

## CHAPTER 4

### MILNE BAY

**M**ILNE BAY was included in a district of which Samarai, on a small island in the China Strait was the capital. This district comprised the tail of New Guinea, the expansive Goodenough Bay, a number of large islands and island groups of which Goodenough Island was of some tactical importance, the Louisiade Archipelago, and Milne Bay with its dominating position at the south-east tip of New Guinea, and its natural harbour and deep-water frontage. The military area of Milne Bay was restricted in size: the bay was roughly twenty miles long and eight to ten miles wide, and the land area was some ten miles by three miles of low swampy jungle ringed by mountains on three sides with the sea on the fourth side. This irregular area of flat land was cut off by spurs of the Owen Stanley Range on the south, rough groups of mountains on the west, and the Stirling Range with its heavily wooded sharp ridges and deep gorges standing as a barrier on the north. The area held coconut and rubber plantations, now considerably overgrown, and among numerous sago swamps ran creeks and small rivers whose rapid streams readily flooded in the wet season. It had a high annual rainfall averaging 108 inches, and a hot, very humid climate.

The area of operations was confined to a shallow strip of country along the northern side of the bay running eastward from Gili Gili, where there were limited landing facilities. Here there was a jetty which ran into deep water some fifty feet from the shore, but only ships of moderate size could approach to load or unload even with the use of pontoons. A narrow road wound up a slight rise to a copra factory.

The flat part of the Milne Bay area was low-lying; none of it was higher than 20 to 100 feet above sea-level. There were a number of creeks and small streams rising from the spurs beyond, but only one sizable river ran into the head of the bay. After heavy rain, especially in the wet season, these soon became fast and deep torrents. Most of the roads were narrow and unsuitable for heavy vehicles and many were impassable in the wet. Near the mountain barriers thick jungle impeded progress; in many places the flat ground near the coast was covered by dense vegetation, in others swamps were even more formidable hazards. Road access to the wharf area at Gili Gili was reasonable; only one airstrip was practicable at that time and this was approachable by road from the jetty; both the other strips were incomplete, and only one was accessible after heavy rain. In bad weather the road running eastward close to the shore was only passable to four-wheel-drive vehicles. Numbers of creeks were bridged, but the bridges were of light construction and not suitable for heavy military transports. Access to Milne Bay by air was sometimes held up by low cloud or bad weather.

In times of peace the plantations and missions might carry on their usual activities without undue hindrance, but the establishment of armed forces introduced serious problems of transport, hygiene and sanitation, and supply.

