

CHAPTER 14

NEW BRITAIN

AFTER the campaigns on the Huon Peninsula and in the Ramu Valley had been successfully completed, a new drive was begun under the direction of the Headquarters of New Guinea Force with the object of securing bases on the north-eastern coast of New Guinea. Further administrative changes were then made: these brought the operational headquarters up to Lae, where the Headquarters of First Australian Army took over the functions of New Guinea Force, and directed the operations of II Australian Corps. The First Army on 2nd October 1944 assumed command of all the Australian Military Forces in New Guinea, New Britain, and the Solomon Islands. Among these was the 5th Division under command of Major-General A. H. Ramsay. This division had carried the advance of the Australian troops to Madang and Alexishafen, and as far as Hansa Bay. By 13th September the greater part of the force could be withdrawn to Madang with safety, leaving a patrol base in active operation at Bogia.

Consideration of further offensive movements to the Philippines, and the possibility of Australian troops being concerned in these or in other combined operations, brought about discussions between Generals MacArthur and Blamey, with the result that General Headquarters issued a directive setting out the minimum strength to be employed in the various areas in which defence must be maintained. Thus New Britain once more came into the Australian picture, and the 5th Division with its comparatively small force of three brigades was assigned to this area. Towards the close of 1944 a small Australian force took over from the American formations which in December 1943 had landed at Cape Gloucester and Arawe, on the western end of the island. Here the Americans had captured a number of vital airfields, and had gained control of the north coast as far as Talasea and Hoskins on Kimbe Bay.

Since the Japanese had seized New Britain in 1942, parties of the Allied Intelligence Bureau had been very active in the central area of the island, and employed native armed patrols in gathering information about the enemy, and harassing them until they had been cleared from the north coast to Ula Mona and the western end of Wide Bay on the south. In October 1944 the strength of the Japanese forces in New Britain was estimated at 38,000 troops (actually there were far more), and their objective appeared to be the defence of their main operational base at Rabaul. This had been built up since early in 1942, and was known to be very strongly defended in a system of underground stores and shelters. The Japanese also maintained a perimeter defence, within which they carried out extensive cultivation. The ability of the enemy to make sorties from this stronghold was severely limited by the general military position, quite apart from any possible question of policy; moreover, the

