suppose because he was a naval man, but also because they then discovered the Japs had an aircraft carrier off the Andaman Islands - which is just across the Bay of Bengal from Ceylon, and that they were intending to use it to attack Ceylon. And they had a fleet of ships - I didn't know this at the time - they had a fleet of 200 ships - an invasion party - down in the south of Ceylon too, heading in our direction. So the new naval GOC got all the ships out of the harbour. He said, 'It's no good having ships in the harbour if they're going to bomb Colombo', and there were only about half a dozen ships left in the harbour at the time. And one of the ships that had been in the harbour and moved out was the last of the 2/4th AGH shipload in an old tramp steamer called the Gofgo and it couldn't keep up with the other ships so it had taken its chance coming across the Indian Ocean with submarines and everything else, and came on by itself. And it arrived late and was in the harbour when the change of GOC took place and when the threat of invasion of Ceylon occurred. And the CO got the hell out of the harbour as quick as he could - some several days' steaming away, I gather. And after .... Then the raid took place, and he was glad he did so. I'm sorry, no, he went out for two days and then he came back and got wind of the raid, so he promptly shot out before the raid had taken place - as soon as they got word that the planes had come over the north-east of the island. So he got out and got away twice. So that particular shipload which included two of the doctors one of the surgeons and another doctor from the unit - and a whole lot of ORs - spent about a fortnight in and around Colombo harbour having a joyride.

What was the feeling at the time? Were you anxious that maybe you were going to be captured by the Japanese? Was there that sort of feeling?

(15.00) Oh yes. It was really on because it was by this time obvious that Australia was in some danger - or it looked as if it was going to come into some danger. And then to find that we were going to be attacked too had a bearing on whether you wanted to rush home or not or whether you had a sense of duty and felt you ought to deal with the job in Ceylon first. Because the two brigades from the Middle East were seasoned soldiers who'd been through fighting in the Western Desert for two or three years, and most of them had been in Tobruk at some stage and some of them in Greece. And so it was an uplifting experience for us. It meant we had Australian troops around us and we had patients in the hospital. So it really opened our eyes to what we were meant to be doing and hadn't been able to do up till then and we had a job to do looking after sick patients.

Were you in Ceylon then when Singapore fell?

Yes.
What was the effect of that news?

Pretty demoralising really. It wasn't just the .... Oh, demoralising was the sinking of the *Prince of Wales* and the *Repulse* - *Repulse*? Yes. The battleship and the battle cruiser. Battleship and one of them was an aircraft carrier, wasn't it? No, a battleship and a battle cruiser, I think. Anyhow, they were sunk before Singapore fell and - I hope I'm right in saying that, subject to correction that is. They were sunk at the time when the military hospital services in Singapore were in a great state of chaos. As, imagine, they were about to be overrun. So a lot of them were evacuated to Ceylon. A lot of the patients were evacuated to Ceylon.

And one good anecdotal story - we had some terribly burnt fellows, who had been from these ships, that had been swimming around in flaming oil for some time before they could find a safer area. And one chap who was evacuated was a British marine who wasn't expected to survive when he arrived in Ceylon - but he did. And his treatment was in my ward, for some reason or other, because the burns had already been treated but it was the aftermath of the burns he was suffering from. However, he slowly improved. And my ward sister, I must say, and the staff were very good. And he turned out to be a very nice fellow. However, they were all .... It was fingers crossed as to whether he was going to survive or not, however. One day, one morning the nurses went in .... They all had, every patient had mosquito nets of course. We had mosquito nets, the entire unit had mosquito nets because dengue fever was another mosquito-borne thing which - we didn't escape that. They went in one morning and pinned to his mosquito net was - temperature 98.2; pulse 72; respiration 20; ham and eggs for breakfast. They knew he'd recovered (laughs). He was recovering then. He recovered.

Was there also a feeling that perhaps the war would be lost?

Oh, that was definitely at risk when the - I'm not sure which. When was the date of El Alamein? That was '42. Yes, we were still there then, yeah.

So when then did you get to hear that finally you'd be moving from Colombo?

Well, after the three to four months the 6th Division people were there, and the 2/4th AGH. They only opened for two months and they never had a full hospital. They were told to pack up in a hurry - a week's notice - and depart. They didn't know where they were departing to. They were told to depart for the tropics, but they came back to Australia, and the 6th Division people all came back to Australia too. By that time there was only the 9th Division left from the Middle East and us. What on earth were we stopping in Ceylon for? Obviously we'd be needed somewhere else. We thought we'd probably be going to New Guinea or somewhere but, in fact, we came back to Australia and we all split up. I went to another unit then.

How did you come back to Australia?
By the same *Wanganella* hospital ship.

Was it a relief to finally leave Colombo?

Oh yes, yes. I didn't enjoy Colombo at all.

Were there any discernible differences in Australia in terms of the attitudes of the population and the way that the place looked and so on?

Big differences. Have you read the history of the 2/4th AGH?

Mmm.

Yeah. Well, that's well described there by Rupert Goodwin. Do you know Rupert Goodwin?

No, I haven't met him.

He spent quite a bit of time at the War Memorial. He has a page or two on the surprise, changes that they noticed when they came back, when the unit came back to Australia, yes.

How did it strike you?

Oh, the emphasis on rationing, on discipline, on what you can and can't do. The rationing of course .... You had to have a permit to travel interstate which staggered me, having done a lot of interstate travelling.

So on returning to Australia, where were you then sent?

I was given two weeks' leave and two weeks at Heidelberg and then I went up to Concord in Sydney, repatriation.

(20.00) What did you do at Heidelberg?

While I was there there was a conference, a big conference on malaria with .... Brigadier Hamilton Fairley came out from London especially for it and Doctor Bill Keogh, whom I came to know well, was the, had been hygiene advisor to the army in the Middle East and had a background in Walter and Eliza Hall studies in pathology and tuberculosis and so on - he was the local person who handled this meeting with Brigadier Fairley. There was another
expert from overseas with him too - I've forgotten his name. And at that meeting I spoke because I'd seen so much malaria in Ceylon. And the next morning Bill Keogh said he wanted to see me and the reason was they had decided I would be one of the people they wanted to be malariologists in one of the brigades. Every brigade was going to have a medical specialist in malaria to tell the brigadier what he should do with his troops - where he should get off. And I said, 'Well, I'd find it interesting, I'm sure, but I don't think I'd be much good at telling the brigadier where he got off'. And (laughs) I remember Bill Keogh saying, 'Well, of course, you'll go where you're sent. You know that, don't you?' I said, 'Yes. I know that but you asked me what my views were and I just told you.'

Was it an unattractive proposition or of interest to you? How did you feel about it?

