

CHAPTER 28

LIBERATION

WHEN prisoners of war began to return to Australia problems of their correct handling and treatment arose. At that time only prisoners held by European powers were concerned, as the Japanese war was not concluded, but the general principles were the same. The problem was in part physical and in part mental. On the physical side there was little chance of epidemic disease being introduced, since these repatriates spent some time in the United Kingdom and a further period at sea.¹ The general condition of many men was not good; chronic states of malnutrition, specific avitaminosis and dysentery were commonly found, and were sometimes severe. It was expected that these conditions would be even more frequent and severe among the captives of the Japanese when the time of their release came, and that there would be a high incidence of tropical disease. In order to lay down a policy governing the management of all prisoners of war a conference was held at the Australian Army Headquarters well before the situation arose. All branches of the Services concerned were represented, and an appreciation of the medical aspects was requested from the representatives of the D.G.M.S. A number of important principles were enunciated as a result of these discussions.

Adjustment was found necessary of some of the views current after the 1914-1918 war, particularly with regard to the mental reactions of repatriates from prison camps. At one extreme was a school of thought which believed that many would "return to their homes with damaged mentality" (A. L. Vischer *The Barbed Wire Disease*), and at the other extreme was the view that there was no essential difference between the returned serviceman and the repatriated prisoner. Neither of these views was representative or realistic. Experiences with repatriates elsewhere showed that certain behaviour patterns were common, such as degrees of indiscipline, lack of balance, irritability and lack of initiative with resistance to control or suggestion. Some of these might arise from an effaced and usually unjustified sense of guilt, and some from disillusionment, due to an inevitable clash between the idealistic visions of captivity and the realities of a changed personal world. These mental and emotional factors in the men's state could best be countered by understanding, prompt investigation, candour, adequate nutrition and attention to disabilities. Re-education was important, and, while repatriates should be encouraged to regard themselves as normal, psychiatric assessment if necessary should be made early. The medical appreciation stressed the need for comprehension of the time factor; mental and physical reactions induced over a period of several years could not be reversed at short notice. It was further suggested that the term "repatriate" be used instead of "prisoner of war" or its

¹ Men who had been in European prisoner-of-war camps and who were repatriated through the United Kingdom received all immediate necessary medical care there before transfer to Australia.

abbreviations, but unfortunately the term "P.O.W." became firmly entrenched in popular usage.

ORGANISATION OF RECEPTION GROUPS

The general principles thus laid down formed a basis for more detailed organisation, and we may now resume the story at the point of cessation of hostilities with Japan.

Once the critical period had come and passed in which control of the prisoner-of-war camps was assumed by the ex-prisoners themselves there was much organisation to be done. Medical appreciations had to be made of the physical states of the men, particularly those in hospital, information gathered which would help to assess the sick and convalescent in appropriate categories for evacuation purposes, allotment of diets supervised, particularly of extra food being dropped from the air, and technical guidance supplied to medical officers who would undertake the care of men who had been under abnormal conditions of physical stress and malnutrition for three and a half years.

Special reception groups of prisoners of war had been assembled in Australia with a medical organisation which included the 2/14th A.G.H. sent specially to Singapore to look after the sick of the 8th Division. This part of the medical story of the 8th Division A.I.F. is not so self-contained as that previously narrated, for after 15th August 1945 it becomes part of the general story of liberation of all who had been in enemy prison camps. But in the present instance we are concerned only with the final phases of the service of the 8th Division in its medical aspects.

The Malayan Zone

The general position as it affected Australian prisoners of war on 1st September 1945 was outlined in an appreciation by the Acting A.D.M.S. Singapore, Lieut-Colonel J. Glyn White.

There were 5,557 members of the A.I.F. in the Singapore Island area on 8th September 1945, 4,609 in Changi, 740 in Kranji and 208 in Adam Park and Tanjong Pagar. Their general health was poor. The recently improved rations had produced beneficial effects in most of the men, but gross malnutrition was the rule. Oedema and gastro-enteritis were rather more frequent, and other deficiency diseases were common. About 80 to 85 per cent of the men had malaria, and amoebic infections were common. Hospital facilities on the island were primitive, and drug supplies still deficient, though issues since liberation had helped greatly. Australian medical staff numbered 635, 44 being medical officers; all these were much in need of relief.