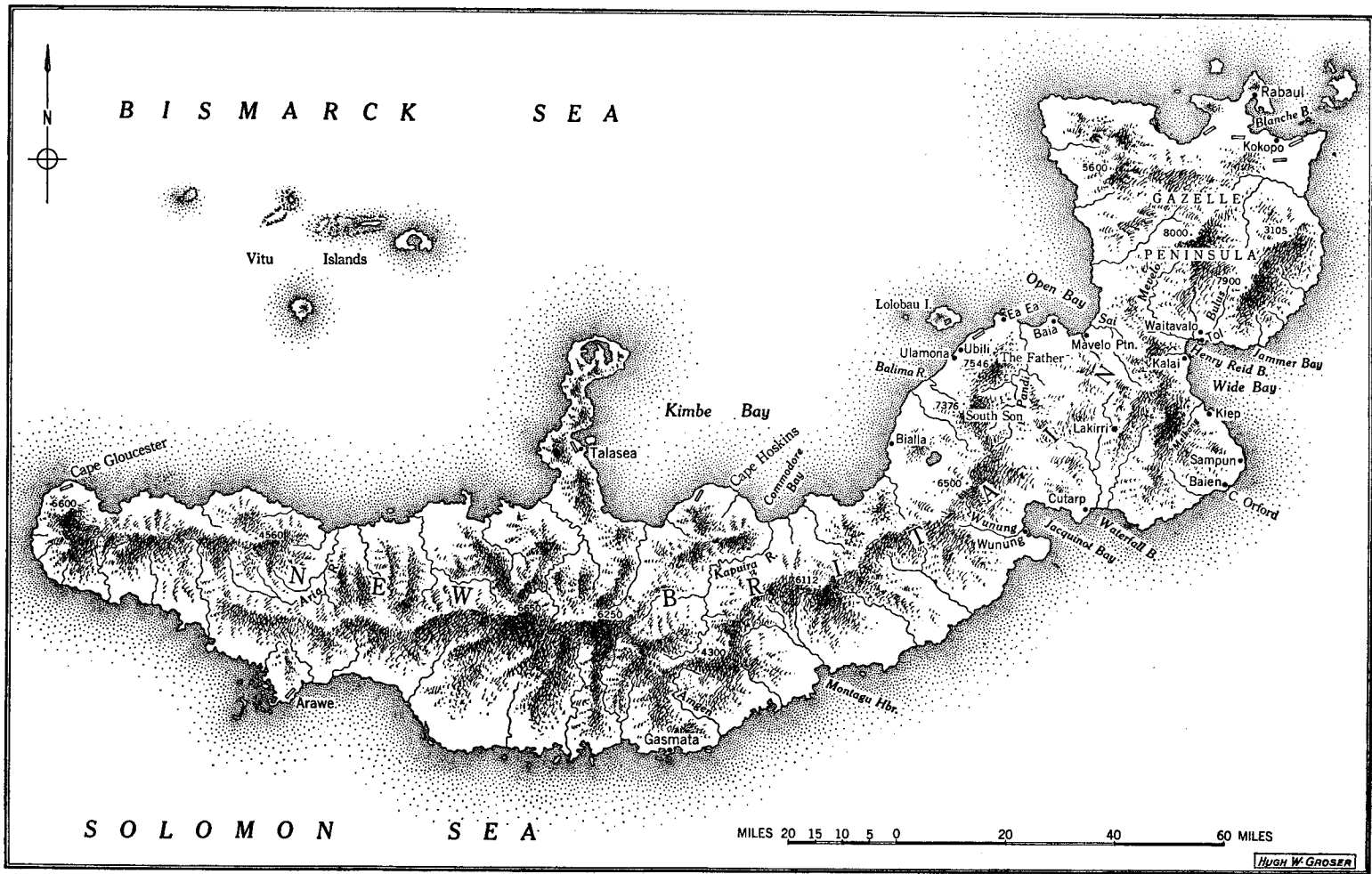
Australian division had an objective clearly defined by the Army Command. The specific task of the three brigades was to contain the enemy within a line connecting the Wide Bay and Open Bay areas. The north-eastern sector of the Gazelle Peninsula was believed to be strongly defended, but the indications were that the Japanese would not be likely to commit a large force to offensive operations.

New Britain does not exceed 50 miles in breadth at any point of its 370-mile length. It is mountainous, and has a number of high peaks some of which are actively volcanic. In the Gazelle Peninsula there are mountains of 7,000 feet elevation, and the central chain farther south rises to an almost equal height. South of Open Bay are high peaks, two of the largest being an active volcano of 7,546 feet, known as The Father, and an extinct volcano called South Son. Much of the interior of the island is rough and densely wooded, with many short but swift running rivers, numbers of which are swampy near the sea. Wide Bay and Open Bay deeply indent the coastline on each side of the narrow neck of the Gazelle Peninsula; other important areas are Talasea and Hoskins, within the expansive Kimbe Bay on the north, and Jacquinot Bay south of Wide Bay. The narrow belt between Wide Bay and Open Bay is flatter than most of the rough timbered country between coast and coast.

RELIEF OF AMERICAN FORCE

In September 1944 Jacquinot Bay was explored and a site found suitable for a divisional base: at the same time another site was discovered for a base area on the northern side, in the neighbourhood of Talasea and Hoskins. To further this end of having ready two base areas in advance of the projected movement of the division, plans were made to secure Jacquinot Bay by the 6th Australian Brigade Group (less one battalion group) in the south, and Talasea-Hoskins by the remaining 36th Battalion Group in the north. The first step was to effect the relief of the American force already in New Britain. The 40th United States Division was responsible for the safety of western New Britain, with organised defence from its headquarters at Cape Gloucester, and other defence groups at Arawe and the Talasea-Hoskins area, where a regimental combat team was stationed. A general basis for the relief was mutually agreed; this provided that the American force at Arawe would be relieved of responsibility in this area when the 6th Infantry Brigade Group arrived at Jacquinot Bay, and an Australian infantry battalion group would similarly take over the Talasea-Hoskins area on the north coast. On the arrival of an additional Australian brigade group the relief of the 40th Division would be completed.