Oh, I think I was unsettled. I had a, as I say, mostly frustrating time in Ceylon and - what would have been most uppermost in my mind. One thing crossed my mind at one stage was having delayed joining the unit and finding there were three junior captains in the unit, I was the junior of the three, because I was the last one to enlist. The other two both became majors as soon as they arrived back in Australia. I didn't. And I would have been made a major probably if I'd gone into the malarialogy role but I felt I wanted to consolidate my position also with my family. I had a son who was then two and I'd only seen him for the first four months of his life - first four months.

And, so, I think they probably sensed that I would profit by a period in a base hospital for a while. At any rate, I think the base hospital would profit by having people who had been overseas. That's why I went to Concord, I think. Because Concord, which was packed to the walls with patients was very - more patients there by far than in Heidelberg. And they had one section which was people who'd come down from - Australians from mostly New Guinea and Americans from Guadalcanal and the Solomons all with tropical diseases mostly and malaria was very prominent amongst them. And when you get malaria in the tropics and you move to a temperate climate the malarial parasite becomes a little less prominent in the blood stream and harder to pick up. So you often are treating a patient whom you know has malaria but you can't identify it. Well, I was put in charge, as a captain, of a block of six wards and six medical officers, two of whom were majors, and all of them who hadn't been overseas. So I had a lot of non-service, non-overseas experienced officers under me, two of whom were higher than me in rank. It was a very difficult position really.

Yes. I was wondering what kind of situations that would put you in.

Very difficult indeed as I found. When I saw this patient under Joe Blow and said, 'He's got BT malaria'. 'No, it's not. He's had slides taken.' 'Oh, I see.' So I'd go down to the laboratory and have a look at the slides and that intensely annoyed the pathologist in charge of the laboratory. Here was a common or garden ward doctor come in checking his diagnosis. And sometimes I could find the parasites which they hadn't found. So that was difficult and the ...
What would you do in that circumstance? Would you insist on the change of treatment?

Make sure the patient had the right treatment, yes. That was my job to supervise the treatment.

Were there any challenges to this decision making on your part by the other doctors who obviously felt that you were usurping their role?

Well, the pathologist was a, from the upper social class in Sydney - very well-known in the racing field, and a very wealthy man - and he was not used to having juniors telling him he was wrong. He didn't like it at all...

What were the medical ethics of that...

I gather he complained to the CO because I did have an interview with the OC Medical on the subject and he supported me, I may say.

(25.00) What were the medical ethics of the situation? Was your primary responsibility then to your patients and...

Oh yes.

... and what are the ethics of, an etiquette of relationship with...

Yes, that was true and the CO told the majors and the others that I was in charge of their division. In a hospital, the big hospitals, all of them, army hospitals, they have an OC, an officer in charge of medical side, and OC Surgical and he is the - he and not the CO is the one who tells them what they should be doing. And, of course, Concord had an OC Medical, who was a man with high level Middle East experience, who was a specialist from Sydney and he fully supported me because he knew what I was meant to be doing and I was doing it.

Did that cause any lasting enmity of relationships?

Yes, it did. Well, I don't know about lasting. I never met that pathologist again but I'm sure he hated me till he died. But a couple of the other doctors, one who was a major and one of the women who was only.... I think she might have been a - there were two women doctors under me. I think one of them was a major because she'd been in the army service a long time.
How serious were the recurrent symptoms of malaria for people once they got back to Australia?

Oh, they're not serious. They're very disabling and debilitating until you get it adequately treated with drug treatment. Once you treat malaria the attack goes but you can get a recurrence of it if you are under sufficiently great stress and fatigue and loss of vitality. If you get rundown and even twelve, eighteen months later you may get another attack.

How long can it remain active once a person is no longer in the tropics and has been treated?

Well, that depends on the individual's capacity to mount an effective resistance or immunity to it, and we all vary in that way. Certain groups, I think probably some allergic people and people who've had their spleen out and a few other things, have difficulty in developing good resistance to malaria. The average chap develops it very quickly.

What's quickly? A couple of years, or months, or ...?

Oh no. Once you've been treated efficiently and had adequate convalescence of a few weeks you should be able to not get another attack.

How long did you stay at Concord then?

Too long. Got back in, from Ceylon, in January, went to Heidelberg in February. Must have gone to Concord in February. May - three months.

Where were you staying there? What were the ...

In the hospital.

Were the quarters and that adequate and so on?

Oh yes, yes.

What about other conditions - food and so on? Were ...?
Well, it was an enormous hospital. I don't know, I think it must have had over a thousand patients, which probably put strain on the kitchen staff. But I'm not a fussy eater. I didn't complain about it.

Overall, what was the morale like of the medical staff working there?

Well, they were working under stress because they have a heavy patient load. There were many, many, so many patients and some of the doctors weren't used to working hard - I have to say that. They're used to peacetime military service probably. I don't .... What was the ...?

What was your morale like? I mean, were you still feeling discontent and not particularly happy with the way things had gone?

I was glad to have had ... I was glad to have a period of respite in what was almost a teaching hospital because I'd missed that in Ceylon, not being able to go into the public hospital very often and not having any competition - except for the two months when the 2/4th AGH was there - but we had no chance of stimulation. And my own unit didn't have .... The OC Medical we had - a physician from Perth - was very good but the rest I regarded as ordinary up-down the wicket doctors. They weren't my - didn't have my interest in research or any progress in medicine.

END OF TAPE ONE - SIDE B

START OF TAPE TWO - SIDE A

Identification: This is side one of tape two of the interview recorded on 14th October 1990 with Doctor John Colebatch about the 2/4th AGH.

What sort of social life were you having while you were at Concord?

There wasn't time for much really. I worked every night as I recall. I'm sure the answer is - I was working too hard. The number of patients who I had to take a special, keep a special check on was quite large because I was pretty unhappy about some of the medical staff's knowledge of tropical diseases. I don't .... And I'm musical and if there're any concerts or anything I would have tried to go to them but I don't remember going to any.

Were you seeing anything of American troops during the time you were at Concord?
A little bit, yes. Yes, I think we once went to an American .... Yes, I did. No, no, it wasn't at Concord. No, not of the American hospitals. In fact, I don't know whether there was one in Sydney. There was a big one in Brisbane.

Evidently there was quite a bit of discontent about the presence of American troops, at least as far as Australian soldiers were concerned, who were paid somewhat less well. What was the impression you picked up as to the attitude towards the Americans?

I thought the Americans were, on the whole, were welcomed by the service people that I spoke to, because they'd got rid of so much red tape in getting things done and had the wherewithal in numbers and directions from somewhere higher up that they were achieving things that we couldn't have done on our own. You see, the attack on the Solomon Islands cost an enormous number of American lives and illness and without it, without it Australia would have been in real trouble. I guess the Coral Sea has been given the main credit for turning the Japs back but the battle on the southern Solomons was the key decision. Up till then nothing had stopped the Japanese.