Bye, senior physician, Changi prisoner-of-war hospital made a detailed medical appreciation of the position, and Neal, D.D.M.S. of the prisoner-of-war camps in Malaya after consultation with him issued a statement of the guiding principles for treatment of medical conditions affecting the ex-prisoners. This was circulated to medical officers including those on transports. Bye's report stated that there were about 500 men with beriberi

either in hospital or in their lines, that over 600 cases of primary malaria had been seen during the preceding three months, when no preventive measures were permitted. He further warned that the men were wasted and exhausted, readily fatigued, had low resistance to disease, and were all either temporarily or permanently unfit for war service. A rapid survey classed the men as follows:

| | | |
|---------|--|---------------|
| Class A | Fit to travel by troopship on ordinary rations | . Nil |
| Class B | Fit to travel by troopship on convalescent rations | 1,052 |
| Class C | Fit to travel by sea ambulance transport | . . 2,920 |
| Class D | Fit to travel by hospital ship | 1,487 |
| Class E | Unfit to travel at the moment | 101 |
| Class F | Dangerously ill (included in Class E) | 16 |

The sick included only six with pulmonary tuberculosis and ten with mental disorder.

This classification was based on instructions given to medical teams sent into the camps by various routes, including by parachute, but was not regarded as satisfactory by Lieut-Colonel G. T. Gibson, A.D.M.S. of the 2nd Australian Prisoner-of-War Reception Group (S.E.A.C.). He pointed out that even the "fit" were suffering from chronic infections and malnutrition in varying degree, and insisted that the Australians travelling by ship should be classified as (a) may be repatriated in a troopship with cabin accommodation, (b) may be repatriated in a troopship in troop deck accommodation and (c) must be repatriated by hospital ship. It was further required that troopships must have adequate medical and hospital facilities, that they be rationed on a liberal scale according to Australian standards, and that troop decks should not be loaded beyond 60 per cent capacity. At Singapore the *Duntroon* was rated to carry 1,300, but Gibson refused to assent to load more than 800. After a struggle these requirements were satisfied, and the Australian classification was adopted.

Evacuations from Java, Thailand *via* Bangkok, and Sumatra was carried out by aircraft to Singapore. From Singapore 1,180 were repatriated to Australia by hospital ship, and 4,837 by troop transport, a total of 6,017, including about 500 civilians and members of the three armed forces.

The inability of many men to withstand any strain made it advisable that they should be given adequate preliminary treatment before evacuation. Arrangements for anti-malarial service were also necessary, and preferably also for suppressive treatment. The Changi area had also been subjected to a malarial survey by Lieut-Colonel J. H. Strahan, R.A.M.C., and local preventive measures had been outlined. The notes on guiding principles of treatment contained a brief description of the prevalent medical conditions and their treatment. These may be summarised as follows. Oedematous beriberi and oedema due to other causes were still appearing and would continue to appear, especially after outbreaks of dysentery or malaria. Mild oedema would respond to 5 to 10 mgms. of

thiamin a day, more massive oedema or that associated with infection of up to 25 mgms. daily. Anasarca or ascites would need even larger doses by injection, and in addition mercurial diuretics or even aspiration. The warning was given that many patients were "thiamin resistant" and would need prolonged treatment. Cardiac beriberi needed close care, especially when associated with attacks of nocturnal dyspnoea; large injections of thiamin were needed, and other appropriate treatment for cardiac failure. The danger of sudden ventricular arrest was stressed, and the subject of sudden death in beriberi fully described. It was noted that pellagroid deficiencies might recur: special care was advised in limiting exposure to the sun. The importance of investigation of amblyopia due to dietetic deficiency was stressed.

The importance of diarrhoea as a clinical symptom was rightly emphasised, and a cautionary line in capitals in these notes stated the "the commonest cause of death is the combination of malaria, oedema and diarrhoea". Though diarrhoea occurring recently among the troops had not commonly been due to bacillary dysentery but rather to alterations in food habits, there was evidence that atrophic changes in the intestine following malnutrition could be a contributory cause. Numbers of men after changing from a low caloric Asiatic type of diet to a high caloric diet rich in protein and fat had suffered attacks of anorexia, fever, vomiting, colic and diarrhoea. It was likely that these would continue for a time. Caution was necessary in treatment, in which it was advisable to use sulphaguanidine after careful evaluation of symptoms, to give a bland fluid diet, to anticipate vitamin deficiency and to watch for dehydration and collapse, which would call for prompt intravenous use of fluids.