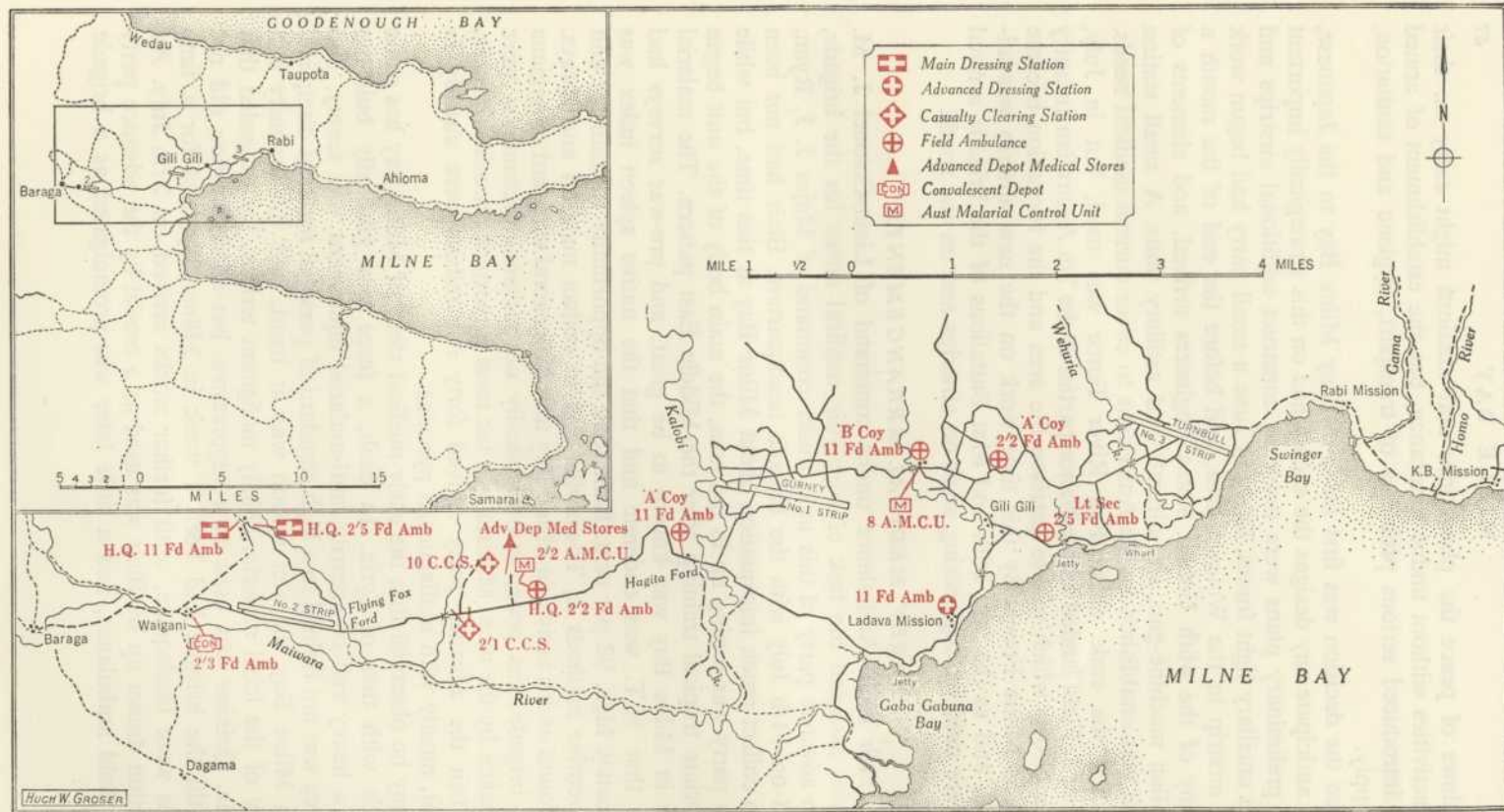
When the decision was first made to deny Milne Bay to the Japanese, and to anticipate any designs the enemy had on this strategically important place, preliminary plans were made to construct additional airstrips and to land ancillary light forces. Early in June a small party had begun work on an airstrip in the Waigani area, and before the end of the month a company of the 46th United States Engineers arrived, and elements of Australian machine-gun, anti-aircraft and artillery units. A small station hospital was established by the Americans to cover current medical needs.

At first the code name Fall River Force was used, but in July, Brigadier J. Field landed with advance parties of the 7th Australian Infantry Brigade Group which was to garrison the area and the formation became known as Milne Force. By this time work on the new airstrip was advancing, and as the 9th, 25th and 61st Battalions of the brigade arrived they were used on engineering work on airstrips and on the roads.