Yet there were occasions where there was some quite, almost celebrated fracas between American and Australian soldiers. Did you get to hear anything of brawls and that sort of thing?

Oh yes. Of course. That's inevitable. If you put two army units, army groups of different nations together you're bound to have that I think. And especially because, as you said, the Americans were - what's the expression - were over ...

Overpaid, oversexed and over here! (Laughter) Did you actually see anything of these sort of hostilities?

No, I didn't see any, of it at all. I read about it. Can't remember seeing it.

So what happened after Concord?

I went to Brisbane to the 2/4th AGH.

And that's when you first joined them as it were?

Yes. I went there. And my majority had been gazetted before but it didn't .... Well, I think, at the time, I went straight to the 2/4th as a captain. That's right, my majority didn't come through till some weeks later.
What was the feeling on joining a unit then, somewhat further down the track? Was there a sense at all - you're an outsider? Or what was the feeling?

Well, I had met a number of them in Ceylon of course. The 2/4th AGH was in Ceylon for only three months. It took nearly a month to open because they put them into a school and to convert a school into wards and operating theatres and so forth is quite difficult, and that took a lot of structural alterations before they could even function. And then they split up. They sent one unit down to the army, down to the south of the island where the Japs were expected to land and they sent their nurses over to work with us at 2/12th AGH. So they were de - a fragmented hospital. They finally opened. They never had a full hospital and they closed hurriedly eight weeks later. But, in the meantime, we saw a lot of the officers. The officers came over to us and occasionally we went over to them and I actually went .... I was transferred from my hospital in Colombo to the 2nd Field Ambulance. When invasion was expected down in the south I was sent down to the field ambulance mainly to be, in effect, a malarialogist. I was to do all the malarial smears because they were in an area close to where the malaria was prevalent. And the man I worked with there was 2IC of that field ambulance. The CO I didn't see very much of, but the 2IC - it was in his section that I was working - was Bill Refshauge. Do you know him in Canberra?

No.

Well, he's, he was reckoned as one of the three leading RMOs in the Middle East and he subsequently became Director-General of the Army Health after the war and then Director-General of Commonwealth Health. So he is well-known in Canberra.

When you were to go from Sydney to Redbank, how did you travel?

It would have been by train.

What sort of quarters would you be given as a doctor?

Do you mean in ...

In travelling on the train. Were there just one class travel for war purposes or ...

I would think we went .... Officers would go in one area and ORs in another in those days.

Well, what's ...
See, I went as an individual. I didn't go with a group of my Concord people.

With your arrival at Redbank then, so with that kind of background that you described - it was a fairly easy point of entry was it?

Oh yes. Very easy at Redbank because, (a) I knew a number of the members of the hospital staff and, (b) because it had such a high reputation after Tobruk, because of what it did there, what it did there under extraordinary difficult circumstances - I'd read about and heard about, a bit about when they were in Ceylon. I felt proud to have been sent there rather than somewhere else, especially coming from a hospital which had a reputation in the AIF for being mainly a 'choco' hospital down in Concord and to get away from the sort of fellows - and girls - that I'd been working with in Concord, to chaps that had come from the Middle East. There was a real difference.

Had you felt disappointed that you hadn't had that opportunity?

Yes, yes. If I'd enlisted a few months earlier I'd have gone to the Middle East and I would have been off. I had a brother and a sister who'd been in the Middle East right from the early stages so I knew something about it.

Was there a feeling that, in a way, you hadn't had a proper war somehow?

(Laughs) Yes, up till that stage, that's about right. But the 2/4th changed that because the 2/4th was a very closely knitted unit. No unit could go through what they went through in Tobruk and not become a tight little unit because they all shared enormous sacrifices to cope with it and they were such a cooperative group.

How did that show, this close-knit thing that you refer to?

Oh, well, number one, the CO was not feared. He was a man who's gruff and could appear to be blunt - he had a walk a bit like Blamey's walk - but he was sensible and rational. You know the story about Rupert Goodwin running across the courtyard in Tobruk?

No, I don't know that one.

Well, the air raids in Tobruk were occurring several times a day. Ever air raid meant the nursing staff and medical staff had to put every patient under his bed - on the ground - and attend to his needs that he had while he was there and then find who was going to stay behind with them and the rest of them had to fly for the nearest slit trenches. And the CO found that the work of the hospital was suffering. There were too many air raids interrupting the work and the theatre work - particularly the surgical work. So he issued a direction that there was
to be no unnecessary running for slit trenches, or words to that effect. And the day after he'd done that, he was standing on the steps of his building and he saw a chap flying across the courtyard. 'Where the hell are you going?' he said. And the orderly turned around and said, 'Slit trench, Sir'. 'What for?' said the CO. 'Air raid'. 'Air raid, be blowed', said the CO, 'Where?'. And he said, 'The Stukas up there', says the orderly. 'Miles away', said the CO - according to the orderly, a few hundred yards away. So he turned around and said, 'Alright for you, you bald-headed old B. You've got ten years to live. I've got fifty and I want to make the most of them' (laughs).

Was he still the commanding officer then when you arrived at Redbank?

Oh yes, yes. And that orderly was .... That story's in the history but he doesn't say who the orderly was, but it was Rupert Goodwin, the author of the book. And, of course, the CO never missed an opportunity to tell his story against himself. He said he always got an extra free dinner, he said, if he told that story.

(10.00) So what sort of things did you start to do at Redbank?

Oh well, we had a slightly smaller edition of what they'd had at Concord. Lashings of troops with - I would say more than fifty per cent of them down with malaria. See, nursing malaria in the tropics takes beds, takes time getting them better and in an unfavourable convalescent atmosphere. There were no convalescent homes outside Port Moresby up on the Kokoda Trail. It wouldn't have been too safe up there. They would have used a hospital if they'd have had it on the Atherton Tableland but even Atherton was at risk, in those days, of bombing too. So they all came down to Brisbane. And because we had so many coming down at one stage - malaria, dysentery, typhus, in that order of frequency - as soon as we could do so we sent them on to finish convalescence down at Concord or even down to Melbourne - Heidelberg - because we were busy. And at one stage I had charge of the dysentery ward and dysentery meant you had to do a sigmoidoscopic tube examination of the rectum - through the back passage. We were doing some every day. Every morning we were having to do half a dozen probably - these examinations - because the dysentery people take even longer than malarials to treat and get back to fitness.

