

LETTERS FROM VIETNAM JULY–OCTOBER 1967

PETER LAST



THE SOUTH AUSTRALIAN BIEN HOA TEAM JULY–OCTOBER 1967

Sitting: Aileen Monck, Olga Nicholls, Margaret Bolton, Beth Harvey

Standing: Rod White, Tom Allen, Peter Last, Doug Townsend, Graham Wilson (Team Leader), John Quirk, Jenny Leak, Phil Nurcombe (Administrator), Jo Griffin

In 1967 I was 37; Graham Wilson was about 42; Rod White was 40; and Doug Townsend was about my age, although he graduated a year or so later than I did. Tom Allen (sometime RAAF Spitfire pilot) graduated in my year under the CRTS program, and was the oldest of us. John Quirk was in his early thirties, and Phil Nurcombe looked to be in his late thirties–early forties.

Olga Nicholls was naturally the senior of the nurses and probably the oldest. Aileen Monck completed her training in the same group as my Jenny, who turned 34 soon after I arrived in Bien Hoa. The other nurses were about the same age, being mature enough not to be flighty like some of those elsewhere. Margaret Bolton, was exactly my age, and I think Jo Griffin was the youngest. The nurses displayed total commitment and the highest standards of professional integrity under conditions directly analogous to those facing Florence Nightingale on arrival in the Crimea.

SOME OF THE VIETNAMESE PERSONALITIES

- Mrs Hai Senior nurse (“Ward Sister”) in the Children’s Ward, cheerful, friendly and able, passing through her fourth pregnancy.
- Miss Nga The second nurse (“Staff Nurse”) in the Children’s Ward, a tense woman with a haunted face suggesting great suffering. She wore the small black patch of mourning, but she never confided and I didn’t try to probe. She had a toddler “adopted” son the same age as Mrs Hai’s youngest. A year or so later, when the physician doing the same work I did was Tom Paxon, Chest Specialist from RGH (Daw Park), she was arrested as a VC supporter and was confined in the Prison Ward until taken away. It would be intriguing to hear what became of her.
- Dr Tho *Medicin-Chef* (Medical Superintendent). A plump and unenterprising man who seemed to be a steady drinker. He had private practice premises in Bien Hoa town.
- Dr Tuan (spelling uncertain) A shy and very pleasant doctor, who had just completed ten years of compulsory service in the Vietnamese Air Force. He had at least 200 patients in the hospital and also had a private practice in the town. He was anxious to learn, especially cardiology, but passively resisted all attempts to persuade him to change his traditional ways of uncritical polypharmacy and neglect of clinical hygiene, especially hand washing.
- Mr Ba (or Baa) The Head Nurse (“Matron”) who was establishing proper clinical discipline and nurse education. His enthusiasm was refreshing, but again he seemed steadfast in being reluctant to depart from established attitudes and procedures.
- Mrs Yulan The wife of an Air Force officer, who was a gracious and willing interpreter, with good English, but apparently prone to extrapolating what patients said into what she thought the doctors wanted to hear.
- Sergeant Nguyen A short and spare man, even for a Vietnamese, cheerful and obliging and hence a popular (and I think reliable) interpreter. Always called Sergeant.
- Quoc A sensitive dental student on long vacation employed as an interpreter and always helpful and considerate of patients’ feelings.
- Nguyen Van Hung The shy and self-effacing senior Laboratory technician, anxious to learn new techniques. His pretty wife also worked in the laboratory. (They trained and graduated together.) I participated in a group who provided funds and support when they migrated from Guam to Australia and were employed at Princess Margaret Hospital in Perth. Their daughter, Thai Nguyen, graduated in medicine from the University of Western Australia and became a radiologist.
- Sister Joseph A cheerful and friendly middle-aged nun who acted as the hospital social worker and assumed responsibility for the hospital orphans, who were almost all boys. I don’t know what happened to girl orphans.

THE WRITER AND HIS FAMILY

I am Peter Murray Last, born in 1929 and educated at Brighton Public School, Saint Peter's College and the University of Adelaide, where I graduated MB BS in 1952. My elder brother (an acclaimed epidemiologist) and I were brought up by our single-parent mother. Our father was a well-known professor of anatomy at the Royal College of Surgeons in London. He was not involved in any way beyond the divorce settlement.

After hospital experience in Adelaide, Melbourne and London, I returned to Adelaide, having passed the examinations to become a Member of the Royal Australasian College of Physicians (MRACP) and the Royal College of Physicians of London (MRCP). In 1967 I was elected to Fellowship of the Australasian College and in 1977 of the London College. In that year I was admitted a Fellow of the Royal Australian College of Medical Administrators (FRACMA).

Apart from a year of general practice, I spent my career in salaried medicine, first as an active clinician and teacher and then as an administrator. Looking back, I can say that at the time I went to Bien Hoa I was at the height of my powers, confident to the point sometimes of being cocky, but recognising that I elicited respect both for my abilities and for my driving enthusiasm. I was Specialist (Physician) at Repatriation General Hospital (Springbank — subsequently Daw Park), an Honorary Assistant Physician to Royal Adelaide Hospital, tutor to Lincoln College and a member of the Faculty of Medicine of Adelaide University.

In 1955 I married Jennifer Mary Robertson (Jenny Wren) and we had four children —

Robert John (Robby)	15 July 1956
Katherine Margaret (Kate)	26 May 1958
Anne Elizabeth	2 October 1960
William Peter (Billy)	11 April 1963



The Last family on the day of departure to Vietnam, 1 July 1967

I retired in 1990, and subsequently I was awarded the Medal of the Order of Australia (OAM).

These letters are transcribed exactly as I wrote them, omitting some transient material relevant only to my family. In particular, they have not been retrospectively edited.

The originals were lodged in the Australian War Memorial in November 2011. The collection of 35 mm slides was lodged with the State Library of South Australia also in November 2011.

R-101 [The number of days before returning home, which was a week or so after leaving the country]

4 Jul 67
Bien Hoa

Dearest Jenny Wren,

John Barker [returning anaesthetist] has promised to deliver these to you on Friday or Saturday, so that it will reach you in time for your [34th] birthday [9 July]. You may have thought from my hastily scribbled letters that my frantic hours over the last two days have totally preoccupied me to the exclusion of everything else. In fact you have been constantly with me, and I have found myself turning again and again to wondering what you are doing and how things have been going with you. It's all very well for me to be dashing about absorbing new impressions and spending money that I haven't yet earned. Don't think that I don't understand the drudgery and evening loneliness that I have left you with. Again and again I find myself to be able to convey no more than part of the impressions crowding in.

I shall start by describing as fully as I can all that has happened on this memorable first day. After circling through what Tom [Allen, sometime RAAF Spitfire pilot in Europe] called 6/10 cumulus cloud, we landed at Saigon. Coming in we passed river after river winding down through the delta. The water is like pale milk chocolate and stains the sea far out from shore. Each stream (and there are dozens) is wider than the Murray at Pun [Punyelroo, family sheep property downstream from Swan Reach], and the whole area is interlaced with connecting streams and canal cuts. Rice is planted in strips, some green, some brown, and interspersed with tracts of unclaimed jungle [probably uncleared intended]. We saw long straight roads, crowded with traffic and little towns and villages.

As expected, Saigon is squalid. We landed at the huge airport, with assorted military aircraft everywhere. Graham [Wilson, team leader] was there to meet us, with Phil [Nurcombe], the somewhat unprepossessing administrator. The formalities of customs etc were inefficient and tedious, and then out to the Holden station wagon. Phil drove to the Saigon rest house, where apparently I shall be spending your birthday. Mercifully we escaped the briefing at the Embassy and drove straight out here.