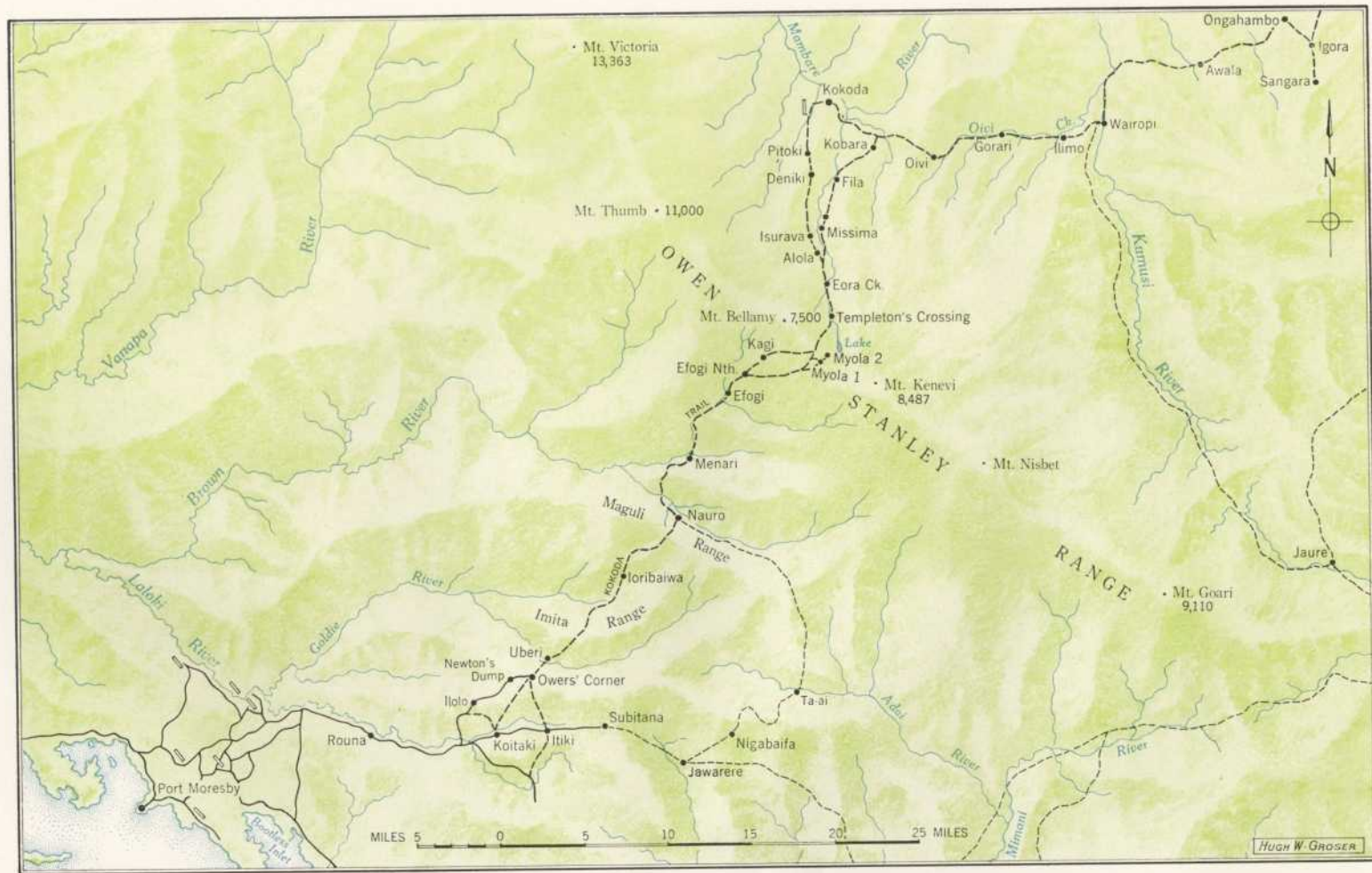
#### EARLY MEDICAL ARRANGEMENTS

The 11th Field Ambulance under command of Lieut-Colonel J. M. Blair was assigned the task of supplying medical cover for the brigade, and an advance party of this unit, under command of Major J. J. Ryan, arrived on 11th July with the brigade headquarters. Blair had not been able to collect much information about Milne Bay at this time, but while Ryan's party was setting up in the area, the main body of the unit began appropriate tropical training after the Middle East pattern. The malarial hazard in Milne Bay was known to be great, and pre-war surveys had shown that M.T. was endemic and that the native spleen index was inordinately high, 92 per cent. Blair took the opportunity to train his unit in preventive methods in Townsville and to collect malarial and sprays. Ryan found on his arrival in Milne Bay that the general standard of hygiene in the brigade was poor, and practically no personal precautions were being taken by the men. Malaria was the most important prevalent disease, and when the advance party arrived forty Australians were already in hospital, mostly with undiagnosed pyrexias.

It may be observed that the early medical story of Milne Bay has some parallels with that of Syria. In each, a force was gradually built up under a heavy veil of security, anti-malarial equipment was scanty, and the force was not trained to a high standard of personal malarial discipline. But in Milne Bay the wet season was at hand, and the intensity and severity of the local malaria, chiefly malignant tertian, far exceeded that of Syria. Quinine was used as a suppressive, but administration did not begin till the brigade had been a week in Milne Bay, and for a time supplies were inadequate, until further stocks arrived on 27th July. An instruction drawn up by Blair was used as a model by the advance party of the field ambulance, and a little later was promulgated as a brigade



Milne Bay



Kokoda Trail

instruction. This laid stress on the personal use of suppressive quinine in daily dosage of 10 grains, and the wearing of protective clothing, and on the methods of adult and larval mosquito control. However, there were no nets available for use when the force arrived, and very little protective clothing: the men wore shorts and had their sleeves rolled up.

Ryan's advance party set up an M.D.S. in the Waigani area, near the site of the brigade headquarters, which was later moved. An A.D.S. was also established at the Ladava Mission. On 2nd August the remainder of the field ambulance arrived at Gili Gili; its headquarters took over the M.D.S. at Waigani; having prepared huts and sheds for this purpose, "B" Company moved to a neighbouring location. Patients were being received on the 6th, and by the time the main body of the unit arrived, there were fifty-six patients in the M.D.S. and thirty-six in the A.D.S. Circumstances demanded that the unit should devote much of its time and activity to running a hospital, thus losing a degree of mobility. Nevertheless during August malarial squads were set up in battalion areas, adult mosquitoes were vigorously attacked by spraying, and in the ambulance unit a high personal standard of precaution was enforced.