So we were busy but we had enough staff to cope with it and we could get enough time off to relax. And I used to go walking in the foothills which are across the road from where this hospital was at Redbank. Amongst other people who we used to go walking with was Rupert Goodwin and the eye specialists and a few of the others. About four or five of us used to go for walks in these southern hills to get away from the camp. And also, we had transport. It was on the suburban railway line to Ipswich so there was plenty of transport into Brisbane. So it was quite different from Colombo where we had none of these possibilities at all.
I suppose a rectum examination for most men might seem something of an affront - at least the first experience. Were the men too sick to care? Or how would you deal with that if they were reasonably alert?

It is, essentially, an aspect of medical that you have to take and regard. It is, in a sense, an affront but once you have done it they realise it is not painful and it can be done with ease and it's helping to accelerate their recovery by knowing what best to do and how long to treat them?

Would you afford them a bit of extra privacy or make light of it through humour? How would you approach it?

Oh, it's not done in the open ward. It's done in an examination room.

Mmm. What about your own level of expertise and the nature of the tropical disease with which you were concerned? Was there a sense of yourself of having a rapid development in your own knowledge that you could see for yourself you were much better equipped?

Yes, that was the situation. And being a major physician in a relatively small hospital - it was normally only 600 beds at that time - is a fairly important role. There is only specialist above you in that rank. That was the lieutenant colonel who is the OC Medical.

Was there a point where your expertise and understanding of the nature of the problems with which you were dealing, perhaps particularly malaria as such, that you could then look back retrospectively and realise one had done some things that had been quite wrong or wished you'd had the opportunity to go back and do them again?

Oh, not very much I think. I always had an interest in tropical diseases when I was a student for some reason or other. I was .... This was in Adelaide and I think there was a bit more awareness of it in Adelaide than there was in Melbourne because of the fact that the Adelaide also served the Northern Territory - so we had some contact. We occasionally had Aboriginal faces from the Northern Territory in Adelaide but we never had them in Melbourne. I never saw an Aboriginal. I think I once only saw an Aboriginal patient in all my years in Melbourne.

And apart from malaria and dengue fever, were there other parasitic diseases that you were encountering? Any particular sorts of worms that were cropping up or ...
Yeah, I didn't mention them because they are less serious but, yes, worms in Ceylon were very prevalent.

What sorts of things?

Everything. Everything in Ceylon they seemed to have - strongyloides, ascaris, hookworm - were the three main ones.

Is hookworm .... Hookworm's mainly taken through water, is it? Or is it through the soles of the feet?

It comes through the soles of the feet, yes.

Was that much of a problem or were men pretty readily encouraged to ...

It's easy to treat. Hookworm's easy to treat. The roundworms are harder to treat - a little harder, but not .... These days they're easy but in those days they were a bit more difficult. In Ceylon the children get so heavily laden with roundworms that they more or less clog up the bowel - the worms - and a child who's vomiting from any cause may vomit up roundworms.

Did that happen with any troops at all that they were so badly infected?

Yes, occasionally. Yes, occasionally.

What about tapeworm? Was that at all prevalent?

No. Not very prevalent, no. Compared with the others definitely not. Tapeworm is not so much in the mid-tropics. It's more in a sub-tropical and even temperate climates.

Were there any particularly unusual diseases or problems that you encountered that sort of were a mystery and a puzzle?

The best answer .... The answer is not many. The best answer to that was the time I experienced something I had not experienced before and actually wrote a report on it - which is referred to in the medical history of the war - and that is poisoning with wood alcohol with chaps who made 'jungle juice' during the later weeks of the war and after the war in Borneo. And the same happened on several occasions in New Guinea and elsewhere in the tropics where troops were making their own alcohol out of boot polish or something. The methylated spirits content is quite high so it's equivalent .... It's worse than methylated spirits alone but it
led to severe cerebral and eye - neurological damage to the eye - with permanent blindness in some fellows. So that was unusual and we had a group of - not one group, two small groups of fellows in Borneo - who got onto this racket and eight of them came into our hospital - CCS I was in charge of then in Borneo - and three of them I think died - from memory - and the others, those who recovered, all had permanent damage to the eye.

When you first encountered it, did you encounter it in a way that you didn't know what it was that was causing the symptoms or ...

No, I'd read about it. It was one of the things we'd been told about but we didn't come across it in Ceylon at all. Actually, in Ceylon, we didn't have any shortage of alcohol.

When you say racket, were there people who were racketeering in this illicit sort of stuff?

Oh no, not in the sense of making it to make money. They were only making it to drink.

Incidentally, what about VD? Was that an area that you'd had any association with or particular interest in at all?

Ah, the answer is no to both of those. There wasn't much VD in our unit at all that I am aware of. I think I would have heard about it. There wasn't .... Perhaps because we had the VADs and the nurses in our unit there wasn't the same keenness for the fellows to go, rush off to prostitutes. And I don't mean it by that that they had sexual intercourse with the VADs or the nurses, but the fact that they had female company in the unit meant they weren't as frustrated as, say, the average male serviceman can become.

When you were at Redbank, by that time, what were your overall impressions as to, if you like, the effectiveness of management of medical units? Was there a sense that there was an adequate appreciation as to what the needs were, the logistics of staff and backup materials was adequate? What was your overall feeling about it?

You mean a medical services point of view?

The management of them generally, yeah.

I thought they were pretty good. I thought the major problem was malaria, back in Australia, and that was solved by Brigadier Hamilton Fairley being made full use of to design answers to it. And he set up a tropical medicine research unit which was almost exclusively for malaria, in Townsville, and it experimented with mosquitoes and using different drugs that
were advocated to see which ones seemed to be the most effective against the malaria. Rod Andrew - became Dean of the Faculty of Medicine at Monash - was the leading person running that and Bill Keogh, whom I mentioned before, was the man that got it organised - got the research place organised. I think it was Townsville and Cairns - they had units in both. I think Australia did pretty well really in coping with malaria. Fortunately we didn't have to stay long in the highly malarious areas except in the north-west part of, north part of New Guinea which is highly malarious and caused a lot of our trouble and, of course, the Japs forced us to spend quite a lot of time there. But apart from that Australian troops in Darwin and elsewhere where they served, Singapore - Singapore wasn't a problem with malaria, it was too well coped with hygiene-wise by the British. So I think Australia was perhaps lucky and it didn't have to serve long in highly malarious areas. What I would describe to you as being intense malarial period - lasted about a year I think. After that they controlled malaria with the use of atebrin which we didn't have originally. As for routine administration to all troops every day - daily administration of atebrin - that controlled the floods of malaria that occurred before atebrin was widely used.

(20.00) Yet I gather there was some resistance to the taking of atebrin. There was a rumour that it could cause impotence.

The Japanese invented that. Popularised it over the air.