We didn't go near the centre of the city at all, but what we saw was fascinating. The streets were teeming with people, and, unlike Singapore, far less cosmopolitan. The celebrated little Lambretta taxis were everywhere, and later I shall get photographs to show them. A little box-like cabin is put on the back of a Lambretta (one size bigger than yours) and has two wheels to support it. I saw one with seven people, plus driver, and, as Phil said, they weren't even trying. All I can do is to convey snatched glimpses. A little group of boys playing naked in a wayside pool only feet from all the traffic. Banners everywhere in Vietnamese, clearly indicating a function for 3–7 July — perhaps political rallies. The constant stream of US & VN army vehicles & personnel. Motorcycles and push cycles ridden by children no older than Kate [aged 9], often with women sitting side saddle on the pillion. Garish wayside bars and stalls, often squalid, occasionally well kept with obvious pride.

So out of Saigon on to the celebrated Highway [One]. We found ourselves in the midst of a convoy of full-track personnel carriers full of VN troops, heavily armed and very gay. The vehicles have the bottom half of a tank and are open on top. Later we passed more at rest and the men had built barriers of sandbags as added protection — one had a gay balloon on the end of his radio aerial. Yet this wide and busy road, with its numerous guard posts and teeming with troops, is not safe at night. For in this extraordinary war, clearly the day belongs to VN and the night to VC.

Short of Bien Hoa we took a short cut through a village on an island. At each end is a single-track bridge with a railway line on it, and we were caught in the middle, first by a train, and then by the opposite traffic stream. In spite of the heat this was a fascinating phase, just watching the extraordinary variety of people going past. So at last to the rest house, very much as expected. My room is next to the ice factory, with running water and a pulsing engine, just like a ship at sea. The furniture is all new, there is a fan, a shower/toilet annexe, and excellent cupboards. As described, the mess, food, and generally congenial company are all excellent. Thirst is a major problem, the water is unpleasant, so I am taking huge quantities of cordial & water & soft drinks, and trying to lay off alcohol.

After a gay lunch, Hugh [Douglas, returning paediatrician — a proper one, unlike me] drove me to the hospital. This was actually even more squalid than I expected, especially the children's ward, which is an old rice store. I will describe this in detail another day, suffice now to say that it is dark, dirty and extraordinarily silent. We did a LP [lumbar puncture, to collect cerebrospinal fluid] on a baby with apical pneumonia and strong head retraction. [A sign of cerebral irritation, as in meningitis, for example] it whimpered once, and the mother's eyes moistened a little in sympathy, then all was silent.

There is no linen and patients lie on a rubber macintosh on the mattress, with a relative sitting fanning them. Hugh showed me all over the place, but I am too tired now to describe it in full. I met Dr Tho, who corresponds to M[edical] S[uperintendent], and I think that I shall arrange my small adult ward and a medical OP [outpatient] clinic.

A very happy dinner after my inaugural swim, and the inestimable and always cheerful John Quirk [radiographer] produced four bottles of Liebfraumilch for the occasion. A couple of US signalers came for dinner, and a couple of medical personnel came later. I am fast starting to scrounge — a haematocrit from the US people and an obsolete refractometer from RAH [Royal Adelaide Hospital], which I have written to the [South Australian] Minister of Health and Nick [Dr Bernard Nicholson, Medical Superintendent of RAH] about.

Now it is 18 hours since I woke in Singapore and I must go to bed. I do hope that the children are being good and that Angus is a good pup. I shall write a special letter to Rob for his birthday, and I will try to start catching up on all my other correspondence as soon as I can.

Please remember that I think of you constantly, and never more so than now as I go to bed. Especially will I be with you on Sunday.

All my love,

Peter

6 July 67
R-99

You might like to know the sort of routine that I have inherited from Hugh [Douglas] and will probably follow at least until I find my feet. To my surprise I sleep quite well, the constant thump of the engine and running water just outside my window serving to dampen outside noise. A couple of houses away is Honor-Smith Compound, a collection of buildings occupying about 2 acres. Every morning about 6:30 am a helicopter takes off from there, and this is as good as an alarm clock. This morning I got up with a minor feeling of apprehension, as there had been no water for 24 hours. I had collected half a bucket of rainwater last night, boiled it vigorously, and left it beneath my window to cool. This morning it had collected an unprepossessing scum, giving you some idea of the general dust and grime about the place. Turning on a tap is always a lottery, as there is normally a wait of 2-3 minutes before anything happens. I had just turned back to fetch the bucket when water started to flow, at first from the hot tap only & then from both. So after my shave I had a very welcome shower.

Breakfast consists of canned juice to wash down the daily paludrine — a better anti-malarial than chloroquine, but not cumulative. (So far I haven't seen a mosquito, although water is everywhere.) This is followed by excellent soft local pineapple, an omelette (with a generous teaspoon of salt), toast & several cups of weak black tea.

By 0815 we are away, and as I missed the others I drove myself around in a Landrover. I must say that the congestion on the roads is even worse than I had expected and their quality is very bad. A narrow strip of bitumen one car width has an equally narrow dust/mud verge, and then there is a foetid ditch before the bank falls away into a paddy field or the wall of a house or a tiny shop. Cyclists, pedestrians, motorcyclists, Lambretta cabs and ambulances jostle for room, and occasionally there is a goat, pig or buffalo or one of the tiny little ponies pulling a little cart. The way to & from the hospital is dominated by the simple rule of always turning right, so we leave via the river and return via the main road. This morning my route took me past the adjacent houses, many on the same sort of principle as this one, ie protected by a wall and gates & with a varying amount of "garden". Interspersed are paddy fields with sprouting rice and native shacks and stone houses with tiled roofs. I splashed down a muddy lane, for we had about ½–¾ inch of rain last night, then along the river road for ½ mile, past the school, Catholic church and thus into the hospital.

The day began with a ward round for about an hour, interrupted by an urgent call to theatre. Tom Allen hadn't arrived and I found myself faced with a new-born baby whose heart was still beating, but who had not breathed. The VN male nurse anaesthetist had passed an endotracheal tube and was blowing up the lungs with his bag. I couldn't think of anything else I could do, so I went back to my ward. I am getting on very well with Mrs Hai, and today the four trainee nurses came around and I taught on a boy with heart failure and a child with pneumonia that might be tuberculous.

Next to Outpatients, held in a bare room with a table, one chair, a couch and a sink. Patients are sorted out in Casualty, exactly as in RAH, and arrive clutching a piece of paper the size and consistency of thick toilet paper. On this is written in VN their name, age, perhaps a word or two of clinical notes, then "consultation chirurgical". I merely decide which cases can be operated on and which can't, send the former to the surgeons and the latter away, perhaps with a prescription. My cases today were — a boy of 7 with a fractured elbow 2 days old (fell from a wall). Next an old woman with an obvious cancer of the breast, inoperable, but she wanted an operation, so Graham Wilson has just done a simple mastectomy. A woman with a huge lump in the buttock (some sort of cyst) & a very old woman with a faecal fistula after some sort of abdominal surgery done elsewhere a year ago. Next a baby with a keloid scar on the chin after a burn, whose mother

wanted cosmetic surgery — sent away. A man who came 2/52 ago with painful haemorrhoids, whom the surgeons had already rejected, so I sent him away again. A woman sent in by one of the local doctors with a huge ovarian cyst, and a child with a lump on the thigh and a limp. I happened to be in theatre when they opened this and it was a deep abscess, probably from osteomyelitis of the femur.

After OPD I return to the ward to write up my clinical diary, in which I hope to record the name, sex, age and diagnosis of every patient, deal with any procedures, and sign out discharges, prescriptions, etc. Hugh used to potter about until lunch time, but today was memorable, for I did my first ward round with Dr Tuan, who is still a captain in the VN airforce, where he spent the last 10 years. He does his private work until 1000, then sees his 200 patients at the hospital, and consults after siesta. I went with him round the female medical ward, where I saw, amongst other things, a case of mitral stenosis and what I think may be an atrial septal defect. The Americans have a heart-lung team somewhere doing open heart surgery, and I may try to get her sent there. Next Monday I start my adult OP clinic and will be able to admit to the adult military ward (previously kept for VN militia and cared for by Gene Edynak, the very pleasant young Special Services Lt) and the female ward. I hope to join Dr Tuan most days for an hour to help him with his problems — especially hearts, as he says he never learned about heart disease and now finds many patients with heart murmurs.