On 7th October, a few days after Lieut-General V. A. H. Sturdee, commanding First Australian Army, had taken over the New Guinea operational area, the 5th Division, less one battalion group, was assigned the task of protecting the 5th Base Sub-area at Jacquinot Bay, and preventing any infiltration of the enemy towards the western part of the island. Similarly the 36th Battalion of the 6th Brigade was to prevent



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New Britain

the Japanese from infiltrating along the north coast, east of Cape Hoskins. This northern area had already been developed by the American forces; detachments of various technical kinds were attached to the Australian battalion, including part of the 6th Field Ambulance, which was commanded by Lieut-Colonel S. W. Bryan. Arrangements were made for the establishment by Captains J. L. Dunstone and J. M. Banks of "A" Company of a 50-bed A.D.S. at Cape Hoskins, and to this a surgical team was attached from the 2/7th A.G.H., comprising Major E. A. Hedberg, Captain G. Fitzgerald and four O.Rs. Medical officers also gave necessary care to the natives in the area, numbers of whom needed treatment for yaws. The A.D.S. was ready on 11th November and on the 13th the relief of American troops at Hoskins was complete. Shortage of shipping made it necessary to move the 36th Battalion in two stages; one on the 8th and the other on the 31st October. Transport for these moves was obtained from Madang, Lae, Darwin and other parts of Australia.

On the southern side of the island an advance party from Lae landed at Jacquinot Bay without any opposition. The 14th/32nd Battalion arrived on 4th November with "B" Company of the 6th Field Ambulance; on 27th November complete operational responsibility for New Britain passed from the 40th United States Division to the 5th Australian Division. The original plans for movement provided for coordination of the arrival of the various defensive units, but exigencies of shipping prevented this, and the organisation had to be altered and extemporised for some time after the landing of the early elements of the force. Concentration of the whole division was completed in mid-April 1945.

As soon as the American forces were relieved, the next step was to ensure the security of the bases on the north and south coasts. It was then necessary to make contact with the Japanese, and to advance to the line running across the narrow waist of the island between Wide Bay and Open Bay. More detailed planning was not immediately practicable, but Headquarters First Australian Army directed that the division begin its task with offensive patrolling, and carry out small sorties within the resources available at the time.

As the military operations were to be made on a restricted scale, with a front not exceeding one brigade, the medical dispositions were correspondingly reduced, and the forward work was the responsibility chiefly of one field ambulance. Until the Wide Bay-Open Bay line was closed to the enemy, the northern and southern coastal sectors were separate and distinct, and for purposes of description they are also most simply dealt with independently.

ON THE NORTH COAST

At first there had been little activity in the Open Bay area; the lack of enemy opposition was, however, deceptive. Patrols of the 36th Battalion had explored the north coast up to Ea Ea in barges without sighting the enemy.

The strength of the Japanese in the area was increasing; and on 21st November a strong enemy party moved from Ea Ea by barge to Ulamona.

Patrols from the 36th Battalion began moving forward to meet this threat, and an additional company was brought up to help. Patrols from Bialla to the Balima River made no contact with the enemy, and found early in January that the Japanese had withdrawn beyond the Pandi River. The medical services for these patrols were supplied by a light section of the 6th Field Ambulance Company. At Hoskins the 36th Battalion maintained only a minimum force, sufficient to defend the airfield; the remainder of the group was kept at Ea Ea. It was not practicable to keep a larger force at Bialla, which was on the open sea, and the problem of maintaining supplies was considerable. A company of the New Guinea Infantry Battalion moved up to Ea Ea, and patrolling in the volcano area, The Father, still met no enemy until 27th January when a Japanese patrol was encountered near Mevelo plantation. In February the Japanese made strong attacks on the Australian positions between Baia and Pula Pula Bay, but again withdrew. Later in the month a strong force attacked Australian patrols near the mouth of the Sai River, and here the enemy continued the same tactics, withdrawing when subjected to counter-attacks.