There was now a force of over 6,000 in the Milne Bay area, and on 4th August just as the Nos. 75 and 76 R.A.A.F. Squadrons arrived, the Japanese showed signs of activity by an air raid directed largely at these formations. A week later the Zeros returned but met a prompt and effective counter-attack.

A third airstrip had been planned in the Gili Gili area, running down towards the water, and the 43rd United States Engineer Regiment brought in modern equipment to accelerate construction work. Supplies of fuel were also laid down at Goodenough Island and Wanigela on the north coast. The force was consolidating its position, and reinforcements were expected. It should be noted that on 7th August a United States marine division landed in the Solomons, under cover of sea attacks by American and Australian naval units. A bitter struggle for Guadalcanal began, and all naval participants suffered losses. This began a naval war of attrition to decide the fate not only of the Solomons but New Guinea.

#### MORE TROOPS ARRIVE

On 12th August the 18th Brigade A.I.F., under command of Brigadier G. F. Wootten, began to arrive in Milne Bay, and with it came advance parties of the 2/5th Field Ambulance, commanded by Lieut-Colonel J. S. Crakanthorp. The next day Major-General Clowes and his staff, including Colonel G. B. G. Maitland, A.D.M.S. of the force, arrived by air. The force was now officially Milne Force, with Clowes as the General Officer Commanding. Maitland had previously been acting as A.D.M.S. of New Guinea Force; Lieut-Colonel Gunning had temporarily carried out these duties. As part of the changes being rapidly made to cope with the threatening situation facing the force based on Moresby, the Headquarters of New Guinea Force was being taken over by the staff of I Australian Corps, translated from the mainland.

Before leaving Moresby, Maitland was able to simplify the mechanism which had previously demanded that all men transferred for medical reasons to Australia should be submitted to a medical board. This had thrown an unnecessarily heavy burden on the medical officers who had been hard pressed by pioneer work, but the whole question was to become more urgent, as it was an indication of the serious importance of sick wastage. This was but one of the problems that awaited Maitland in Milne Bay. On the 13th, the day on which the G.O.C. and staff arrived, a patient died of malaria in the M.D.S. of the field ambulance, an omen of what lay ahead. It may be noted that already the treatment standardised in the area for clinical infections followed the lines of that laid down in the A.I.F. in the Middle East: three days quinine 10 grains daily, five days atebrin 0.1 gramme daily, and after three days rest, five days of plasmoquine 0.01 gramme daily. It is interesting that the cyanosis and abdominal pain in some patients drew the attention of the medical staff to the fact that the dose administered contained twice the prescribed quantities of plasmoquine base. This had happened in Palestine also, but once the importance of a chemically exact dose was generally recognised, no real trouble was encountered. Malarial diagnosis was also put on a sound basis at an early stage, and thick films prepared with Field's stain were being used in the 11th Field Ambulance.

#### THE SCENE ON ARRIVAL OF MILNE FORCE

Maitland's medical command was complicated by his having no D.A.D.M.S., and no office staff other than a borrowed officer from "A" Branch. Even his personal effects and stationery had gone astray, and a large supply of anti-malarial pamphlets specially printed before the force headquarters left had been sent in error to the 7th Division. Communications with Moresby were defective and the demand was considerably greater than could be met by existing facilities. Messages to and from Moresby did not always arrive. Anti-malarial stores expected from the mainland had not appeared, and protective clothing was not available to more than a small proportion of the men.

The most troublesome problems facing the A.D.M.S., and indeed the whole force, were the weather and malaria. The headquarters of Milne Force found conditions in the area difficult and uncomfortable in the extreme, especially as the time for preparation would probably be short. Heavy rain fell persistently and the narrow-crowned roads ran between deep wide ditches in which vehicles were readily bogged. Detours were equally treacherous, and heavy trucks left deep ruts in the soft mud in which following vehicles were brought to a standstill. Only four-wheel-drive trucks could negotiate some roads, and the worst tracks were quite impassable. Siting medical units was a difficult matter; access was a problem, so too was hygiene in low-lying areas, where the sub-soil water was close to the surface. Streams flooded with heavy rain, fords became dangerous and then impossible of transit.