In the afternoons I also intend to visit the laboratory to offer moral support to Mr Hung, whose full name is —

NGUYEN-VAN-HUNG
Surname – Male – First name

And I shall also fit some of my visits to US field hospitals, especially to make contact with their pathologists.

This afternoon I had a congenial time going through the dispensary with the shy little nun who runs it. Then I checked all our own drug stores and I had a much better idea of what we need to scrounge from the Americans. Next Dr Tho, who seems to have taken a liking to me, showed me some of his private patients, including a grotesque little acromegalic dwarf with a huge ascites and umbilical hernia, which I photographed.

Now the power has failed in the midst of a spectacular deluge and it is nearly dark, so I shall have to stop prematurely. I shall hope for a better chance tomorrow or later this evening if the power returns.

The happy clinging children are great thieves and this afternoon I had my good ball-point pen stolen from my shirt pocket while they swarmed over me and a group of American soldiers apologetically returned our Montagnards — no helicopter available today. In the same way John Barker had his watch taken from his wrist while buying souvenirs in the market. We grow accustomed to watching everything constantly, but even so things vanish all the time. The batteries were taken from the generator starter motor the other day, so there is no emergency power when needed. I keep my cupboards and suitcase constantly locked, although security is said to be fairly good in our rooms.

Now it really is too dark to write.

All my love,

Peter

Bien Hoa

6 July 67 [Two days after arrival in the country]

My Dear Rob,

This letter should reach you about the time of your [eleventh] birthday [15 July], and I do hope it is a happy day for you. Although I am so far away, living a strange, exciting, and very different life, I think all the time about home and I wonder how you all are. I have my two pictures of *Kareelah* [newly acquired family sea-going yacht, 30 ft overall] on the wall, and beside me as I write are photographs of you all that I took last year while we were caravanning in the Flinders Ranges. You may remember one of them on a peak overlooking Parachilna Gorge, when we could see for miles and there was nobody else anywhere in sight. It would be hard for you to imagine a greater contrast to this country, where you can never get away from crowds and crowds of people, and where life is in every way so different.

As I write I can hear the regular firing of nearby howitzers, sending shells out into the night, mostly firing at one of the rivers nearby, down which the Viet Cong bring their supplies at night. I have learned to tell the different thump of a mortar bomb, which may be ours or theirs, and occasionally there is the rattle of machine-gun fire, usually from the river half a mile away. It has been raining very heavily for four hours, and the power failed until a few minutes ago, probably because one of the poles had been hit by lightning. Because of the rain this is the first night that there hasn't been a steady flutter of helicopters — usually the little 3 or 4 seaters, but occasionally the big Chinooks, which can take a whole tank or a truck load of troops with all their gear. Fighter jets (F100s) and bombers, transport planes and little scouting high-winged monoplanes pass over all the time, and the air traffic is as heavy as the buses down King William Street [Adelaide] at rush hour. Vietnamese and American soldiers are everywhere, often armed with rifles, pistols or machine guns, and I often see jeeps with a radio aerial and a machine gun just like your model.

In a way this is very exciting, and from TV shows like *Combat* you might think that war is a dashing and heroic sort of business. I haven't seen any actual fighting, of course, and I hope very much that I won't have to, but I daily see the results. It is all very well for the heroic actor, but for the person hit it is painful and horrible. I would like you to meet Gna Van Nguyen, who is about your age, and I have taken some pictures of him that are on the film that left here today. He was playing with a grenade, probably playing soldiers, just as you do. But this went off. It blew out an eye, part of his skull, several fingers and left bits of metal in his arms, legs and belly muscles. Yesterday I saw a girl a bit younger, who had almost had her leg cut off by a hatchet, after her mother had been murdered, and a lad of about ten who drove his motor cycle under a truck and had both legs broken.

I think that you are old enough now to understand that you are fantastically lucky. You have a whole room to yourself, and your only real danger comes from riding your bicycle to school or falling off the roof. Here a whole family may live in a space smaller than your room, and they live with violence and death every day. We can take you off in *Kareelah* or to the Flinders [Ranges] or to the James' [farming friends], where you have space, security and freedom. Here there are no holidays and never any chance — and hence probably no desire — to be relatively alone in the world. Yet these people are very happy and very brave, for they live always with suffering, death and alien people about them. My crowded, dirty and very hot children's ward is happy, and I have yet to hear a child grizzle or nag its parents or elder brothers and sister who actually care for it. Imagine that Billy [aged four] broke his leg and went to hospital. You would stay home from school and sit on or beside his bed all day. Much of the time you would be fanning him to relieve the heat, except when you were fetching and emptying his pot, preparing his food or cleaning his dishes. When he left hospital you might carry him home on your back, or you might be lucky enough to take him on your motor cycle, for many boys of your age ride them about. On top of

this some friend or relative — Tony Becker [neighbour and close friend] or Marget [beloved great-aunt] — might be shot or stabbed, mutilated perhaps or killed, and I would be away, as my new friend, Dr Tuan, has been for ten years (almost your whole life) in the Air Force, leaving Mum alone with the family, as I have done for this brief 3 months.

So naturally I wonder what sort of world you will grow up in and whether you and your children may ever face anything like what has happened to these brave and happy people. I want you to know that there are people all over the world with some sort of problems like those here, although very few as bad — in Africa, the Middle East and South America. I want you to know that you are lucky and to be as happy as you can, trying to remember the good times and the people that you like best. Particularly I want you to know what it is to have a family about you, and to be happy with your sisters and brother — not squabbling over little things that don't matter, but always remembering that we are a family, that we should help, support and love each other and make it our job to stick together.

I am sure that while I am away I can rely on you to help Mum, to take my place at the head of the table and the responsibility of being the man of the family. Please be very careful riding your bicycle to school [about 6 or 7 km, some in commuter traffic], although your traffic could not compare with this, where small vehicles give way to big and children and animals don't give way to anything.

I have written you this long and serious letter, because I want you to start to think of the wide world outside family, school and Adelaide. Naturally I am very careful in the way I live here and I take no risks, but war is a dangerous business, and I know that I may get hurt or even killed. So I want you to know my feelings on these serious subjects, in case it may be hard for me to explain them later.

Please look after Mum, Katherine, Anne, Bill and Angus [family terrier] (and the Rabbit). Have a happy birthday and write to tell me all the things that have been happening.

Love from Dad

JENNY ONLY

Bien Hoa

7 July 67

R–98

... I am physically fit, although I tire easily and have had abdominal cramps from salt depletion. I am being very careful in every way, but it is a mad sort of business, with bangs often within earshot and not knowing who is doing what and to whom and with what. ...

I won't put personal comments into letters that you will be showing to others, but for your information, Phil Nurcombe the Administrator is unlikeable and incompetent. John Quirk [radiographer] has a delightful personality, fits in ideally and has a wonderful knack of making friends with the Americans. Phil, who comes from Melbourne, is odd man out. With no direct clinical contacts, he is insecure and aggressive. He talks so much about how busy he has been that he has very little time actually to do very much. The situation is compounded by our natural tendency to bypass him and turn to John.

Graham Wilson [general surgeon and Team Leader] in a somewhat ponderous way is much better than I had expected and is clearly professionally competent. Rod White [orthopaedic surgeon] is always cheerful, has enormous stamina, and adapts wonderfully to the communal mood. Tom Allen [anaesthetist] is a bit of a pill at times, with an irritating habit of asking questions he knows to be unanswerable. Poor Phil Tan [a medical acquaintance of mine dating from my time in the Royal Postgraduate Medical School in London in 1958-59] suffered humiliatingly from Tom's constant inquisition, which displayed his ignorance of Singapore Island. Tom had no sense of this and doggedly continued in spite of my attempts to make him stop. He is very curt under pressure, but has a high sense of responsibility and generosity, which amply compensates. Doug Townsend [general surgeon, contracted for at least six months, possibly a year] may be quite depressed after seeing the old team go, but he masks this under great good humour, gaiety and general good will. It would be impossible not to like him.