The A.D.S. at Hoskins was now closed, and re-opened at Nantambu, but an evacuation post was retained at Hoskins for handling casualties to Lae from forward areas. The route of evacuation was from the 36th Battalion R.A.P. by barge to the A.D.S.; this took one hour, and eight hours more by barge to the Hoskins post, provided the patient's condition enabled him to stand this journey. Thence the wounded were sent to the 2/7th A.G.H. at Lae by plane or ship. It was found wiser to keep seriously ill men at the A.D.S. rather than expose them to the strain of a tiring journey in unsuitable transport.

The position in March on the northern coast was reasonably stabilised; medical arrangements were satisfactory; adequate attention and transport could be obtained independently of the remainder of the force. Endemic disease was of some importance but caused no serious inroads on manpower. During April "A" Company and a detachment of "B" Company of the 4th Field Ambulance, under command of Lieut-Colonel A. H. Gee, were expected to relieve "A" Company of the 6th Field Ambulance. Shipping was not available for the movement so it was necessary for the 4th Ambulance party to march across the peninsula from Tol to Nantambu. After arrival they took over the duties hitherto performed by the detachment of the 6th Field Ambulance.

ON THE SOUTH COAST

The landing on 4th November in Jacquinot Bay was planned with due precaution, with protection from the navy and air force, but it was unopposed. The 6th Brigade moved into the Wide Bay area. The 6th Field Ambulance's "B" Company supplied the medical cover, and established a temporary A.D.S. south of Wunung plantation on 10th November with a surgeon, Major D. Henry, detached from the 2/8th A.G.H. Other medical units were not then available to take full care of patients; therefore the G.O.C. preferred that the A.D.S. at Jacquinot Bay should continue



(Australian War Memorial)

Ferrying supplies at Henry Reid Bay, New Britain.



(Australian War Memorial)

At Aitape General Blamey talks with a patient being treated for a fractured thigh.



(A.A.N.S.)



The 2/11th A.G.H., Aitape.

(Lent by Lieut-Colonel J. S. Crakanthorp)



(A) and (B) Evacuation of casualties by the 2/7th Field Ambulance across the Danmap River. (*Lent by Lieut-Colonel C. H. Selby*)

(C) Lichenoid dermatosis due to atebtrin. (*Major W. K. Myers*)

(D) Scaly type of dermatosis due to atebtrin. (*Major W. K. Myers*)



(Major E. H. Hipsley)



The 3/14th Field Ambulance M.D.S. at Aitape.

(Major E. H. Hipsley)

temporarily as the only medical holding unit available until the expected opening of the 105th C.C.S. early in January. This avoided the expedient of using other field ambulances as little hospitals, to which there were obvious objections. Patients were not held longer than necessary and were sent by air to Lae for admission to the 2/7th A.G.H. In May an air ambulance was available and patients were sent on direct to Lae using this service. The 2nd Field Ambulance, under command of Lieut-Colonel D. Zacharin, arrived in the Jacquinot Bay area at the end of November, and occupied a camp site in an abandoned coconut grove on Wunung River. During December a light section of "B" Company was attached to the 16th Battalion, which was on patrol duty. On 11th January "A" and "B" Companies moved to the Upper Wunung River and proceeded to construct A.D.Ss., while the headquarters prepared for the building of the M.D.S. up the Pula trail.

The 6th Field Ambulance set up an M.D.S. at Cutarp plantation on the south coast north of Jacquinot Bay on 16th December, and shortly afterwards the 105th C.C.S. arrived under command of Lieut-Colonel S. C. M. Hiatt, and began preparations for opening at Jacquinot Bay. The unit was ready to receive patients on 9th January, and a week later was holding 150 patients with fifty more beds equipped. It will be seen that once again the field ambulances were working in small detachments, and although much of the work fell on the 6th Field Ambulance, each unit was prepared to carry out varied tasks at short notice. The 2nd Ambulance took over a rest camp set up in its area by the 5th Division; within a month there were sixty men in the rest camp, and the M.D.S. held forty patients. The 107th Advanced Depot Medical Stores opened at the divisional base and began work.