Was it taken seriously? Were there a lot of men rather anxious about it?

Oh, I think, yes. Most men get anxious if they're told they're going to lose their virility (laughs). Ah, yes, there was. I think it was a very good trick on the part of the Japs to promote that rumour.

Did you hear any Japanese propaganda broadcasts at all?

I think I did somewhere but I can't think where now. But, certainly, it was common knowledge that that's where the troops got it from.

What about bromide? Now, was bromide generally used around the place or in any of these different areas that you went to?

You mean as a sedative?

Well, yes. As a means of controlling the lascivious nature of mankind, shall we say.
Oh no, I don't think so. No, I don't .... No, I'm sure that hasn't .... I'd never heard of that being used in that way.

Well, in what ways was it used then?

Well, it's a standard sedative drug.

I see.

But it's not .... Yes, it would have been used but there are other drugs more commonly used these days. There were other drugs more commonly used by the middle of the war, than bromide.

What sorts of things?

Oh, phenobarbital and chloral hydrate.

Were they used on a sort of general basis or only if there was a problem?

No, no. Only if there's a problem.

What about the logistic side of stores? For example, with large organisations, and you hear stories of particular things that are needed at the front being scarce and then them sitting in a warehouse somewhere, did you have those sort of frustrations?

I didn't have any but I'm sure they occurred. They do occur in any large organisation. I can't recall. If there were any that I experienced I've forgotten them and would have taken them with a grain of salt as this sort of thing is bound to happen at some stage in such a big organisation.

One of the things that I realised after about a year or so in the army was that there was a strong sense of feeling that you were in an organisation that knew what it was trying to do and was getting somewhere, and had an important role to play for the navy's, from the nation's point of view.

So that obviously would be pretty important to morale then one would suppose?
Yes.

What about penicillin? When did you first get to hear about penicillin?

Well, the manufacture of penicillin in Australia - and it wasn't readily available until we were making our own - was organised by Bill Keogh who had worked at the Hall Institute and who developed a liaison with Commonwealth Serum Laboratories as one of the top army, one of the two top ... In fact, he became Director of Hygiene for the whole army. So he was responsible for getting the CSL well equipped to make penicillin in a hurry - that was in 1942 they were doing it. And in 1942 ... they were doing it but, of course, it went first to the surgical units which .... Oh, no, it went to the medical wards probably at Heidelberg and Concord. But its treatment in the field - was mainly important for treating wounds early and treating surgical treating infection following surgical operations too. But I ...

Sorry.

I had experience of getting it for a particular patient. After a year at the 2/4th AGH I was transferred to the 2/2nd CCS and all three - 2/4th, 2/2nd and the 2/2nd Field Ambulance, that I spent six weeks with - had all been in Tobruk, so I was lucky in mixing with a crowd of fellows who'd been through the mill and were great company.

Did you have occasion to use penicillin yourself?

Yes. This was when .... When I went to the CCS I was the OC Medical for the casualty - 2/2nd Casualty Clearing Station - stationed at that time in Atherton Tableland, preparing any minute, they thought, to go overseas. Actually we finished a frustrating twelve months there before we went overseas. But while I was there we had - quite an active small hospital we were running - and one man came in with meningitis. And the common form of meningitis used to be meningococcal or streptococcal, both of which would respond to penicillin but they would respond also to other sulphur drugs. With which we could treat them. But this man came in and he had numerococcal meningitis and that won't respond to the sulphur drugs so I tried to get some penicillin for him and managed to get some and he was treated with penicillin. And he was pretty sick. He had a very advanced disease when we managed to get the penicillin - to start it - but he responded to it and he came good and was discharged virtually cured but I attributed it to a combination of the penicillin plus the extraordinary, devoted nursing that the nursing orderly, who I had in charge of him, handled. At that time we had no sisters with us. They came later. Because when we expected to go overseas - the CCS doesn't take sisters overseas - or it doesn't take your sisters into battle areas at any rate - so we only had male nursing orderlies. And this young nursing orderly was fantastic. This boy, this man, had to have injections every three hours of the day and this boy used to sleep in the ward and wake up and give the chap his injection three hours round the clock and was very good looking after him in other ways. So I attribute the success of the penicillin partly to the fact he had superb nursing.
Penicillin's one of those drugs that have been described as a wonder drug and part of an era when it seemed that science was going to provide an answer to everything. Was there a sort of conscious process where it was felt, well, there was a brave new world that was going to dawn after the war ended?

Oh, I think, yes, that is true. I don't know conscious, how aware people were of it except, I suppose, the older ones like me would have been more aware of it. Yes, it was very true. The sulphur started the trend towards optimism for treating infections and they were introduced in a small way in '37 and in a big way in '39. And the penicillin in a small way in '42, '43 and '44, and by '45, '46 in a very big way, nationwide. When the war ended it was more readily available for civilian forces. But the priority went, I think, to the military forces when it was in short supply. And numerococcal meningitis was a typical example of this. I'd never seen, and nor had most people, ever seen a patient recover from numerococcal meningitis. They all died. And this man recovered in a little camp hospital if you like.

Was there a temptation at all for some medical staff to want to use it for almost everything? I mean, did it become a vogue drug that was inappropriate at all?

Not in the army because we didn't have that much available. It had to be approved by .... Well, I was the one to approve it for our unit and we made sure it was kept for special purposes. I would like to put a postscript to that story - of that nursing orderly's story - because he became a teacher after the war and was on the staff of Geelong Grammar School. He then went to Canberra Grammar School and became the headmaster at Canberra Grammar School and retired only three or four years ago and he lives in Canberra. I'm sorry to have to stop and think what his name is - it'll come to me in a moment.

Well, if it comes back to you, we'll mention it.

END OF TAPE TWO - SIDE A

START OF TAPE TWO - SIDE B

Identification: This is side two of tape two of the interview with Doctor John Colebatch about the 2/4th AGH recorded on 14th October 1990.

What about when George Swinburne took over? Was there a difference sense of order as it were?

I left the unit before he came; Speirs was still there when I left.

So you went on to Borneo?
Yes. The 2/2nd CCS was eventually moved to the south-west Pacific from Atherton Tableland via Morotai. We were the CCS involved behind the field ambulances in the landing on Balikpapan.

So how did you come to leave the 2/4th?

I left the 2/4th because I hadn't had experience except in hospitals and except for a few weeks with the 2/2nd Field Ambulance in Ceylon - otherwise all my service had been in hospitals - and I was young enough to work in a CCS as well and I was glad to be moved to it. And also it involved a promotion to OC Medical of a CCS. Yes, I think I was sent there to, as a trial to see how I'd cope with that because the next step would have been a lieutenant-colonelship in a hospital in an AGH, as an OC Medical in AGH, having been an OC Medical for a smaller casualty clearing station.