The girls are uniformly pleasant, cheerful and efficient. It is impossible to speak of them in anything but the very highest terms. So far I haven't had much to do with any of them individually, although a weekend with Aileen Monck and Olga Nicholls may be a start.

As for myself, I am not finding it easy to settle straight in as a full member of the Team. Partly this is purely professional, for I have nobody on clinical wavelength with me. Partly too it is because I can't easily and unselfconsciously join in some of the activities. For instance, I am embarrassed by being the only one not able to swim the crawl stroke, and I have held a little aloof from the skylarking in the pool. As always, I am frankly bored by a lot of idle chatter about sport, although I fight hard not to show it. The others must think me an eager-beaver, a bit of a bore and a great repository of esoteric knowledge. They turn to me as an authority on some allusion to a quotation or a historical fact, such as the Thirty Years War of 1618–48, to which I often refer. I would hate you to think I am unhappy — for I certainly am not — or unpopular, for I am sure I'm not that either. I am just chatting to you about this before dinner, as I might sitting in the kitchen at home...

I am starting to sort out a definite plan of campaign, and it will be interesting to see if I can follow it through to fruition. First I want to get the VN lab team off the ground, stepping up the volume of work, offering them moral support and perhaps a chance of extra training. Next I want to get to know Dr Duang [Tuan] and his problem patients, start an adult OP clinic and set up a consultative physician's service for my successor. Finally, I want to urge the improvement in the physical facilities and nursing standards of the Children's Ward, which is almost the dirtiest I have so far seen in the hospital. I have come to see that Hugh Douglas wasn't very enterprising. In two days

of urging and cajoling the VN staff and my new American friends I have done more for this lab than he ever did. He seemed to accept things as they are and did not put pressure on the VN to work a bit harder. This is probably a beginner's enthusiasm, but I can see that I have found one of the biggest challenges of my life. The need is to set up something that the VN do for themselves, so that *their* nurses scrub the filthy macintoshes, *their* technicians do the lab work with a wider range of tests, and *their* gp sorts out the patients needing a physician's services. I really think I can do a lot towards this in three months, and I am starting to feel that it is not long enough — although I know the very thought will make you cringe inside. At present you need have no fear that I will ask for an extension. I look at *Kareelah* [our new yacht] and the pictures of you and the kids and think how much I have to go home to and for. I think too that it is a home worth working and fighting for, and I am starting to think out my political ideas for the first time in my life.

All my love for ever,

Peter

Bien Hoa
13 July 67

...Some very pleasant and self-effacing young [US] airmen are slowly working at the ward in their spare time. This morning they painted one cot and took away two more to do a better job than was possible with a can of spray-on paint. They have measured all the mattresses to have new ones made (at their own expense) in Saigon. I showed them my need for a second sink and they agreed to try to fix this also. I was very impressed with their quiet efficient demeanour, their unaffected generosity and easy manner with the children...

... I have three drips going for children with gastro, one of whom will die. This morning three children from one family ate the big sugar-coated quinine tablets. One died at once and the other two were brought to Casualty, made to vomit, and sent home. One fell asleep and the distraught parents thought she was dying. So they ran to the hospital with the children in their arms, shouting, “Bac Si! — Bac Si!” [“Doctor! — Doctor!”] It was now six hours after ingestion, and I know no antidote, so all I could do was go through the motions of examining them. I shall see them again when I go to look at my drips. A huge crowd gathered to savour the drama, gesticulating and talking animatedly, so I did all this to excited clicks and expostulations. The poor mother was in a terrible state and the father wasn’t much better. Mrs Hai [head ward nurse] was quietly unimpressed — if the silly parents allowed children of that age — the eldest was eight— to go to the market alone, what could they expect?

Bien Hoa 14 July 1967

R-91

...It was a day of great achievement, for I have personally cleaned out, rearranged and stock-checked the Pharmacy and cross-checked with the new and efficient medical store, where further stocks are held. It has been a tedious, exacting but very satisfying job, and the little nun was glowing with pleasure at the end. We have sorted all the drugs into therapeutic groups, and in future she will refer anything unfamiliar to me. I have written urgently to Miss Nohdurft of Hoechst, asking for supplies of one of their drugs which we need at once and which is not available from American sources [I think this was the diuretic frusemide (Lasix) not yet released in the United States.] I have also asked for key reference books and a French–English medical dictionary, as with their aid the nun can manage pretty well on her own. I really feel a great sense of achievement in this field, for it has meant working with and through the hospital's own staff. This does provide some hope that they will be able to carry on after we leave. It also highlights the simple stupidity of some of my predecessors, for anybody could have done what I did. Only a couple of days ago a baby died of opium overdosage from Chinese medicine because we had no antidote, and all the time it was in the Pharmacy! In the first place, nobody had thought to look, and anyway the nun, not having a clue what sort of drug it was, had put it with a box with a similar label containing eye ointments.

My plans for the laboratory are also going ahead well. This morning I finished early and Dr Tuan had only a couple of patients for me to see. Rod [White, orthopaedist] had been called to CIDG (Civilian Intelligence Defence Groups) to advise on an amputation, so I drove him over. This is located in the Air Base complex and is run by Gene Edynak, one of the most delightful of all the Americans. The troops are natives and I think that they must be mercenaries, for many are Cambodians — taller, more heavily set fellows than the VN, and with different language and customs. The patient was a fine, muscular handsome Cambodian, who had a penetrating wound below the knee, which had irretrievably shattered the tibia. He had gangrene of the foot and Gene's problem was to try to amputate below the knee. I was very impressed by Rod's calm, confident, cheerful examination, and it was wonderful to see the look of delight on Gene's face when he was reassured that the knee could be preserved. He clearly cares deeply for his patients. He showed me a VN man in advanced heart failure from mitral stenosis and pericardial effusion. I would love to get amongst these hearts. There are plenty of them at an advanced stage in relatively young people. On first impression, there should be plenty of work for a cardiac surgical unit.

From there I drove myself about 5 miles to Long Binh to visit 93rd Evac. This is actually the official main road from Bien Hoa to Saigon, but it is so narrow, congested and appallingly potholed that we prefer the shorter back road, in spite of the long delays at the bridges. The 93rd Evac is a big complex right on the main road from Bien Hoa to Saigon, where it is gently undulating through rather attractive country — physical features resembling the South Road between Hackham and Port Noarlunga [At that time rolling open country farming land with grazing and few houses. Now it is all suburbs of the expanding metropolis of Adelaide.]. Each of the buildings is set out in the form of a cross, with a big red cross painted on the roof — standard US military practice all over the world. It was a slack day and only about 6 ambulance helicopters were coming and going as I drove in. At the laboratory (called, somewhat confusingly) 946 Mobile Lab) I just missed Jim Shearer [actually Scherer] the OC, but I spent a very congenial half hour chatting to the pleasant young technicians. They are eager to help, offered to come over to see just what our problems are, and — manna from heaven! — there was an unused flame photometer. If Jim agrees and I can tee it up at this end, I shall send Mr Hung across for a day or so to learn how to work it, then we will take it over and we will be able to do sodium and potassium levels in blood.

Just as I was leaving (BH Hospital) a very pleasant Korean appeared — Mr Chang. He is coming to work in our laboratory for a week and can show Hung how to do some of the tests. He has a lovely grin and an eager effervescent manner which I took to at once. Hung knew him, for he had done this once before, but last time the problem was that there were not enough tests to justify him working here. Thanks to me this is no longer true. Hung has had little experience in blood chemistry and Chang (the Korean) will help him to set it up...

... Bob Williams (the yachtsman) is a L/Col of helicopters. ... In his pleasant quiet way he told me a nice story. A village had been reputedly cleared of VC and after a long period with a garrison was thought to be safe enough to be left unguarded. A few nights later VC reappeared, castrated the head man, sewed his testicles into his mouth, and killed his children before his eyes. It will be a long war.

Your letter of 10 July today (very good service! ...