The dispositions of Milne Force were as follows: the 7th Brigade was sited in the eastern part of the Gili Gili area; the 9th Battalion a little to the south round Gaba Gabuna Bay, the 25th Battalion north of No. 1 strip, and the 61st Battalion with the 2/5th Field Regiment to the west, with detachments some miles along the bay to the east of K.B. Mission and Ahioma. The 18th Brigade was responsible for the western part of Gili Gili and the No. 2 strip at Waigani. Near the brigade headquarters west of the 61st Battalion was the 2/10th Battalion in reserve, and under command of the 7th Brigade. The 2/9th Battalion was south of the No. 1 strip at Hagita House and the 2/12th Battalion at Waigani. The brigade headquarters was near the Milne Force headquarters between No. 1 and No. 2 strips.

The medical units had to be sited in accordance with these locations, but this was not simple, owing to the bad weather and the paucity of good camp sites; in addition some movement of the original A.D.Ss. was necessary as they were not well placed for tactical requirements, and were perforce holding patients.

Under depressing conditions of the wet season the forward party of the 2/5th Field Ambulance moved to its site in the neighbourhood of the 11th Field Ambulance. The A.D.M.S. obtained thirty native labourers through Angau, and the housing of both ambulance units proceeded. By 18th August the whole of the 2/5th Ambulance had moved into the camp area. The M.D.S. was set up within a quarter of a mile of the M.D.S. of the 11th Field Ambulance: nearby was also the American station hospital, in a house. The 2/5th M.D.S. was planned to take men with infectious diseases. Both ambulances were confronted with the physical difficulties of providing adequate accommodation for the sick with reasonable roads of access. Torrential rain fell on the 19th, and the 2/5th camp area was awash. The sites selected for wards were under water. With effort the area was drained and tents erected; cookhouse shelters were built by natives. Water supply was, paradoxically, a problem: it was obtained by catchment from tent flies, from which it was caught in a water cart or other receptacles. On the 21st conditions were even worse; six inches had fallen during the night and the two main fords (Hagita and Flying Fox) were impassable.

Three transports arrived in the harbour, carrying among other troops the staff and equipment of the 110th C.C.S. under command of Lieut-Colonel F. L. Wall. After some difficulties in the consignment of the unit's ordnance and medical stores, the C.C.S. had left Brisbane excellently equipped. It was, as its commander said "a whittled-down 600-bed general hospital, and carried extra surgical equipment, a pathologist, and fully equipped pathological laboratory—anti-malarial gear such as mosquito helmets, mosquito ointment, flysol, fly-sprays and knapsack sprays". Fairley arranged for the commanding officer to have 200,000 tablets of quinine, to be carried by hand. The members of the staff had also been well instructed and drilled in therapeutic and preventive procedures. The unit went to a staging camp at Gili Gili, and two days passed before it was

possible for Maitland and Wall to reconnoitre the proposed site. Ten inches of rain fell while the ships were being unloaded, and many stores were dumped in the mud and ruined. No carton packings, even with the protection of boxes, could withstand the weather. Unfortunately no hypodermic needles, lumbar puncture needles or oxygen adaptors had been sent, and mosquito nets were not readily accessible, being packed in bulk.

#### FINDING SITE FOR C.C.S.

Milne Force headquarters officially began administration on the 22nd. Next day Maitland and Wall inspected the plantation site proposed for the C.C.S. It was covered with long kunai grass, and the approach led through a marshy area marked on the map as Sago Swamp. It was still flooded by the swollen river. While Angau arranged for a hundred natives to help in the preparation of the site for the C.C.S., further reconnaissance of the whole area was made, but nothing better could be found, and the natives began clearing the undergrowth. A few days later Maitland again visited the area, partly by Bren carrier, partly on foot, but on returning to the headquarters he found that hasty packing was proceeding. News had been received that the Japanese were about to land troops in the Milne Bay area. The headquarters of Milne Force hastily moved to a new site, and it was necessary to transfer "A" Company of the 11th Field Ambulance to a new position with its patients.

This news was not altogether unexpected, for sea movement had been observed, and there had been some air activity: on the previous day Japanese fighter planes had raided the area, and had lost four planes. Little time had been available for the preparation of field medical units for action. The 11th Field Ambulance, longest in the area, had managed to construct part of a road leading into the unit; the 2/5th Field Ambulance had only been a fortnight in Milne Bay, and was already forced to move some of its component parts, while the 110th C.C.S. was striving to have enough gear brought to the sodden site to make a kitchen and quarters for the men, and to erect marquees to house some thirty hospital beds. The tents were camouflaged with mud and leaves; but lacking further protection from the water, other stores were dumped on the 2/9th Battalion area, which was forty or fifty feet higher than the C.C.S. site. The approach road was impassable on the 25th, and the warning of a Japanese invasion came on the following day. The surgical section was promptly erected on the battalion area without any specially designed lay-out, the generator was hauled in by a Bren carrier, and an operating theatre was ready for action after twenty hours' labour. The C.C.S. thus occupied part of the 2/9th Battalion area, largely though perhaps not entirely by force of circumstances. "Small, muddy and irregular as it was, there was no better spot for the treatment of the battle casualties." These arrangements were made barely in time, for during the night of the 25th-26th the Japanese made a landing on the northern shore of Milne Bay eight miles east of Gili Gili.