So what rank did this carry then, this change?

It didn't involve a change of rank but it was preparation for a similar role in an AGH which would have been a lieutenant-colonel.

Where you still a captain at that point?

Oh no, I was a major. I was a major. And anecdotally the man in charge of land headquarters in the medical field in Victoria Barracks, St Kilda Road, Colonel Turnbull told me, when I saw him after being demobilised - or probably before I was demobilised but while I was back in Melbourne - that it was a pity about the atomic bomb. 'If it hadn't been for that you might have become a lieutenant-colonel, but the war stopped too soon.'

When the 2/4th ...

He implied I was on the list for the next list for lieutenant-colonel promotion - but the atom bomb wrecked that.

When the 2/4th were going to Borneo, quite a number of the staff involved in weapons training for the first time in special drills up and down ropes, that sort of thing, did you have that sort of training?

Not personally. I think some of the, yes, some of the unit did have, yes.

What was the expectation then when you were going to Labuan? Was there a feeling that ...
Not Labuan, Balikpapan.

Sorry, Balikpapan. At that point then was there a feeling that now finally you were going to get closer to the action part of the war?

Ah, yes, in a sense it was, although the 2/2nd Field Ambulance was close enough for me - in the unit. The area I went to with the 2/2nd Field Ambulance in the south of Ceylon was an area from which they'd cleared out all the Singhalese. There were no locals left down there. It was purely a military force to fight the Japanese invasion which they had good reason to think was going to be in that area. And there was a large lake only, oh, less than fifty miles to the coast which they used as a seaplane base, so that used that as their - and that was near where our field ambulance was. And that was very much a wartime, much a battle area with battle expected any week. In fact it didn't happen partly because, mainly because, the Royal Air Force turned up just in time to wreck the Japanese bombing attack on Colombo. It did do some damage with their bombing attack but they also lost an awful lot of planes - more than we lost. And they sent their attention to Burma after that instead of Ceylon.

(5.00) How did you go to Balikpapan?

In a landing ship tank - LST. And I was acting CO then.

Where did you pick that up?

Morotai. We went by ordinary .... I don't know what ship we went by as far as Morotai. We were staged in Morotai three weeks and when we got there the CO, who was a bachelor and was the only medical officer I think who was saved from the Centaur - he was on the hospital ship Centaur when it was sunk and he survived. He said he was sick of being in a desk job. He wanted to get into the action. So he got himself transferred to the beach group medical teams - who go in just after the mines have been lifted and before the, almost before the infantry - and left me as OC, as acting, what d'you call it, OC - OC of the unit. There was no OC. I was the OC. So I had to take charge of the unit for the landing of Balikpapan and also I had to teach them Indonesian - which meant I had to be one page ahead of the rest of the unit.

Where had you learnt Indonesian?

On the ship (laughs). Partly. We had started learning it in the Atherton Tableland from books.

So what sort of phrases were you learning? What was thought appropriate?
Oh, I don't remember them now although I've got my notebook still. In fact I toyed with the idea of taking it up again next year to learn it - relearn it. Oh, it was enough to be able to communicate with locals about directions and food and a few other things.

How well prepared did you feel to be in charge of an operation that involved the handling of casualties, presumably as there may have been with the landing?

Well, there were two field ambulances who landed ahead of us and that's .... Their first job is to take their wounded from the infanteers and we set up the .... We didn't .... Although we were in the harbour the day of the landing we didn't actually land. We stood off - we weren't allowed to land till after forty-eight hours.

There was shelling and bombardment through that period?

Yes. One anecdotal part - Morotai - I must tell you. On the Atherton Tableland one of the junior captains under me was going a little bit troppo we thought. He was .... I couldn't quite understand what was the matter with him. I had trouble in handling him and I usually don't have trouble in handling people. But, eventually, he turned the corner and developed mental aberrations and had to be evacuated south and he never came back to the .... He was evacuated out of the army. So we then went to Morotai with me in charge - I must have been charge before, yes, that's right - I took the unit to Morotai. The CO had left us before then to join the beach group. I was a bit worried when our quartermaster started showing funny behaviour. He'd never been overseas before. He had no background from the Middle East.

What sort of funny behaviour?

Oh, he was getting confused in the peak period when we had to be sure of our inventories, that they were up to what we needed and they were sufficient and so forth. We couldn't get adequate answers out of him. And, finally, before we .... He really broke down when we got to Morotai and we had to send him out. He was .... I think it was only an anxiety state. I don't think it was mental. But he was evacuated and he never came back to the unit. And we had no other officer trained as a quartermaster. We had another officer who was put technically in charge of the QM's department but the sergeant - or warrant officer he was, warrant officer no, I think he was only a staff sergeant - in the quartermaster was an excellent fellow, first-rate fellow, and was quite capable of taking most responsibility - so he did. And we had three weeks there, staging, waiting for the actual landing, and he worked so hard, I thought, 'Well, bugger it. He may go too if I'm not careful.' So I said to him one Friday, 'You've done a marvellous job. I'm very pleased with what you're doing and it's great and I think you've earned a break. I want you to take Sunday off.' And I mean I want you take it off. I don't want to see you around the place.' So he disappeared on Sunday and came back on Monday and I said, 'You're looking good. How did you spend your day yesterday?' He said, 'I got on one of these Liberators and went over to see what Balikpapan was like'.
(Laughs) The Liberators were the Americans, were the bombing chaps, and they really had bombed the hell out of Balikpapan. There wasn't too much left for the Japanese when we got there.

(10.00) But again, coming back to your own sense as to how well prepared you were for the role, did you feel you ... 

Oh yes, I was feeling I was ready for it. Is that what you mean?

Mmm. Well, as it turned out ...

I welcomed it really.

As it turned out, were you busy upon arrival?

Yes. Yes, we had to set up a hospital, a camp hospital or a tented hospital on a hill. It was a nice spot from that point of view.

When you say 'you set up a hospital', what was involved? How did you start? Who looked after the organisation of where you'd put it? The purpose for the site? Why ...

Well, you send in an advance party. I forget whether I went in. Yes, I went in with the advance party to liaise with the ordnance and engineer people - the construction people - who put up the only buildings that had to be put up, the offices and so on. But the wards were all tented wards and I don't think - even the mess wasn't built. There wasn't too much construction there come to think of it. The large marquee we didn't put up ourselves. I think we had help with that.

But what was the basis on which the site was chosen? Did you have a role in deciding all this?

That would have been chosen before we got there, yeah. No, we didn't choose that.

And how long did that part of it take - the setting up?