Bien Hoa
Saturday 15 July 67

R-90

Robby's [eleventh] birthday! — I hope a very happy one — and I suppose that you are taking him to the pictures or something similar. After a relatively cool morning it has turned into an oppressive thundery afternoon, and with no power again I really miss not having a fan. Apparently the town power supply is still run by the French, whose contract is about to expire. They have no incentive to keep up their maintenance, and breakdowns have increased greatly in the last few weeks. Since we arrived there has hardly been a day with full power, and prolonged stoppages halt pumping of water also. The ice works, which is steam driven, has also stopped, and I miss the steady thump and surge just outside my window.

The next building over is Honor-Smith Compound — or actually a cluster of buildings spread over a couple of acres. Over the last day or so there has been an irritating increase in helicopter traffic, both by day and by night. Apparently a couple of Air Force generals from the Air Base live there, and there has recently been a visit from the local Inspector-General. This amounts to a detailed audit of every possible aspect of a unit's activity, from the mess bills to how many cans of paint are in the store. Many of our friends were a bit on edge, but now it is all over for another six months, by which time most of them will have left for their next posting.

I can't say that I blame the generals for avoiding the couple of miles' drive to the Air Base, although with the heavy helicopter traffic there must be a finite risk of collision in the air. It is impossible for them to follow set rules of the air, and a couple of weeks ago two ran into each other near Train Compound and all occupants were killed. The unfortunate flight leader of one of the crocodiles [like a flock of schoolgirls walking in line] had told a new member of the unit just behind him not to straggle too far behind. Just as he spurred up to close the gap, the leader swerved at the sight of a stray machine coming up from below, and the result was fatal to them both.

This morning I finished my ward work early and took the jeep across to Long Binh again to 93 Evac. This is the nippiest and most popular of our vehicles, and this is the first time that I have had a chance to use it. With good acceleration and road handling the journey was much pleasanter than yesterday's by Landrover. Driving along, whether as driver or passenger, I catch frustratingly brief glimpses of people going about their daily lives, ignoring the steady stream of traffic nearby. Today I saw a woman walking away from Bui Tieng market with a large bunch of some sort of green leafy vegetable carefully balanced on the apex of her winkle hat. In each hand she carried a heavy bucket. This was an unusual sight, because usually they balance their buckets on the end of a long pole. Most of the heavy work is done by women, and they have a curious slack-jointed trotting walk which makes them look double-jointed. I would need a movie to capture this — and that is one extravagance I don't intend to allow myself.

The road passes over a canal, beside which is a very squalid and rickety collection of peasants' huts. Two little boys, quite naked — somewhat unusual in older children — were picking grass from the edge of the canal and stuffing it into an already bulging sack. Meanwhile their father was steadily plodding up a rickety ramp from his sampan, carrying a heavy bundle. At Bui Tieng, which is the village between Bien Hoa and the main highway, the road is even worse than through Bien Hoa. Heavy trucks are supposed to be prohibited, but the signs are ignored, and they charge by, adding to the already horrific potholes. The market and shopping area run off at right angles to the road, and I was held up briefly at this point. After the very heavy rain of the last two days, people were stoically wading about almost up to their knees in mud. A little group of depressed-looking American MPs were facing the uncongenial prospect of wading down on some errand.

The genial pharmacist at 93 Evac gave me a large packet of drugs and, in the fashion that never fails to impress me, gave me also a big desk reference book, 1967 edition, of all drugs commercially available in USA. I visited the small PX there in search of one of their handy little notebooks, but they had sold out. On the way back I picked up a very relaxed GI — he goes home tomorrow, and then demobilization. What did he think of Vietnam? — One hell of a place, no end in sight, but he was glad to have come and gladder still to be going. I drove to the Air Base PX in search of a notebook, but again without success. In keeping with the universal policy nearly all the staff are Vietnamese, mostly girls. They carry the manner of the slack-hipped sales-girls in Coles as though born to it, and I found them generally bored and unhelpful.

The PX is in a big building about the size of Coles or Woolworths in Rundle Street [Adelaide], and has off it a snack bar, Gift Shop, Hi-Fi Shop and Barber — all run by the Vietnamese. In the main store they have service and civilian clothing, watches, cameras, stationery, a large popular record bar — mostly of old musicals like *West Side Story* and *Camelot* — and just about anything that you can find in Woolworths. Quality seems fairly good and prices are very low. My sole purchase was a little wallet made to hold my ID card, Commissary Card and Special Privileges Card (I haven't discovered yet what this is for, but I suspect booze.) I shall leave my major purchases until towards the end when I have more ready cash.

We have a sad family who are unusual casualties of war. One of the jet lubricants looks and smells like cooking oil, so it is stolen and sold in the markets, usually diluted with the genuine product. The whole family — father, mother, two sons and a daughter — have all been poisoned and have developed incapacitating paralysis of legs and hands. The father is worst affected and the daughter hardly at all. They will recover eventually, but apparently in a similar episode in Morocco last year there were many deaths...

Sunday 16 July

Nobody is going to Saigon today, so you will get one letter for two days. Last night was pleasantly quiet, with only eight of us to tea and no visitors. The last team left a big [reel-to-reel] tape recorder, and gradually a big pile of tapes has accumulated. Somebody had found some Beethoven, and it made very pleasant background music. Later the American helicopter pilot Rick [Roll] came in for a chat. He is one of several Americans living in this building, mostly on the ground floor, and who eat elsewhere. He is a nice lad, who takes himself very seriously. He loves to go into long explanations of his family relationships and interests. He hates this war, which he feels is being fought in the wrong way. He says that the inescapable fact is that the VC clearly have no difficulty getting recruits very near and in Saigon. This must mean that there is universal hatred of the RVN (Republic of Vietnam) regime, with which the Americans have become associated. He thinks that there are only two alternatives — an interminable war with gradual compulsory resettlement as the British did in Malaya — or an American withdrawal, Congo-style bloodbath, and then a re-entry by countries like the Philippines and Australia, perhaps administering US material, but in a strictly civil capacity. It was interesting to hear an intelligent and deep-thinking career soldier speak so frankly.

This morning I went in to do my Sunday round, but I needn't have bothered. There were no nursing staff, all the drugs and clinical records were locked away, and most of the patients had gone off for weekend leave from which they may or may not return. It's a crazy way to run a hospital. Having plenty of time I strolled down to the river front and then walked home. I passed the church as a huge congregation was spilling out from mass, while over the way a solitary priest stood in a deserted joss house with no customers...

The river frontage is very pleasant, and I was annoyed not to have a camera. There are ragged lawns and paths, a little pier from which children were fishing, and a soldier and a girl were flirting. The palm trees all have a list, which makes them attractive, and on the paths little boys

were playing with marbles. The promenade ends at the vegetable market, where rickety little sampans were drawing away, having left their day's produce. Here housewives were haggling, soldiers lounging and, as always, children were everywhere. There is a fine mansion, heavily guarded, of course, which must have been the French Residency.

I walked back along the river drive one house back from the water. Children are set to work at a very early age, particularly for anything calling for skill and delicacy. At a photographer's a shy little girl of Anne's age [seven] was patiently tinting a black-and-white portrait to give the face somewhat brittle flesh tones. Next door a lad of Rob's age [eleven] was carefully shaving a big negro soldier with a cut-throat razor, his tongue stuck out and face screwed up by the effort of close concentration. At the iron-smiths two lads were hammering ornamental flowers into shape on a pair of gates, while their father chewed betel and gossiped with a friend. At the tiny little school (not the one by the hospital but another one further down) out of which pour implausibly large crowds of children, 3 little kids were picking up paper in wicker baskets and throwing it into a heap on the street — rubbish day might be next month. As they did so other children scavenged through the heap for what they could find...

... Rick the helicopter pilot (whose other name is Roll) offered Jo Griffin and myself a ride in his bubble. This is the little Perspex-hooded 2–3 men taxi-like machine, and his present job is to pilot the Region III USAID head or his deputy, who live over the road.

[This was the celebrated John Paul Vann, subject of a large (860 pages) study called *A Bright Shining Lie*, by Neil Sheehan and providing a clear and detailed account of the terminal phases of the war. Through Rick I met Vann several times and once doctored his illegitimate child by one of his VN mistresses.]