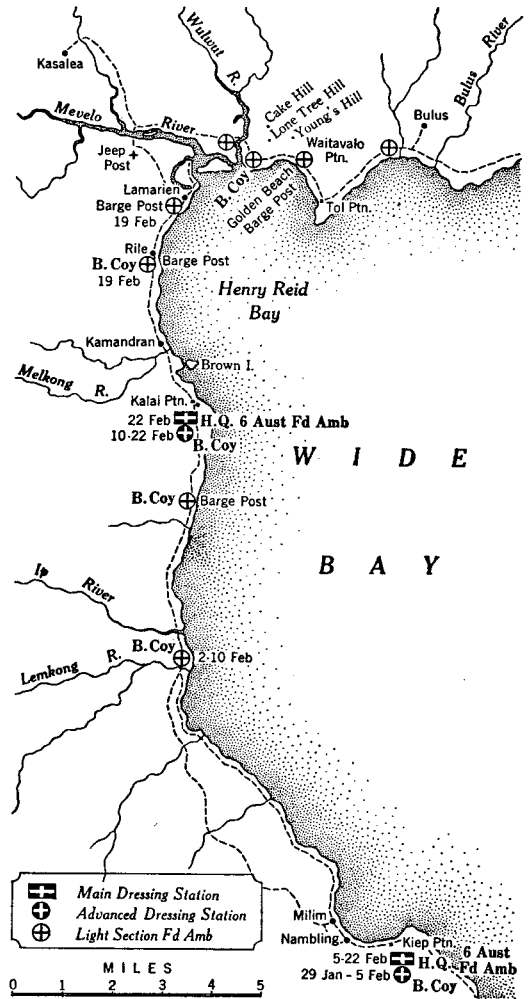
In the middle of December the enemy were known to be in strength at Waitavalo, at the head of Henry Reid Bay, and later in the following month the 14th/32nd Battalion began an advance; companies moved by barge to Sampun and then patrolled the coast to the north. The battalion went on from Sampun to Milim in the Kiep plantation area and there set up a base. On 29th January "B" Company of the 6th Ambulance established an A.D.S. at Kiep near the Melkong River until an M.D.S. was ready to take over some days later. The headquarters of the ambulance then moved from Cutarp with the brigade.

Enemy patrols were operating south to the Ip River, and it was necessary to secure crossings over this river, so as to extend the operations of patrols farther north. Water transport was considerably restricted at this time. Jacquinot Bay was still in process of development as a base, and the demands on landing craft were greater than could be met. The only alternative was to slow the speed of the advance, and the 6th Brigade was instructed not to become deeply involved. The movements of the 14th/32nd Battalion therefore were carried out partly by water, with barges, and partly by road over a newly constructed jeep track. Progress was made, the battalion crossed the Ip River successfully and by 11th February proceeded to patrol as far north as the southern end of Kalai plantation.

The 14th/32nd Battalion was serviced by "B" Company of the 6th Field Ambulance, and at Kalai was relieved by the 19th Battalion, which began to advance up the coast. Arrangements were necessary for care of casualties of these two battalions; "B" Company, less a light section, set up an A.D.S. with an operating theatre at Kalai and prepared a site for an M.D.S.

Plans for the projected advance of the 19th Battalion involved considerable difficulty in evacuation of casualties. The move along the coast was simplified by a successful attack on the enemy positions west of Kamandran, which, reinforced by air and artillery assaults, culminated in the withdrawal of the Japanese. The 19th Battalion resumed its advance with a company of the New Guinea Infantry Battalion ahead, and by the end of February had mastery of the crossings over the Mevelo River, in place of a bridge which had, unfortunately, been washed away. The enemy had retired into his positions at Waitavalo plantation where he was harassed by additional guns.

A jeep track was extended to permit direct transport of casualties from the Wulwut to the Mevelo River, at the mouth of which a good position was found for barge embarkation, and by 4th March the light section of the 6th Field Ambulance moved to this point. The battalion R.A.P. was close to the battalion headquarters. At first, casualties were evacuated by hand carriage and later by barge across the ford to the aid post. The light section then moved across the estuary and settled close to the R.A.P., and after improvement in the track, jeeps took patients to the medical barge at the embarkation point of the river. Special jeeps with



stretcher frames were kept for emergency use on the road and were useful. On three successive days the barge came under mortar fire, and to avoid this unnecessary risk, evacuation was continued by road as far as Lamarien and thence by barge. The 4th Field Ambulance, which had arrived on 24th February at Jacquinet Bay, set up an M.D.S. in that area. This was on a favourable site with a plateau convenient for building. On 15th March a detachment was sent to Wide Bay to evacuate casualties from the 6th Field Ambulance back to the 105th C.C.S. at Jacquinet Bay. Members of the A.A.N.S. had arrived at the end of February and were attached to the C.C.S. The extremities of the Wide Bay-Open Bay line had now been reached by the divisional troops, and Headquarters First Army laid down the location of the line, which ran from the mouth of the Bulus River to Waitavalo plantation and thence to Lauili on the northern coastal sector.