Another memorandum was compiled by Cotter Harvey and the medical staff of Kranji hospital setting out recommendations for the accurate investigation of prisoners of war. This included the taking of an accurate history, and making a full routine medical examination, including measurement of weight and assessment of the proper weight of the man in health. Special examinations included a thick film of the blood, routine stool examination and micro-radiography of the chest, and also sigmoidoscopy where appropriate indications existed. Particular care was advised in the noting of any signs of deficiency disease and venereal disease.

These products of the experience of the medical officers of the 8th Division were used in deciding on the procedures to be followed. Gibson, on arrival in Singapore found that all necessary technical information had been prepared for the medical preliminaries for repatriation, and commended this as "a faultless synopsis of medical conditions". The medical arrangements prior to reoccupation of Singapore Island included an Australian hospital under Summons at Changi, with a British wing, and a British hospital at Kranji, under Webster with an Australian wing attached. After the reoccupation of Singapore the R.A.M.C. transferred British sick from Changi to Singapore General Hospital, and took over the medical care of the Dutch. The Australian sick in Kranji remained there awaiting evacuation by sea. This was expected to be undertaken by the hospital

ship *Manunda* about 14th September, and *Oranje* about 15th-17th September. These movements would practically empty the A.I.F. hospitals. The sick Australians from Bangkok were expected to number about 1,200, about 450 of whom would require transport by hospital ship, after which the remainder could be flown out.

Glyn White had arranged for the 2/14th Australian General Hospital to occupy St. Patrick's School in Singapore, occupied during the turbulent day of the fighting for Singapore Island by the 2/13th A.G.H. He had maintained full records of the A.I.F. troops on Singapore Island and adjoining areas, thus simplifying the embarkation procedure. On 10th September an advanced air-borne medical party of sixty-three arrived, after a short stay at Morotai, where they discussed problems with the A.D.M.S. of 9th Division, Colonel Lempriere. The journey was completed in barges from the flying boats, and by lorries to Changi, when some of the strain on the 8th Division medical staff could be relieved. Further relief was promptly given when the 2/14th A.G.H. arrived. This hospital was working as a 200 bed hospital at Townsville on 10th August 1945, and was reorganised, equipped and staffed, and finally concentrated at Ingleburn, N.S.W. on 22nd to 27th August. Under command of Colonel W. E. E. Langford, with Lieut-Colonel J. M. Buchanan in charge of surgical wards and Lieut-Colonel C. Fortune of medical wards, the unit arrived in Singapore on 13th September 1945.

The unit was well equipped for its special task, though in the haste of assembly certain unessential items were omitted, and a few special pieces of apparatus, such as the portable X-ray unit and electrocardiograph were unserviceable. The Australian Red Cross supplied some valuable additional stores and equipment, as refrigerators for the wards. The 2/14th quickly settled into their site at St. Patrick's school and took over those patients needing further care.

Thanks to the preparatory work of the medical officers on Singapore Island, and of the air-borne advance medical party, the work of the hospital in assessing the needs of each individual and drafting the men accordingly was much simplified. All procedures were so promptly completed that the hospital ships were loaded on arrival and turned round for their homeward journey.

By 15th September patients had been transferred to the *Manunda* and *Oranje*, and an average of thirty-two convalescents were flown out daily by Catalina and Douglas aircraft. In addition the balance of patients in Changi were admitted to the 2/14th A.G.H. in Singapore, where patients too ill for movement were of course retained. The members of the advance medical party were able on 16th September to return to their parent unit, 2/14th A.G.H., and thus the chapter of Changi was closed for the A.I.F. The hospital continued to work smoothly until 2nd November when all its duties were completed, and except for a small rear party which returned with the prisoner-of-war reception group's rear party, the hospital closed and returned to Australia.

In Thailand the bulk of the work of medical evacuation was done by medical officers who had been prisoners of war. At Nakom Paton Major W. E. Fisher was appointed evacuation officer and for seven weeks worked there until 2,238 patients had been moved and many hundreds staged at Nakom Paton from Kanburi and Tamuang.