[Rick] had to put in a couple of hours flying time to reach a maintenance schedule, and anyway he just loves flying. After today I can quite understand why, for this is the most exciting three-dimensional sports machine imaginable. Just as we took off I discovered that I had only four exposures left.

I was lucky for I had the seat with the helmet attachment, & Rick and I could talk to each other, while Jo had no warning of some of manoeuvres. There are no doors, a fair slip-stream, and a terrible feeling of insecurity when the machine banks, with you in the lower berth while you stare straight down at the ground. After checking all the controls, we buzzed the Rest House, of which I got a couple of shots, then down the river and across the jungle and all the intervening rivers to Saigon. At first we cruised at 80 knots at 400 feet, then, to show contour flying and radar evasion, he came down really low. He brought the machine down to 50 feet and we skimmed along, sometimes below the level of tall trees. First a strip of almost deserted road — it was siesta time — then a swamp with a village in the middle of it; then a couple of miles of paddy all under water. We put up a pair of water birds that might have been a red-brown version of blue herons, and startled an old man fishing. Then unbroken jungle until we reached the encampments, farms, factories and villages which lie outside Saigon. The opportunities for filming were limitless, but I had to hoard my precious supply. I was pleased to see that I could identify several Saigon features from the air. We passed over Free World and APO1, where we get our mail, the Cho Ray Hospital and the centre of the city. Next we flew along the river, over steamers, barges and innumerable sampans. He took us quite by chance exactly over the Club Nautique & the *Helgoland*, so I hope my picture of that comes out. Above the main road bridge over the river we flew low over the water, and there in front of us was a water skier. From his awkward stance and stuck-out bum he was clearly a beginner, and Rick flashed by at 20 feet & only 20 yards away. He was on my side, and his face was a study. I wonder if he fell off with fright. I certainly wouldn't blame him, for he had no warning that we were coming. Ten minutes flying to the west we might be shot at, yet here all was peaceful and people were innocently enjoying their Sunday

afternoon pleasures. So home again for a shot of the hospital — hasty and not very good. Rick, although he and his boss live only a few yards away from each other, has no permission to land in Honor Smith. Nevertheless he did so, to allow Jo and me a quick trip home without delays at the Air Base waiting for transport.

We have suddenly acquired 24-hours a day armed American guards. Nobody knows who sent them or why, and the girls certainly resent their habit of “patrolling” the balcony outside our windows. They search all the VN people who come and go, but are pleasantly deferential to us. Several Americans live on top of the building in the penthouse behind our kitchen and mess. All day there has been much hammering and shouting as a team of VN workmen have been putting in air-conditioners for the “generals” — anybody of any importance is always a general. We don’t want it, as the building is designed for air flow & the fans — when working — are quite efficient. We have been told that we are to be linked to the Honor-Smith generator, which will resolve our power problems.

Poor Graham [Wilson, team leader] had his camera stolen in Saigon today. As he crossed a street with the others, having just taken a shot a motor cyclist — or rather his pillion passenger — snatched it out of his hand. They were gone in a flash, and, of course, no number — not that it would help much. It was a Pentax, same as mine, and he was justifiably depressed and humiliated by the incident...

PS Terrible discovery! My last film didn’t engage on the sprocket, so none of my carefully hoarded chopper pictures were in fact taken. Agony!

17 July 67
R-88

Not actually a blackout tonight but a brownout. After a period without any power, it came on again, with enough juice to turn the fans, but most of the fluorescent strips either flicker on and off or don't work at all. My bedside light is functioning but not anything else. Yesterday we saw workmen staggering upstairs with an air-conditioner and TV set for a room set aside for a secretary (female) to one of the generals. We also saw with gratification that they had rigged a line to the adjacent building of the Honor Smith complex. Imagine our feelings when we found out tonight that this is solely for her room, and the other Americans in this building have to share our gloom. She is a brassy-looking harridan, but no doubt she has hidden talents.

Last night George Gunter, a Melbourne plastic surgeon from Long Xuyen, came to stay for a fortnight, and he has kept a theatre occupied all day. Also we acquired a pleasant, earnest, rather garrulous Virginian called Gene Weiner. He was drafted into the Air Force, being an acknowledged opponent of this war, and possibly for this reason has been assigned as a member of a 3-man team to a provincial hospital like ours. They have 70 beds and much worse facilities than ours — no X-ray, no theatre, interminable delays in getting equipment, and the whole area hostile and generally unrewarding. He is here for four days and I have enjoyed listening to him. Later, if I get time, I will try to relay some of his views.

An interesting day today, which I enjoyed. The ward was slack, since many of the weekend's defaulters failed to return, but Outpatients was very busy. Then a pleasant round with Dr Tuanh, with whom I am getting on very well. A hasty lunch and Doug [Townsend, surgeon], John Quirk [radiographer], Beth and I went out to 44th Signals as Team representatives at the formal change of command ceremony. Our good friend Jay Lerner leaves tomorrow for home and has been succeeded by an earnest young product of the Harvard School of Business Administration.

This involved a long drive right across to the far side of the Air Base, which gave me my first insight into its huge size and complexity. We passed jet fighters in their bays, dumps of bombs and the awful napalm, clusters of tanks and scattered groups of huts and tents. The Air Base has been quite jittery lately, having been tipped off that there is to be a repetition of the attack in May. We saw evidence of this in the construction of a long line of bunkers, with big teams of Vietnamese filling sandbags.

We missed the actual ceremony and arrived just in time for the dismissal, but we went to the social gathering in the mess hall. The unit is a small one of about 90 officers and men, but like all such units it has a strong sense of loyalty. Jay was presented with a handsome plaque and made a short speech of thanks. Then we had to go to the 93rd Evac, which involved a very interesting drive. The road went north of the direct route to Long Binh. First we went through a rubber plantation, which is apparently pretty risky at night. Then we passed a prison compound and caught a glimpse of VC in their rust-red uniforms under what looked a pretty sketchy guard. Next a long ribbon of a village stretched over several miles and with literally dozens of Catholic churches — at one spot almost one per 3 or 4 houses. Later I heard that paradoxically this is a VC area, but it is said to be quite safe for through traffic by day. As this was siesta time the traffic was gratifyingly light, and I was glad to hear this afterwards.

From the 93rd it was a quick journey back to the hospital, where I had an appointment to see Dr Tuanh for a case consultation. Next the Head Nurse (Mr Baa as in Baa, Baa Black Sheep) proudly showed me my medical consulting clinic, next to the office of the Medicin Chef, Dr Tho. I shall take a photograph to show you the Vietnamese notice — “An Australian internist will consult here Mon, Wed, Fri 1500–1700.” Mr Baa has agreed that I should lecture his ward sisters for an hour each Thursday, starting the day after tomorrow. So in less than a fortnight I have branched out greatly — reorganized the dispensary, urged on the laboratory, set up a consulting service for

Dr Tuanh, arranged some tuition for the sisters (who actually order much of the treatment) and undertaken an open consulting service. [In addition to the existing outpatient screening service I inherited]. I am terribly lucky that I came when I did, for Hugh [Douglas] had organized things so well that I can carry on the paediatric work on his momentum.

Just to stop me from growing swollen-headed came my big humiliation. Thanks to George Gunter blocking one theatre they had to double-bank in the other. This means that a stretcher is set up on trestles beside the operating table and two teams crowd in. I was called in to anaesthetise and made an awful mess of it, so that for two consecutive cases the surgeon had to aim at violently moving targets. I was glad to be relieved, but I must go back, as when I go to the Leprosarium I shall have to act as anaesthetist.

Your letter of 13 July came...

A call to the hospital — a boy of 11 has just vomited a [round] worm and some blood and is “very tired”.

Bien Hoa
18 July 67
R–87

Days are starting to slip away very quickly now as I settle into a regular routine. It seems only yesterday that I headed a letter R–100, and now we are well down into the eighties. No mail either way today, although in fact I went into Saigon myself but unexpectedly & after I had left my letter upstairs to go with the others. I had heard that a consulting clinical biochemist was due to visit 946 Mobile Lab at 93 Evac, the chopper hospital at Long Binh. Originally I had intended to go over this afternoon, but I steamed through my work and found myself at a loose end soon after 1000. So on the spur of the moment I jumped in the jeep and set off.