Towards the end of August Milne Force included for the purposes of command some 7,500 members of the A.I.F. and A.M.F., 600 of the R.A.A.F., and 1,350 American troops. The medical establishments included two field ambulances, only one of which had been even as long as three weeks in the area, and a casualty clearing station which had just arrived. Maitland now had the temporary help of Captain T. K. Whiting as D.A.D.M.S.

#### ACTION

On the 24th, enemy landings were reported east of Buna on the north-east coast, and the next day landing barges were observed off the south-west coast of Goodenough Island. Later on the 25th an enemy convoy escorted by three cruisers was sighted off Kiriwina 140 miles from Milne Bay. A detachment of the 61st Battalion which had been posted at Ahioma, several miles east of the K.B. Mission at the head of the bay, was recalled by water, and in returning encountered Japanese landing barges. A ketch was lost and the party, unable to proceed, had to make its way back to the battalion by a long detour overland. A little later, at one o'clock in the morning of the 26th, patrol vessels discovered ships in Milne Bay, and shortly afterwards an enemy force landed at Ahioma. Early contact was made with the Japanese by part of the 61st Battalion. There were some casualties and little headway was made before the Japanese withdrew.

The first battle casualties reached the 11th Field Ambulance before noon. This unit had its M.D.S. carrying out the functions of a hospital, and by the 27th had eighty beds occupied. The other field ambulance, the 2/5th, had its "B" Company ready to move for tactical purposes, and had been warned to be ready to work as a hospital within twenty-four hours. The 110th C.C.S. had fifty beds equipped on the 27th, was receiving casualties, and had started work in the operating theatre, with two surgical teams. The American station hospital had 100 beds ready, of which forty were occupied. It was clear that more beds would be needed to allow the ambulances to perform their normal duties, but as the A.D.M.S. observed as soon as he landed in Milne Bay, the need to hold patients was already immobilising units which should be free to move.

Late on the night of the 26th a strong Japanese force attacked the two companies of the 61st Battalion, which withdrew to the west to Rabi Mission, and the 2/10th Battalion, also under the 7th Brigade, was sent forward. The following day Japanese planes attacked No. 3 airstrip and later enemy land forces made a night infantry attack. In this they used a flame thrower, but the Australians dealt with it by grenades. Captain R. G. Lyne, R.M.O. of the 2/10th Battalion, was seriously injured and two A.A.M.C. men were badly burnt when a carrier slipped off the road on to a mine. Lyne died soon afterwards, in spite of prompt resuscitation measures. Replacements of the medical officer and men were supplied from the staff of the 2/5th Field Ambulance. During these days the medical units were hard pressed by their efforts to consolidate their posi-

tion: it was a problem to provide the sheer means of living and working as well as to handle casualties.

Difficulties of transport were extreme; even immediate access of stretcher patients to the hospital wards involved toil. Bringing in casualties from No. 3 airstrip on the 27th was a difficult and arduous task in which the 11th Ambulance bearers participated. The 2/5th Ambulance placed a relay station at the end of an access road, and changed patients from ambulance waggons to four-wheel-drive trucks. By this time casualties were being received by all the units.

In the dark early morning of the 27th the Japanese delivered a heavy attack on the Australian flank and the 61st Battalion withdrew to the Gama River. The 2/10th Battalion was now sent up towards K.B. Mission in relief of the 61st Battalion, whose men had now been two days and nights engaged in heavy fighting. Signs of fatigue were evident in those who were admitted to dressing stations. The Japanese, as usual, attacked again at night, using two tanks, but although the Australians had no effective anti-tank weapons, the enemy did not break through. Late in the evening, even with the help of supporting artillery, the battalion was pressed back to the Gama River.

At 2 a.m. on the 29th the Japanese made a great effort, and pushed past the 2/10th Battalion, which in a delaying action had its headquarters and two companies cut off. These could not make contact with the rest of the unit and were forced to make a long detour through the foothills. Only after some days of hard travelling by the companies was the battalion reunited. The Japanese encountered the 25th Battalion, which was defending the airstrip with the assistance of American machine-gunners, but were not able to penetrate to the strip, and withdrew at daylight. On the night of the 29th, the 25th and 61st Battalions were waiting on the strip for the usual night attack, but the enemy did not engage the defenders; their tanks were bogged in the formidable mud, and were abandoned. The 2/12th Battalion was moved forward from Waigani in anticipation of a forward move by the 18th Brigade, but the discovery of enemy ships in the harbour caused postponement of the plan, and neither side attacked on the 30th.