A disease summary at Nakom Paton just after the Japanese capitulation showed the following figures:

| Total Camp | British | Australian | American | Indians | Dutch | Total |
|-------------------|--------------|------------|-----------|-----------|--------------|--------------|
| Dysentery: | | | | | | |
| Bacillary | 18 | 6 | — | — | 4 | 28 |
| Amoebic | 204 | 104 | 7 | — | 84 | 399 |
| Tuberculosis | 23 | 3 | — | 7 | 21 | 54 |
| Leprosy | — | — | — | — | 2 | 2 |
| Acute Medical | 62 | 25 | — | 1 | 56 | 144 |
| Acute Surgical | 5 | 11 | 1 | — | 24 | 41 |
| Medical (General) | 151 | 140 | 9 | 10 | 609 | 919 |
| Chronic Surgical | 317 | 189 | 12 | 5 | 135 | 658 |
| Mental | 9 | 10 | — | — | 14 | 33 |
| Amputations | 64 | 89 | 2 | — | 17 | 172 |
| Chronic Malaria | 206 | 134 | — | — | 189 | 529 |
| Others (Fit) | 89 | 286 | 7 | 12 | 576 | 970 |
| Total | 1,148 | 997 | 38 | 35 | 1,731 | 3,949 |

With the exception of the Dutch who made other arrangements, all these men were moved to Bangkok by A.I.F. organisation after investigation and placing in categories. Haemoglobin estimations were done, transfusions performed if necessary, and other indicated treatment carried out. Records were prepared and the men were classified for local or air transport. Major MacGarry, Captain Benson and Captain Davies of the R.A.M.C. carried out this work with Major Fisher. Similar work was done at Bangkok, where ex-prisoner medical staff supervised the first hospital beds until a general hospital was flown in.

Netherlands East Indies

Arrangements were made for the handling and treatment of prisoners of war and internees in Borneo. Advance medical parties visited Kuching, where Colonel Lempriere accompanied a party to ensure the well-being of prisoners of war, particularly with regard to general health and feeding. Hospital accommodation was arranged, and medical officers were detached from medical units such as those at Labuan (2/4th A.G.H. and 2/6th A.G.H.) and 2/5th A.G.H. at Morotai. Lieut-Colonel N. H. Morgan, of 2/12th Australian Field Ambulance was S.M.O. of the force and went with Major A. W. M. Hutson of 2/4th A.G.H. to Kuching with medical supplies. The medical resources also included 2/1st C.C.S. and a con-

valescent camp, and medical officers were specially attached to the 9th Australian Division Reception Camp. In Kuching the Kuching General Hospital was made available by the Japanese, and after elaborate and necessary cleaning it provided much required accommodation. The more fit of the officers of 2/9th and the 2/10th Field Ambulances were able to carry out the preliminary work for the reception of patients. Lieutenant-Colonel E. MacA. Sheppard, Majors H. Rayson, R. E. Maffey, H. H. Eddey and Captain G. M. Crabbe of the 2/10th Field Ambulance, and Captains F. H. Mills, I. C. Heinz, R. B. Speirs, F. R. Reid and J. Throssell dentists, and Lieutenant J. Kelliher, pharmacist, were found to be safe.

On 13th September, the hospital ship *Wanganella* embarked 524 patients, and 160 troops left on other ships. The 1st Australian Beach Group medical company worked at Lintang Barracks, where most of the prisoners of war had been, and at the loading point in Kuching town. Naval shipping and flying boats dealt with the remainder of the troops.

Evacuation of the Australian prisoners of war in the hands of the Japanese at Ambon was carried out by the navy. Five ships were detailed to remove 168 Australian prisoners of war from Ambon and circulars of instructions were issued to ships without a medical officer. A Dutch medical officer had lists of patients prepared. Thirty-eight men who needed careful medical attention were embarked on H.M.A.S. *June* by Surgeon-Lieutenant I. C. Galbraith, R.A.N.R., others in *Glenelg* in care of a sick berth attendant and three medical orderlies, and the remainder in other ships. Categories were drawn up according as the patients had dysentery, malaria, or tropical ulcers; almost all patients had oedema of the lower extremities. An extemporised sick bay was made in *June* by isolating the Master Deck and the Port Waist, where sixteen stretchers were accommodated in two tiers. The condition of a number of these men was one of great physical weakness; some were almost helpless. The naval ships disembarked the men at Morotai, where they were taken to the 2/5th A.G.H.

Japan

In the Japanese working camps work ceased on the 15th August 1945 but no information was disclosed. First news came through the Press in Takefu, and by local announcement in other places. Some days afterwards prisoners of war were directed to paint prisoner-of-war signs on the roofs to help in the delivery of supplies from the air. At Takefu a high percentage of supplies was damaged, especially those which landed without parachutes. Unfortunately seven men were injured, one seriously, in these air drops. By the end of August, conference was permitted with Red Cross representatives, and general leave was given to the men to move around the area. On 2nd September the camp at Takefu was handed over to Surgeon-Lieutenant Stening, who assumed responsibility for the conduct of the ex-prisoners. An Australian flag was made and hoisted over Takefu camp. The next day Major R. V. Glasgow, A.I.F. of Oeyama camp assumed command. After all formalities had been fulfilled and medical examinations made by American medical officers the ex-prisoners were

taken by rail transport to embarkation ports whence they sailed *via* Manila to Australia.