There was enough set up to take patients as soon as we got there. We needed twenty-four hours, thirty-six hours to organise ourselves and put up our own residence tents. I think each
officer had his own tent, yes. And the troops would have slept in - yes, the troops slept in marquees too. I slept with them one night - the only night I nearly got bombed.

Why had you slept there?

I think, maybe before our tents were up, probably. Yes, I think that would have been. Because the Japs raided us that night and bombed and I slept in the first bed inside the entrance of the tent and I woke up one night and found myself on the floor. I'd been blown out of bed onto the floor. The most dreadful thing. I heard that plane go over, so I said, 'Plane's going over'. Next morning I went to see where the hole was of this bomb. I thought it must have been a few yards outside my tent and it was about a quarter of a mile over in the next hill.

Was there a sense though that finally, at least, you'd got to the point where there was some action and, in a way, you'd laid to rest the notion that somehow you had to be part of the war and that more ...

Yeah, I think there was a bit of that about it. I was not scared by it. But, to come back to the story we had plenty of patients in no time because the .... Although the port - it's an oil port, it's a Shell Oil Company base, Balikpapan - although the port had been bombed to smithereens, the hinterland was largely untouched and the Japs were all up there, so the battalions had quite a struggle. Several of them had quite a struggle in gaining ground against the Japs and that meant we had quite a lot of wounded and there's a lot of tropical illness up there.

Did you have anything to do with the wounded casualties or were you still just concentrating essentially on those who were sick in one way or another?

Well, by this time the CO had rejoined the unit. The beach group had done its job and he rejoined the unit and took over from me and therefore I was relieved of those administrative roles, and I got back as OC Medical running the medical side which means I wouldn't have been handling the surgical side at all.

So what were you actually doing?

Oh, handling the wards of a lot of dysentery. That was quite common, the dysentery. Malaria wasn't that common. Malaria wasn't common at all amongst our troops. As we captured ex-prisoners of war and Japanese, they all had a whole host of tropical diseases. Amoebic dysentery was the worst one. Amoebic dysentery gets ingrained into the system and takes months of treatment, sometimes, to get rid of it.
Was this water-borne mostly or ...

Yes. Well, it's food-borne - finger-borne - and water-borne, yes. And bacillary dysentery responds to antibiotics but amoebic dysentery doesn't. You've got to have other more dangerous drugs to use.

Was it a lack of adequate preparation of water or food? What was basically the problem?

Well, the only troops in Borneo were Japanese who had very inadequate medical arm of materials. They had a doctor but they didn't have too much in the way of drugs. And many of them had been, I should say, fairly isolated for a long time. They looked scrawny, very debilitated chaps themselves, the ones that came into our hospital. And a number of Indian troops which were British - Gurkhas - which were British had parked there.

When did you see your first Japanese?

When?

Mmm.

(15.00) Oh, not till after war ended.

Oh, so you didn't see any of the Japanese that were captured on Labuan at that point?

Yes. The sick Japanese who were captured but that was after the war I think.

Oh, I see. What was your ...

I think that was after the war ended, yes.

What was the feeling about them at the time? Essentially one of curiosity or ...

Yes, predominantly curiosity and almost a feeling of sympathy. They looked such scrawny individuals. Nothing like the tough nuts we expected to find. These ones were all debilitated, of course, that came into hospital. But there were a lot of Japanese captured of whom we brought them into hospital to check what they were suffering from rather than .... This was
after war had ended. We were there for four months nearly after war ended while they cleaned up Borneo and captured more and more prisoners of war and Japs came in and surrendered.

How did you manage the communication process with the Japanese?

Well, they had interpreters. I didn't have to get involved in that. They had medical officers too - some of whom spoke English.

Were you able to get to know any of them as such?

No. We had a separate ward, marquee, for them and diarrhoea was their most common complaint which usually was dysentery but combined with bacillary dysentery and a good deal of [inaudible] worms and it was a sorry picture really to see them sitting up there in their string of beds - nearly all sitting on bedpans - to how, with their regimented training, when the senior officer or the CO did a ward round each of them sitting on their bedpan bowing - very religiously bowing to the commanding officer when he came in.

Otherwise how did they seem to react to the processes of treatment? Were they just passive or resentful or ...

I gained the general impression, but it's a fairly general one, that they were relieved to be looked after, as they were sick men who were grateful for treatment.

When it became apparent that the Australian POWs had been treated particularly badly, was there any sense of anger towards them or ...?

We didn't know how badly they'd been treated. We only learnt later.

How well do you feel the Japanese prisoners were treated in medical terms? Would they have been given the same kinds of priority of treatment and access to drugs and so on?

If there'd been a shortage of drugs I guess they would have come at the bottom of the list but there wasn't a shortage as I can remember.

So during this period, where were you staying? You were staying in a tent. You had your own tent?
Had my own tent.

And were there lulls where you could get a break from the medical side of your work?

We were pretty busy. There weren't too many chances, nowhere to go to start with. I was just trying to think .... Yes, there was a lull towards the end. Yes. There were two things that caused the lull. First of all we had been a CCS but we had had to function as a hospital because there was no hospital there. Eventually they sent a hospital there after war ended and it was the 2/12th hospital, the one that I'd started my war career in. Totally different personnel from the ones I'd started with. And they took some of the load off so we had time then to relax. But they didn't function very long. They left and went back to Australia long before the 2/2nd CCS did. So we remained as the main sick patients' treatment area serving as a hospital until December. War ended in August.

Incidentally, where were you when war ended?

We were in Balikpapan.

How was the news received, do you recall?

Yes. I was sitting in the open-air picture theatre that the army had set up, watching a film, and they always had to have an officer present I think. At any rate, I was there when the news came through on the radio and it was transferred down to the unit. We'd been anticipating it of course for two or three days but there was a sense of immense relief. We didn't sort of leap for joy. There was no tremendous celebration. I think we were too overawed by the fact that five years of service had ended, or nearly ended.

Was it conveyed - the nature of the bomb and its impact?

Not on that night but about ten days later. I was responsible for getting the odd lecturer to speak to the staff and I found a Dutch doctor who had been just outside Nagasaki at the raid and - since the war ended he'd been evacuated back to Indonesia where he'd been practising before. He was allotted to us, to our hospital, so I got him to talk on the atomic explosion which he saw at pretty close quarters. It was something I'll never forget.

Why.

Oh, the extent of it, the massive nature of the devastation and the deaths and morbidity. The morbidity wouldn't have been so obvious when he left but many of them were disabled permanently. Many of those who survived were permanently disabled in one way or another.
What was the general response to that? Was the feeling, well, it was appalling but necessary, or they deserved it? Do you recall the general feeling about it?