ACTION AT WAITAVALO

It was now essential to capture Waitavalo, and preparations were made to complete this operation. The Japanese force was strongly entrenched along a spur that ran down to the river, and had his positions covered with machine-guns and mortars. The whole of this feature had natural protection in its steep approaches. Nevertheless the 19th Battalion advanced, and on 10th March was able to consolidate its position on Young's Hill. On the 15th the 14th/32nd Battalion relieved the 19th, and after two more days fighting the position was occupied. After the capture of Waitavalo a patrol from the N.G.I.B. crossed the peninsula, and, meeting the 36th Battalion near Open Bay, made contact with the force on the northern coast. The immediate objective of the Australian force was thereby gained; the northern and southern sectors were in touch, and a barrier was raised between the enemy's strong defensive position in Rabaul and the remainder of the island.

At the end of March the 2/8th A.G.H. opened in the 5th Base Sub-area under command of Lieut-Colonel C. R. Blomfield, using plane and barge transport for sick and wounded.

Evacuation

Forward evacuation times tended to increase during the action. The R.A.P. was not so forward in location, and for safety reasons had to remain on the far bank of the river until the high ground overlooking the river crossing was taken. When two features known as Cake Hill and Lone Tree Hill were captured, the aid post was moved to the foot of Lone Tree Hill, but the light section of the ambulance remained in its previous place. The steepness of the hill greatly increased difficulties of transport, but canvas tops of stretchers were used with great success. When the aid post was moved to higher ground the access was much easier. A further trouble arose with the tides and rising of streams after rain. Sometimes barges could not approach nearer than thirty yards, and stretcher bearers often had to wade into the water to their waists. Some

of the barges were not satisfactory, being difficult to manoeuvre except when the embarkation points were unusually conveniently placed. On 19th March the medical barge calling at Waitavalo broached in the swell and despite all efforts to tow off the vessel it became a total wreck. It was then necessary to use barges allotted to the brigades for operational purposes; thanks to the cooperation of the brigade command, a satisfactory compromise was achieved. Great help was also given by members of the 2nd Field Ambulance along difficult parts of the track; natives were seldom available and field ambulance members and infantrymen did most of the carrying.

This final action was completed on 20th March. Headquarters of the 14th/32nd Battalion then moved into Waitavalo and set up in the area Golden Beach where the 6th Ambulance had a beach evacuation point. The 19th Battalion came to occupy the Moondi River line and ensured that no infiltration of enemy would occur. Evacuation of casualties there was by hand carriage to the Bulus River ford, and thence by jeep to the barge point.

The headquarters of the 6th Brigade moved into Tol plantation, but the field ambulance M.D.S. remained at Kalai, and arrangements for disposal of sick and wounded were the same. For transport of patients to the C.C.S. in South Wunung area a 40-foot ambulance work boat fitted with stretcher frames was found most useful: this type of craft was found more satisfactory than a medical launch, but it was felt that a faster 60-foot boat would have been preferable. During March the C.C.S. held up to 290 patients but surgical cases were not transferred to 2/8th A.G.H. till April, as the hospital was not then working in that area. Surgery was done by Major J. R. Magarey at the C.C.S.

THE CLOSING PHASE

The defeat of the Japanese on the south coast practically ended the fighting. South of the Sai River occasional clashes occurred between patrols, but the enemy, as previously, withdrew after counter-attacks. During April heavy rain flooded the river and its swampy approaches, confining the patrol area to the southern side. From this time onwards patrol activities continued in the region of Wide Bay and Open Bay, and the enemy was successfully contained within the line across the peninsula after the decisive conclusion of the action at Waitavalo plantation. A feature of the operations was the modest extent of the forces employed. This was in evidence in the medical services also, for, although there were ample resources both in base areas and in the field, the problems raised by the familiar technique of splitting the medical field force were accentuated by the almost complete separation of its two chief components. Evacuation of sick and wounded was aptly handled, and wisdom was shown in the avoidance of road transport in an uncompromising terrain, where water and air offered more speed and comfort than land travel. Preventive medicine too had its rewards, in spite of the preponderance of illness over battle injuries.