At Wakinohama the members of "J" Force who were there were freed from work on 16th August and were given on request supplies of food, and medical and surgical equipment from Japanese stores, though these had been withheld previously for months. An American recovery squad arranged their travel to Yokohama, whence they were flown to Okinawa and Manila.

The officers encamped at Mukden travelled by train to Darien near Port Arthur, at the end of August, when the Russians had re-opened the railways. Thence the party went by escorted hospital ship to Okinawa, escaping the dangers of mines in the Yellow Sea, and running further risk of a cyclone at Okinawa. The ships went out to sea, and avoided the cyclone, and on their return to port the party was flown some to Morotai and others to Balikpapan. The "processing" of the prisoners by Allied recovery groups was smoothly accomplished, and the Australian prisoners in Japan were soon in Australian hands.

These arrangements and movements were representative of the organisation by which the prisoners of war were collected and returned to Australia. Some of the more isolated areas were less accessible, and the time taken for recovery varied but the general pattern was the same.

MEDICAL CONDITION OF PRISONERS OF WAR ON LIBERATION

The diseases to which prisoners of war in the eastern zones were subject have already been dealt with during this narrative. All medical observers who had the liberated men under their care have described these, but the effects of these conditions varied greatly with the stringencies of captivity and the recent opportunities given the men of improving their poor state of nutrition.

Most of the recovered men had received extra food, except some of those who were too ill to benefit by even this advantage. Suppressives atebirin had also been taken by many of the men for one or two weeks, so that malaria amongst them was latent, and the parasites were demonstrated in blood films in only a small proportion. Enlargement of the spleen was rare. Very few cases of acute M.T. infections occurred, including one cerebral malaria, but prompt treatment caused rapid response, and malaria in general caused little trouble. There were no epidemics of bacillary dysentery, though the aftermaths of chronic bacillary or on particular amoebic infections were seen. As the medical officers in Singapore had prophesied, diarrhoea was not usually due to dietetic causes, but only forty-five mild cases of bacillary dysentery were seen among over 6,000 Australians in Singapore, and seventy-three of amoebiasis. Worm infections were common, especially ascaris and hookworm, but heavy infestations did not appear to be common.

Nutritional deficiencies were the most serious menace to health seen in the men. Even the most fit men had lost weight, from one to three stone

in some observed series. In general a loss of about 30 per cent of total normal weight was common. At the other extreme were emaciated helpless patients, with massive oedema of the extremities, and marked ascites, unable to take any ordinary food. Estimations of the haemoglobin often showed a fall to 10 grammes or less, even in those who were fairly well, but in the very ill who had haemodilution and were at the time of examination almost or quite anuric the figures were below this. The plasma protein too fell as low as 3.3 to 4 grammes per 100 millimetres in the most seriously ill, but in those fairly well it was often 6 grammes when examined, after a period of better nutrition. The haemoglobin and plasma protein rapidly rose with correct measures of treatment.

Between these two extremes were numbers of men who had anaemias of various kinds, many microcytic or normocytic, others macrocytic, and reduced blood protein, who could not take ordinary food or any food in large quantities owing to the occurrence of distension, abdominal pain and diarrhoea. All these manifestations were part of the syndrome of starvation, and the old maxims enjoining care of starving men were exemplified in the treatment. Some exceedingly ill men were seen by Major Hutson in Kuching, and were rescued by cautious resuscitation by intravenous infusions of saline and glucose, followed by plasma or serum and then by blood. Only then was fluid assimilable nourishment given, gradually enriched, until fairly frequent feedings of a light diet rich in protein could be given, after which full diet was introduced. Fifty-three men were transfused in Kuching, with 90 pints of blood and 80 litres of serum. The oedema which was so intense in some of these patients usually responded to a raising of the blood protein by intravenous or oral nutrient, together with parenteral dosage of thiamin. In fact it was found advantageous to give 10 milligrammes of vitamin *B*₁ by injection to each man on admission, followed by three tablets of 3 milligrammes daily and 1 ounce of wheat germ. When iron could be tolerated it was given by mouth, after working up the range of diets till the patient was taking full diet. Ascites sometimes required paracentesis, but mercurial diuretics were also valuable. In at least one case the extraordinarily low output of urine of 25 to 30 c.cms. a day was raised to 116 ounces in ten hours after an injection of "Salyrgan". Gross anasarca usually yielded to the measures described above. The appetite of some of these men during convalescence was colossal, and sometimes required curbing. It was significant that second helpings were usually of protein foods.