Yes. The general feeling would have been, thank God something's been found to stop Tojo, stop the Japanese from continuing to wage this war. They'd been losing it for several weeks beforehand very obviously, so we'd been looking to somebody to stop it. What we didn't fully appreciate at the time is that if they hadn't used it, the deaths in manpower for both the Americans and the Japanese would have been horrendous. What they lost - both of them - in taking Iwo Jima and Okinawa, south of Japan, is only a fraction of what they would have lost if they'd tried to take the whole of Japan by military assault.

Later on Gracie Fields was to visit Borneo. Did you see Gracie Fields?

Sadly, no. No, but I saw Lady Mountbatten who was quite a charmer and a staggering person.

In what way?

She arrived on a formal trip into Borneo and visited I think Tarakan and Labuan on their way down to us in Balikpapan. She arrived, I think, by military plane at six a.m. and met the military chiefs of the area for breakfast and then she went for a swim and then she conducted the parade and inspection somewhere. And then she went out by jeep to an air force base out in the north. Then she came back and did something else and then they had a cocktail party and then they had an officers' - officers higher up had a dinner for her - and I'm not sure that she wasn't dancing till midnight (laughs). And she left, off to the next station, the next morning.

Did you get to talk to her or meet her personally?

No, I didn't get to talk to her. Our CO would have.

By the end of that period of four months, was there a feeling that, well, now that it was finished you were anxious to get home? What was the general feeling?

Oh, as soon as the war ended, in fact before the war ended, as soon as we heard about this bombing in Japan we felt that the war was going to end any time. There were people working out how they were going to get home. So there was a sudden development of eighteen grandmothers at home and sick members of the family that needed compassionate leave for. I won't exaggerate but the sudden flood of these suggested that they weren't all as highly urgent as they sounded.
And did you have to make decisions on those? Were they your decisions?

My CO fortunately had to deal with those.

Incidentally, you mentioned just before that at a film night you were there, an officer had to be there. What was that drill? What was the purpose of an officer being present for film nights?

Well, the film night is a formal function. You know, it's arranged by the army. It's not like going to a private film show of Hoyts or somewhere down the street. It's an army show so there has to be an officer. It wouldn't have to be a commissioned officer, it could have been a staff sergeant I'd imagine or someone. There would have been a staff sergeant there I'm sure. He's probably the one who got the message and brought it to me.

As the time started to drag on with the war ended, were there any problems at all? Did it lead to any lack of discipline or squabbles or fights or those sort of things?

(25.00) Oh, not really. There were some hard feelings from some people who felt that Joe Blow was jolly lucky to have got home when he said he had to go home. Because I was a later enlistment I didn't expect to be allowed to come home soon and we only had two children at this stage so I couldn't claim to be in need of early return. But one thing the CO did - oh yes, there's one story that's important I think from your point of view. In treating the Indians who were sick who came in after war was ended - they'd been prisoners of war of course with the Japs - they had some very sick men with amoebic dysentery particularly. And their medical officer was one of them. He was a shadow of what he had been normally I could gather from the look of his shrivelled skin, but he had a huge liver from the effects of the amoebic dysentery. And the treatment for this is a drug which is a rather toxic drug and you give it by injection and you give it once a day or as justified. And it was recommended in the textbooks that they remain in bed while they are having their treatment because it's a case of sudden deaths when people have been roaming around while on this drug. So I had a problem because the medical officer .... I said, 'Well he has to stay in bed, he's too sick to do anything else'. The CO said, 'He's got to get up and treat his own sick because we don't have enough interpreters to cope with them'. They did have NCOs in the Indians who could have interpreted anyhow. And the CO made his direction to me on the basis of discussing it with his higher up, the senior medical officer for the division. I said, 'Well, Sir, you know the recommendation is that they should stay in bed and this man's got a very huge liver and he's very debilitated. I think he needs to stay in bed and if he's to get up on your direction I'd appreciate it if this could be put in writing', which is what you're allowed to do. You can't refuse to carry out an order but you can ask for it to be put in writing. So he did that and put it in writing and the man got up and treated his own sick and didn't die. But I wonder whether that didn't count against me.
In what way? For your promotion, you mean?

I won't say any more.

Well, when you came back to Australia, how long before you were demobilised?

We arrived back in Australia in January '46 and demobilisation ... they went to Heidelberg first. I worked on a resident staff at Heidelberg for a few weeks. Probably had a holiday first - I can't remember - it couldn't have been much of a holiday.

Because of the very special sort of areas that you were working in, in a way did it shape much of your medical life thereafter?

No, because my career was in paediatrics. I moved into paediatrics gradually. I had planned to become a paediatrician - trained for it overseas - and had been a resident at the Melbourne Children's Hospital and at Fairfield. But at the end of the war I needed to brush up on ordinary non-military medicine.

Was there a feeling you'd significantly disadvantaged yourself?

Oh yes, considerably. They provided, of course, demobilisation training and I chose to do my demobilisation training in paediatrics at the Sydney Children's Hospital because I think I'd learnt what they could teach me here ultimately, but I'd like to see what Sydney had to offer particularly as the leading light in the Sydney Children's Hospital was an outstanding man called Lorimer Dodds. Ever heard of him?

No, I don't know that I ...

Well, he was a GP who'd turned paediatrician late in life. A very profoundly sensible, intelligent, witty and with-it man, very popular with all ranks ranging from the cleaner at the hospital to the Governor-General and he looked after the Duke of Gloucester's children. And he had become the professor of paediatrics in Australia and he was given that job at Royal Alexandra Hospital in Sydney. So I went to him and that was good. But I realised that I .... General medicine, outside military medicine, all the ordinary illnesses of old age and a whole lot of things that you don't get in army troops, I hadn't seen anything of for five years so I worked as an assistant. I had been a wartime consultant at the Royal Melbourne until I went overseas. I went back to the Royal Melbourne as an assistant in the clinic of Sir Clive Fitts for two years and I was a consultant at Heidelberg for the first - till 1949 - the first three years after coming out.
We're just about at the end of the tape. For many people who went through the experience of working with the 2/4th AGH and through the war years, they are left with a special sense of having belonged to a group or a body of people with a very special sense of purpose and they feel it's been a very significant part of their lives. Does it leave you with that sort of feeling?

Yes. The two units I served for a long time with, the 2/2nd CCS and the 2/12th AGH didn't have viable groups in Melbourne to maintain my interest, but the 2/4th AGH I found did have. The 2/4th AGH was formed from Melbourne in the first place and I knew most of its, many of its staff and they have been a very active group. And, of course, they were cemented into an effective group by their experience in Tobruk as well as elsewhere. So I've been a member of their association for years. I've been their president and I'm now a patron of it.

END OF TAPE TWO - SIDE B.

END OF INTERVIEW.