On 6th April arrangements were made for the 2nd Ambulance to relieve the 6th. Accordingly the main body of the unit moved to Tol, arriving on the 15th, and a surgical team in charge of Major J. L. D. Scott was attached from the 105th C.C.S. This help was needed, as the 16th Battalion had been ambushed at Jammer Bay, and eleven casualties required treatment. A change in command of the 6th Field Ambulance was made during March, Lieut-Colonel A. D. Frost taking over on the 12th. The 6th Brigade was relieved on 12th April by the 13th Brigade under command of Brigadier E. G. H. McKenzie and on 19th May the 36th Battalion was relieved on the north coast by the 37th/52nd Battalion.

While the action at Waitavalo was taking place there was little activity in the north; on 13th April a trial flight was made by a Walrus aircraft with the object of establishing an evacuation air route for urgent cases to Jacquinot Bay. Routine evacuation was still made from Hoskins to Lae. Conferences took place between the A.D.M.S. Colonel Saxby and the D.A.D.H. of the 5th Division Major P. S. Woodruff, and the commanding officers of 6th Brigade and the 6th Field Ambulance concerning the medical arrangements. These were satisfactory except for the time factor in bringing in casualties, as the difficult country caused frequent delays in transporting wounded to the R.A.P. The Consulting Surgeon, Colonel Littlejohn, and Colonel A. W. Morrow, Consulting Physician, attached to Advanced Land Headquarters, visited the Jacquinot Bay area in June. Such visits were of the greatest help to medical units, especially in more or less isolated places, and opportunity was taken during such visits for some tutorial work in general medicine and surgery. In this instance the consultants saw all patients in the M.D.S. with the medical officers in charge, and, although the period of action was nearly over in Waitavalo and Tol areas, the light sections forward were visited while actually at work. The D.M.S. First Army, Brigadier Maitland, also visited the 2nd and 4th Field Ambulances.

MEDICAL CONDITIONS

Battle Casualties. The figures for battle casualties for the period October 1944 to July 1945, were 5 officers and 43 other ranks killed and 13 officers and 122 other ranks wounded. Five hundred and thirty-one were evacuated sick, and of these nearly half were considered due to preventable disease.

Malaria. The incidence rate was low throughout. Total malarial casualties for the period 11th October-21st March were forty-one, an average rate of 0.85 per 1,000 per week for the brigade group. It was noticed that the highest rates were those found in units engaged in active operations. In the latter part of March, for example, the 5th Division had a rate of 0.63 per 1,000 per week, 4th Brigade 0.83, and 6th Brigade 1.73.

Even these rates were very low compared with those experienced in other formations committed to greater operational activity, and more exposed to the natural hardships of the country. In general the A.D.M.S. considered the low rate to be due to a very high standard of malarial

discipline regarding the use of atabrin, repellent lotion and correct dress. Malaria control unit detachments used D.D.T. in forward areas, and also aerosol dispensers, one per infantry section, to kill adult mosquitoes in newly occupied areas. Nevertheless Woodruff, after inspecting the 6th Brigade area observed active breeding of anophelines.

Aedes scutellaris was observed in large numbers in some areas on New Britain as in other islands, but dengue fever was almost absent, though the presence of many adult mosquitoes of any type was a good reason for vigorous action.

A study of the malaria incidence rates per thousand per week from November 1944 to March 1945 showed two peaks; one in November with a figure of 1.4, and one in March with 1.2. This illustrates that even in a well-controlled force the press of action or other strain tends to reflect on the standard of malaria prevention. It must be remembered that there are obvious fallacies in comparing results in different areas with different external conditions and military responsibility. In New Britain the troops were seldom extended and the periods of fatiguing action were not prolonged.