Signs of definite avitaminoses were not gross as a rule. Practically every patient gave a history of having oedema of the extremities at some time or other. This was probably a result of combined deficiency of protein and of vitamin *B*₁ in the diet. Cardiac beriberi was not a feature seen among the men in hospital. Glossitis and sore mouth were not common; occasional pellagroid rashes were seen. At the 2/5th A.G.H. a number of men were seen from Ambon and Sandakan who were ataxic. Numbers of these also had deafness of varying degree. A few were deaf even to loud shouting and stated that the condition began during imprisonment. Other

occasional affections of the central nervous system were pareses of the cranial nerves, and weakness of some peripheral muscle groups. The deep reflexes were frequently absent, and the proportion of men showing signs of B1 deficiency when they came under observation varied from 60 to 80 per cent. The prevalence of disturbances of vision was particularly noted. At least 10 per cent of the Australian officers from Kuching had some visual defect of neuro-retinal type. At Labuan a rapid review showed that 14 per cent had impaired sight.

Skin lesions varied in frequency, depending on the conditions to which the men had been recently subjected. Scabies was very common in some groups, in others residual infections of the skin were frequent. Tropical ulcers also varied in frequency and severity. Numbers of men from Ambon had active ulcers on the legs with periosteal involvement, whereas those from Singapore had no more than healed scars, though these were practically universal. Pulmonary tuberculosis was very rare, and usually terminal or extensive. Psychiatric disturbances were also extremely few. Some of the most seriously ill and emaciated men went through stages of intense depression and had hysterical manifestations, but these were only passing phases, and a hopeful outlook and better mental balance returned as extreme debilitation disappeared.

There was a discernible difference in the condition of various nationalities and types of prisoner. Internees on the whole looked in fairly good condition. The same was true also of the Dutch troops who were believed by other nationalities to have received rather better treatment and food. Indian troops seen at Labuan were also in fair condition, attributed by the men themselves in part to their natural hardiness. They were possibly better suited to the oriental type of ration, and had recently received somewhat better food. The Australians varied in condition considerably according to the area from which they had come, but they were on the whole in better health and nutrition than the British, more of whom were weak and emaciated.

The education and rehabilitation officer on the *Wanganella*, Lieutenant T. H. Roberts, after interviews and close contact with the men on the ship arrived at some interesting conclusions. Discipline was good and irritability was not a feature of their conduct. While recognising that the recovered prisoners of war had not had time to return to a less excited and reactive state of mind, and that anxieties were rather characteristic of this period, he found a slightly self-assertive attitude among many of the men. Reticence in describing experiences was followed by a desire to narrate their achievements. Curiously mingled with confidence was their attitude to the future, but there was a spontaneous consciousness that the Australian scene they knew would have changed. There was, however, discernible the influence of an illusion pointed out by all who have thought and written on the subject, that is, the myth of happy and unchanged surroundings, an environment built within each man's inner life and heart. This joining of the present to the past was symptomatic of a somewhat exalted morale, but gave hope for less difficulty in adjustments than

might have been expected. There was some evidence that those who had been stimulated by educational amenities during the dark days of imprisonment were thinking more clearly and planning to make the most of ambition in the life of the future.

Defensiveness, and some traces of an unjustified sense of guilt were discernible under the surface but there was no bitterness. There was in general every reason for treating these recovered prisoners as normal men; there was good reason for confidence for expecting that the future would find them representatives of the average norm of society.

To this thoughtful estimate of the moral and mental outlook of men who suffered so much for so long may be appended the farewell message of Lieut-Colonel F. G. Galleghan to the A.I.F. troops leaving Singapore. Praising their hard work as a team, without which their survival would not have been possible, he said:

“You finish your prisoner period as disciplined soldiers whom the Jap could not break.”

These citizen soldiers were of the same make as those who did the jobs of war at home and abroad on many fronts. They were bound together not by that dubious entity “herd instinct”, but by a cohesion of spirit only possible under good leadership. Oppressed by disease and by inescapable reality, they lost neither hope nor individuality, and in this were helped by those who treated their physical ills and constantly strove to shield them from cruelty. Though greatly hampered in this work all ranks of the medical service accepted the challenge to science and to charity, and made the most of opportunities that were at once a responsibility and a privilege.