In this way I met Ed Katibah, a very impressive young man. He is only a captain and had 3 colonels with him, but he showed a masterly grasp of each subject under discussion. It was impressive to hear him demolish one of the others, who put in a plea for a certain biochemical test and who was called on to justify its clinical necessity. Ed sorted out all my problems as to what equipment to order and what tests to set up. After a fairly long wait, during which I chatted with the easy-going young technicians, mostly about whether they should spend their precious five R&R (Rest & Recreation) days in Australia, I drove Ed into Saigon to his base at 9th Mobile Lab. If you find all these numbers confusing, it's every bit as bad for me. He comes from San Francisco and is a yachtsman. When he is discharged next year he will go into private pathological practice and will probably buy a Folkboat. By ethnic origin he is Syrian, and he has a strong physical and temperamental resemblance to one of Alan Skyring's proteges called Steve Mistilis. [Alan Skyring was a Sydney contemporary who was an Honorary Physician to Royal Prince Alfred Hospital. In 1956 we exchanged jobs for a few weeks, including a segment that concluded our honeymoon.]

9th Mobile, which is one of their principal reference laboratories, is located on the far side of Saigon near the airport. It is in a private house very like this one, only smaller, and the rent is US\$68,000 per annum. Judging by the number of big new cars about, there are clearly some Vietnamese who are doing well out of this war. 9th Mobile does all our section work and in fact welcomes it, as it is an interesting departure from what they usually see. For instance, Graham [Wilson, our team leader] and I recently saw an old woman with a lump in the breast and hard axillary glands which we both thought was malignant. It turned out to be the first case of tuberculosis of the breast I have ever seen and they were quite excited about it.

[I recall one of the pathologists pleading with us for specimens, as he was heartily sick of routine appendectomy and similar specimens, making the work very dull and unstimulating.]

I was intrigued to hear that they are reduced to scrounging gear in exactly the same way we do. In spite of all the data-processing machinery and their massive image of efficiency, the American supply service is chaotic. Vital medical equipment is often in critically short supply or not available at all. For instance, no laboratory can do accurate serum electrolyte estimations because of fluctuating voltages. An older method is available using cooking gas, similar to our Portagas. As I understand Ed's rapid conversation, he could not get reduction valves to achieve the essential constant pressure until he approached the Brigade Surgeon-General and achieved No 2 priority — life/death. President Johnson or General Westmoreland [US commander in VN] would get No 1 priority.

I was very glad that I went, as I met the chaps who will be doing our reporting, and they are coming out for lunch a week today to see our hospital. None of them has seen Vietnamese medicine and they are in for an interesting experience.

What is your reaction to having a Vietnamese to stay, possibly for a few weeks, possibly a couple of months? This is the laboratory technician, a shy and pleasant man of 26. Apparently a scholarship to Australia was allotted to the hospital and given to Mrs Hai, my ward sister, but it was cancelled because of her pregnancy. Now there is a chance that Hung may get it and he would be a very good candidate. I would have no trouble finding him a place at our laboratory [at Repatriation General Hospital, Daw Park] to learn simple biochemistry and bacteriology, and I thought that it would be a pleasant gesture to offer him at least initial accommodation. Unfortunately his very pretty wife and attractive 15-month old daughter will have to stay behind. Nothing may come of this, for the poor fellow has no money for bribery nor political influence, but I have spoken to Dr Tho, who said that he also would support it. Chan, the Korean with the flashing grin, returned today. My Anglo-Korean is not strong, but I understood him to say that he is staying for a year. If this is so, it would add to Hung's candidature...

I am pretty tired, having missed lunch and siesta, so off to bed.

All my love,

Peter

Bien Hoa

R-86

19 July 67

An incident occurred at the Air Base a few days ago that might have got into your papers. An F100 jet fighter has two seats, one behind the other, and on this occasion the pilot was accompanied by an inexperienced photographer. The little stubby-winged jets are very unstable at slow speeds, and manoeuvring is then difficult and dangerous. They were trying to land in heavy rain, and on coming in the pilot found himself overshooting the runway. To attempt to eject at that altitude would have been fatal, as they could not have got high enough for their parachutes to open. He tried another circuit, but he did not have enough way up, so half-way round in desperation he tried to come in on the cross-runway at right angles to the wind. The plane flipped over, first on to its side, then on to its back, arriving in a swamp upside down in six feet of water made black and slimy by oil. The man in the back seat panicked, pulled off his mask and helmet, and drowned at once. The pilot, working his oxygen pressure mask manually, forced oxygen into his mask for every inspiration, until they managed to get him out. This took 3 hours, during which one of his friends sat on the belly of the plane to reach down and hold his hand. The aircraft's radio was broken by the impact, and they had no means of telling the pilot what was going on. At the end he still had an hour's supply of oxygen, and his only disability was severe cramp in the thumb working the oxygen. He must be a very brave and well-controlled man.

The hospital kept me busy today and I had no time for gallivanting about. The children's ward has about 25 patients in its 21 beds, many of the new ones being horrific cleft palate/hare lips for George Gunter (Melbourne paediatric plastic surgeon). Having missed all my previous shots, I borrowed Rod White's flashlight today and took some in the ward, including the worst of the cleft palates. Two are of Tran Sang, the little 4 year-old who has been in a gallows splint for 3 weeks. His mother has six other children at home, who are cared for by the father, who is a potter. Unfortunately the little red trumpet that she has so patiently amused him with was missing. Mrs Hai remains sick, and Miss Nga will appear accompanied by her adopted son. I have got her to write out their names, so I hope to achieve some consistency with the spelling.

Graham Wilson removed a thyroid nodule (non-toxic) a couple of days ago, and at first all was well. Then suddenly the woman threw a high fever and lapsed into coma. I diagnosed cerebral malaria and started appropriate treatment, with partial success. Fixing all this made me very late for a heavy outpatient clinic, followed by three quick admissions. I was flogged at lunch time and had a sleep, instead of my usual chore of letter writing. My first consulting session produced only two patients, but I filled in the time very usefully chatting to the Casualty/Outpatient staff. I tried to start my message about their peculiar prescribing and found an initially promising response. To my surprise, I heard that they average one admission for attempted suicide per day, just as at RAH, and indeed one arrived when I was there. Fortunately Dr Tuan was there, and I persuaded him not to follow the usual regime of stomach wash-out, with injections of strychnine, caffeine and camphor, plus antibiotics. I hope to spend part of each day there and in this way leave something of a mark.

I enclose my first hospital memorandum, together with their translation [two pages scanned] Please keep it carefully, for I regard it as something of a milestone. From this you can see that Mr Baa, the Head Nurse, is an efficient administrator. The place is steadily improving, and each day seems to bring a new development. Name badges have suddenly appeared for the trainee nurses, and most of the wards (except mine) have bed linen, and that was promised today. [It didn't come consistently in my time at Bien Hoa.] As when I was at RAH [Chief Senior Registrar, Acting Medical Superintendent & Deputy Medical Superintendent 1961–64] a lot will depend on my successor, although there I still see many of my instructions are still current and are carried out.

[In addition to my salaried appointment at Repatriation General Hospital (Daw Park) I was an Honorary Visiting Physician to RAH.]

Up here we live in a curious vacuum of anything going on in the outside world, including the war in Vietnam. In this way we have heard rumors of a postal strike in Sydney, and this is presumably why there has been virtually no mail for two days. Quite apart from not having any news from you, this is particularly frustrating, since I had expected to hear about this time how Hugh Douglas [my predecessor] had got on with Bernard Nicholson [Medical Superintendent of RAH] in the attempt to have the RAH refractometer sent up here... AFPO1, of course, cannot strike, for it is manned by Army personnel, so once the mail is cleared from Sydney there will be no trouble.