Dysentery. An outbreak of dysentery had taken place in the 19th and 14th/32nd Battalions and this was investigated. After full discussion with the consulting physician and medical officers concerned, the men of both battalions were given 4 grammes of sulphaguanidine daily for five days. The result was very satisfactory, as the outbreak quickly settled down. The rate of 2.8 per 1,000 in the middle of March was due to a localised flare of epidemic type and brief mass therapy quickly abolished it.

Typhus. A few cases only were reported, and no special outbreak of focal importance occurred.

Skin affections. The 5th Division, like other formations under similar tropical conditions had a high incidence of skin disease. The three months of most active work coincided with the highest rates, the peak being 4.3 per 1,000 per week.

Hookworm. The prevalence of ankylostomiasis was noticed in New Britain as in other similar areas. The incidence among natives was known to be high, and a survey was carried out at the instance of the A.D.M.S. At the end of June a report was compiled showing the incidence of hookworm ova among the troops. Ova were found in the excreta of 78 of 692 soldiers, who represented units of all kinds. The numbers found infected with other intestinal worms were negligible. It was interesting that 165 men showed eosinophilia: 81 showed 6 to 10 per cent, 29 showed 11 to 15 per cent, 20 showed 16 to 20 per cent, and 16 had 21 to 30 per cent. It was evident that the degree and amount of infection with hookworm was considerable: 119 men had eosinophilia though no hookworm ova were seen. The highest rates were found in two infantry battalions whose members had served for two years in the islands, including a period of active operations. The most heavily infected battery of the 2/14th Field Regiment had also served months longer than other components of the regiment. There were thus a direct relation to length

of exposure. The infections were almost invariably mild, as judged by the concentration of ova.

Surgical work. Surgical teams were detached from several of the holding units, including the 2/7th A.G.H. at Lae. The constitution of such teams was that found practical in recent campaigns, a surgeon in charge, another medical officer and several other ranks with relevant experience. Arrangements were made for adequate resuscitation and necessary front-line surgery; patients could be held in an appropriate A.D.S. or transferred to an M.D.S. or the C.C.S. in the southern area, or could be flown direct to Lae. The work done and the local conditions prevailing followed the usual patterns. At Kalai the casualties arrived from about 4 p.m. onwards and through the night. The more severely wounded were kept for several days till well enough to be sent to the 2/8th A.G.H. at Jacquinot Bay. Evacuation was usually by American barges, after delivering troops and supplies.

END OF HOSTILITIES

When Japan capitulated on 15th August, the 4th Brigade and the 4th Field Ambulance were advised by the 11th Division that they would make an initial landing at Rabaul. After dismantling the unit and transferring patients to the 2/8th A.G.H. the ambulance personnel entered Simpson Harbour in the *Manoora* on 10th September. Wards and other departments were erected with all speed and medical staff worked hard to examine and attend to prisoners of war. Many of these had chronic malaria and malnutrition, and marks of ill-treatment. Nearly 250 Indian prisoners arrived, and nurses were flown to Rabaul to care for females, chiefly nuns, among the prisoners. By 19th October 855 prisoners of war had been admitted to hospital. A theatre was built and necessary emergency surgery performed; early in November the unit was dismantled and transferred to a new site.

The 105th C.C.S. was also sent to Rabaul, with other medical units from formations in New Guinea. Some of the prisoners of war were sent from Rabaul to Jacquinot Bay and admitted to the 2/8th A.G.H. On 14th September the 105th C.C.S. arrived at Rabaul, and after setting the Japanese to work to clean up the filthy conditions in their compounds, the staff began to prepare their own unit site and erect tents. All necessary precautions were taken to prevent appearance and spread of infectious disease; a feature of the methods used was the spraying of the area with D.D.T.

The ending of hostilities was foreshadowed by several moves and changes in commands. The Headquarters of the 11th Division had relieved the Headquarters of the 5th Division on 26th July, and in the following months hostilities ceased and the war was over. The collapse of Japanese power in the S.W.P.A. evoked specially poignant memories of the events of March 1942, when the remnants of a slender Australian defence force attempted and, with some degree of success, carried out a hazardous withdrawal against hopeless odds. It was with no little satisfaction that the Australians now entered Rabaul.