Meanwhile MacArthur at General Headquarters was perturbed by the progress of the action, and directed that a prompt clearing of the northern part of Milne Bay be undertaken. The troops in the area did not share this pessimism, in spite of hardships and bad weather. Cautions were given to the units in the medical area lest their safety and that of their patients might suffer through infiltration by the Japanese. All units camped on the jungle's edge were instructed not to sleep within fifty yards of the undergrowth and arrangements were made for withdrawal in emergency. The American station hospital was responsible for the safety of the medical area, and on the night of the 28th gave an alarm, but no action was found necessary. While action was pending there was cause for uneasiness, as there was little to indicate whether the Japanese would come overland or by sea landing, or where they would first appear. The 110th C.C.S. was

really outside the defence area, and only protected by a listening post. Naval bombardments experienced in the later stages of the action were uncomfortable, though they did little damage; one medical commander stated to his men that they "could be regarded with contempt". Great vigilance was maintained at night, with no smoking, no lights, and no noise. Good unit discipline was found to be essential for efficiency, shaving was insisted upon, proper dress was worn, meal parades were held; the general atmosphere was one of calm.

During the relative lull at the end of August the weather was very bad. On the 29th twenty-five patients in a truck had to be towed into the 2/5th M.D.S. by an American tractor. This unit supplied an A.D.S. under command of the 18th Brigade when an advance was imminent and was moved to Milne Force headquarters under Major J. O. Lavarack. The units were perforce used in an unconventional way. The 11th Field Ambulance evacuated to the 110th C.C.S. for surgical purposes, but after operation patients were, when practicable, passed on to the 2/5th Ambulance for further holding. The 11th Ambulance held 172 patients on the 30th; its daily average was 155. The exact disposal of patients was to some extent at the mercy of the weather. Trouble was still being experienced with water supply in places. The M.D.S. of the 2/5th Field Ambulance was inadequately served, and creek water had to be carried for cooking and washing. Accommodation was still sketchy: native huts were available for some wards, but the 2/5th Ambulance used a tent for minor surgery. Rations were short at this time; for two or three weeks this unit had little but biscuits and bully beef, and a little marmalade. Ingenuity also produced "reasonably good bread" from jettisoned flour and fermented coconut juice. About this time two cases of scrub typhus were recognised in the area, the forerunner of more at a later date.

In spite of the unconventional set-up of the medical units, medical and surgical demands were met. Among the varied duties of the C.C.S. was the issuing of stores to other units, as the functions of an advanced depot medical stores unit had been added to its unofficial establishment. The task was more difficult because of shortages in such essentials as shell dressings, vaseline, sulphanilamide and morphine. The surgeons of the C.C.S. had to cope with considerable difficulties from the beginning of the action. Sufficient instruments, anaesthetics, and dressings, had to be found in the packed cases, which bore no external indication of their contents. It was only a happy discovery of trucks bearing the unit's colours on a siding near Brisbane some time previously that enabled the C.C.S. to act as a surgical unit. Serum and apparatus for resuscitation were located and unpacked just in time to treat Lyne and the other casualties from an exploding land mine. Fortunately a supply of vaseline gauze was sterilised as soon as the autoclave was working. The two surgical teams did not alternate, but worked simultaneously, using common material and sleeping when they could. Major C. O. F. Rieger led the teams, though ill himself at the time. The placing of the surgical section in the area of the 2/9th Battalion gave rise to some difficulties. The infantry insisted

on a scrupulous blackout but were never satisfied with it. Consequently the hot steamy congestion of the closed marquees was very trying. Wounds were mostly severe, as the predominance of stretcher cases showed; enemy bombs and machine-guns at close range produced the most serious injury.

On the night of the 30th-31st the Japanese again heavily attacked the airstrip, which was covered by the 7th Brigade. The 2/12th Battalion, which had already moved up, advanced towards the K.B. Mission, and continued to advance on 1st September. An enemy night attack on the Gama River was repulsed, and the next day the battalion continued to press on. Brigadier Johnston visited the area the following day to see conditions at first-hand, as some of Maitland's reports had not reached him. The weather conditions on this day were shocking. Both M.D.Ss. at Waigani were cut off by floods. Flying Fox ford was under seven feet of water, the neighbouring small bridge was broken, and the relay post held five casualties who had been rescued from a ten-wheel truck submerged in trying to cross the ford. In discussing affairs with Maitland, Johnston agreed that the strength of medical units should be brought up to establishment, that the 110th C.C.S. should be established on its correct site as soon as practicable and that a site for another C.C.S. or a hospital should be prepared. The surgeons of the 110th C.C.S. had performed ninety-six operations in seven days.

Transport of patients from forward posts gave great difficulty. Captain B. Hooper of "A" Company 11th Field Ambulance established an aid post at Rabi Mission with the 2/12th Battalion along the east coast. At first, casualties were moved by bearers following up the battalion, but later water transport was used; for this purpose ketches were employed with stretcher bearers under a bearer officer. Twelve patients were brought back by water while the Japanese were firing within a mile of the A.D.S. The risks by road were hardly less: on the 3rd a three-ton truck failed to reach the ford at all because of the innumerable deep holes in the road, which was broken away on both sides and was part of a morass of impassable tracks. The C.C.S. was experiencing so much trouble in transferring patients to the M.D.Ss. that on 31st August the A.D.M.S. had been forced to direct that no transfers be made for the time being.

Part of the 2/9th Battalion was sent on 3rd September by sea from Gili Gili to reinforce the 2/12th Battalion at K.B. Mission. Strong opposition was encountered, but the Australians occupied the position at night-fall. The next day again saw hard fighting by the Australian troops against firm Japanese resistance. In these engagements the advanced dressing stations were of great value, and worked well with the unit bearers. In one instance a patient was brought in by boat to the 2/12th R.A.P. needing urgent attention for a major abdominal wound, and was promptly taken on in a commandeered truck. The A.D.S. at Gili Gili did particularly good work during the time of the naval bombardment of the night of the 3rd-4th. This shelling of the areas east of K.B. Mission did little military damage, and was presumably a covering action, as the enemy resisted strongly the further attempts of the Australians to advance east

along the foreshores of the bay. Two days later the 2/9th Battalion continued its onward movement, but met with no organised resistance, and occupied the former Japanese base with little trouble.

Meanwhile the medical units were expecting the hospital ship *Manunda*, as battle casualties and sick were now imposing considerable burden on their temporarily limited resources. At this time there were 365 sick and 164 battle casualties held in the medical units. *Manunda* left Brisbane on 2nd September and arrived in Milne Bay in the late afternoon of the 6th and, fully lit, anchored two miles from Gili Gili wharf, where the M.V. *Anshun* was lying. During the night a Japanese cruiser and a destroyer drew in and, after inspection of *Manunda* with searchlights, shelled the wharf and aerodrome area. The *Anshun* was sunk with a quantity of valuable stores, but no hostile gesture was made to the *Manunda*.

The next morning the hospital ship was unable to berth because of the sunk vessel, but the ship's crew and unit staff collected 182 patients in life-boats, and then hoisted these up to "C" Deck, and thence carried the stretchers on board. The *Manunda* was carrying the personnel, stores and equipment of the 2/1st C.C.S. and during the afternoon all were disembarked by the laborious process of towing loaded pontoons by the life-boats. This work could not be completed till the next day, when some assistance was available from some American negro labourers. That night a Japanese cruiser again shelled the shore areas, but did not interfere with the brightly lit *Manunda*. While the remainder of the C.C.S. material was being landed on the afternoon of the 7th enemy bombers appeared. A bomb fell in the water about 600 yards from the ship, and the *Manunda* drew out from the wharf area and later left for Port Moresby. It was not practicable to unload the remainder of the stores of the C.C.S. and some six slings of equipment were left on the ship when she sailed.

Meanwhile, on shore, unorganised bands of Japanese stragglers were being encountered as far east as Ahioma, and their destruction signalled the end of the action in Milne Bay. It was realised that the Japanese naval forces in the bay had covered withdrawal by sea, and that though there were still scattered troops trying to make their way overland to Buna, the Japanese land forces had suffered their first defeat.

During the last six days the two battalions involved had lost 200 killed and wounded, and the total Australian battle casualties now numbered 373; of these twenty-four were officers. These losses were regrettable, but they were more than offset by the wonderful lift of morale by the decisive defeat of the Japanese force. An insidious enemy still remained in the malaria which was expected to declare itself as the flood rains subsided. There was hardly a problem which did not press for solution. Siting of units, provision of accommodation, transport and stores still needed much hard work, quite apart from the setting up of measures of hygiene and of malaria prevention, a vast labour in themselves. Without these the attrition of the force could become alarming and even lose Milne Force the fruits of victory. Knit by an even firmer bond, the force had now to make Milne Bay safe from another enemy—disease.