[I saw] a film called *Khartoum* — all about General Gordon and Britain's imperial past. It was rather strange to see it in an American Army camp, and I must admit that it was a less inspiringly British film than *Zulu* [The celebrated defence of Rorke's Drift in one of the Zulu wars, in which more Victoria Crosses were awarded than in other action before or since] I would be intrigued to know what sort of reception that would get here.

All my love,

Peter

Bien Hoa
20 July 67
R-85

The morning began badly so far as vehicles were concerned. The Volkswagen will not start at all and only one Land Rover was left, the big “station wagon” model that the girls call the hearse. This had some vital defect in its ignition, so that it constantly kept missing. We drove to the hospital in a series of leaps and jerks, which made control very difficult in heavy traffic, including irresponsible children going to school. Phil Nurcombe, the Administrator, is unable or unwilling to provide effective servicing and the situation is becoming intolerable. He is not at all popular, partly because of his insecure over-reactive personality and also because he’s generally inefficient. John Quirk has assumed many of Phil’s responsibilities, and there is a lot of overt (or occasionally open) friction between them. John, I think, is having the time of his life, and relishes all the jobs he gives himself to do. When he returns he will be just a radiographer on the other side of the medical social barrier. Up here he is big deal, naturally on Christian name terms with people to whom we would otherwise be deferential. Every day he finds a reason to visit a PX and seems to be spending pretty lavishly. He smokes heavily and shows many signs of tension, particularly in the petty frictions with and over Phil. Neither of them spends more than the minimum time at the hospital, and the silly situation has arisen whereby they both find reason to go to Saigon nearly every day, often on the same errand. Graham Wilson [Team Leader] is at a loss to know how to deal with this as the situation drifts on, and will presumably continue to do so until the Team starts to break up in late September.

A good example occurred last night.

Graham — to Phil — “Did Corkery (our liaison at the Embassy) help with the request for a new vehicle?”

Phil, “I saw him at five o’clock, but he didn’t say much.”

John — to Graham from the other table, ignoring Phil — “That’s because he said it all to me at three o’clock.”

When we ran out of water I was with Phil when he went to the local USAID Director to ask for help. His breezy false-jovial manner goes down well with the Americans, and the man said that he would be down in an hour or so. Meanwhile, without consulting anybody, John and Doug Townsend had ingratiated the driver of a 5,000 gallon water truck who comes twice daily to Honor-Smith [Compound, across the road from us]. Hose and connections were needed, so these were scrounged from the swimming pool at Train Base, and water was obtained. Phil was not even informed where the water came from, and I was told firmly not to tell him if he asked me.

Phil has a dubious future when he leaves here. One of the girls told me that he has applied for seven jobs and missed them all. Mervyn Smith tried to have him dismissed, but presumably this would mean laying a charge under the Public Service Act, and no single major incident could be found to justify this. In many ways I am very lucky that I can absorb myself in my own work, justifiably taking myself off to other hospitals when I need to.

My steady infiltration continues. This morning I met Dr Thanh the Chinese gynaecologist who is the principal offender in the multiple prescribing, especially of antibiotics. He speaks good English, but may be less willing to learn than the Vietnamese Dr Tuan. He has no inpatients and does a general-practice type outpatient clinic from 0900–1130 each morning, the rest of his time being devoted to private practice. I had a long talk to him, and he has agreed to my suggestion that I should try to go up at 1100 each morning to help with problem cases.

I became involved this morning in a rather challenging case. Two days ago the Vietnamese “servant” of one of the officers at Honor Smith Compound took 40 sleeping pills. She had a difficult gastric lavage and has since had half-hourly strychnine injections. I was approached by a worried Korean and his very pleasant and very pregnant wife, who are in some way socially involved with the girl (who is 23, wears no rings but has clearly born children). I played strict ethics and said that I would not see her unless Dr Tho agreed, but they found him and he readily did so. She has a massive pneumonia, so she had a tracheostomy and I have started her on a new antibiotic which I brought with me and was reserving for just such an emergency. She will probably die, especially as relatives care for the tracheostomy at night, but would represent a very good save if we can rescue her.

6 pm The drought has broken — three letters all at once which I have read with keen attention, and the yachting magazines have also come. The postage on these seemed very steep — did you have to pay full rates on them? Letters with a five cent stamp obviously come through with no trouble....

...

My first lecture went off pretty well today to an audience of about a dozen. Next week I will have a smaller but more influential group. The trainee nurses have no lectures or text books and learn only from “experience” in the wards. The trained staff mostly qualified at Cho Ray [Hospital] (where I lecture the medical students). So I shall set to and produce some simple lecture notes for them, and I shall write to night to Miss Kennedy [Matron of Royal Adelaide Hospital] asking RAH staff nurses to send up their old textbooks to be the basis of a nursing library.

Knowing me as you do, you can see how I ache to do something in my short time here. I think that the others are a little suspicious and envious of my easy contacts with the Vietnamese — far more than any of my predecessors. With Tuan I am now getting on to very friendly terms. He shows me most of the new cases and asks me to make diagnostic and therapeutic decisions. For the present I am doing so, but I am starting to teach him modern medicine, especially cardiology, and in a week or so I will try gently prodding him into telling me his regime and its justification. I have high hopes that I may do well with him, as we seem to have come to terms so quickly. In his shy and gentle way he is a true gentleman.

The Vietnamese hide insecurity by humour, some of it rather cruel. Yesterday we admitted a terrified little girl with an appalling hare lip/cleft palate, which I photographed. Everybody in the ward, including her parents and the nursing staff, roared with laughter at her hideous disfigurement. Today the deformity is abolished and Miss Nga said, a little reluctantly, “Not funny any more.”

They all roared with laughter at my expense during the lecture today. I had just said that after handling an abscess or other infection, we should wash our hands before going to the next patient. Eventually I managed to get the point of the joke — none of the doctors do so, least of all myself. I had to admit it was true and I have made strong resolutions to patronise the filthy sink more often.

To try to help you with local geography — we are at Bien Hoa about 16 miles by helicopter from outer Saigon. The other teams are at LONG XUYEN (at present a Melbourne team) and VUNG TAU. The latter is on the coast, is the least busy and most congenial, and is to be the site of the Repat team. The Da Nang base is miles away from here and is the main base for operations in the North, as this is in the South. Our [Air] Base had a similar but less severe attack in May and nightly expects another. It is sufficiently far away that we don’t expect any danger to ourselves. Indeed last time the team photographed the show from the roof. The VC have a much longer supply route to this area compared with Da Nang, so they are unable to mount attacks here so

often or in such a devastating way. Mind you, the security seems so difficult to achieve that I can readily believe the story that they moved a battalion down the main street of Bien Hoa disguised in ARVN uniforms and carried in captured US trucks.

It is now nearly midnight, but I feel very virtuous for I have written long letters to [a medical colleague] and [my brother] John. I have also written to Miss Kennedy. Adelaide is a small community, so be careful not to show this letter outside the strictly family circle.

The suicide died.

Please send me about six air letters — John's air-letter cost me 5 x 5 cent stamps.

All my love,

Peter

Bien Hoa
R-84
21 July

Letters today from you and Rob, as well as the clippings from *The Advertiser & MJ of A*. I was interested in the latter, but don't bother again, as we get a complimentary copy of the *Journal* each week. We also get the *British Journal of Surgery*, *A&NZ Journal of Surgery & Annals of the RCS of England*. I was interested to read of the gale and the winter dust storm. I vividly remember one in 1944. I used to ride my bike [from Glenelg] up Diagonal Road [Marion] a mile or so beyond Glenelg Primary School to buy a bundle of lucerne for the fowls. One Saturday afternoon about this time of the year we had a dust storm so strong that visibility was down to a few yards, and the wind strengthened so that I could no longer ride against it, and I had to get off and walk. I can remember the bundle of lucerne being blown out of my grasp and having to run after it up the road.

I am very pleased to hear that the children are so good and not squabbling together...

Mrs Hai [the pregnant ward sister] has continued to be sick and will not be back until next week. She has three sons and badly wants a girl this time. Would you like to pick out a tiny garment or other suitable gift for the new baby? I doubt if the Vietnamese attach the same significance to colours that we do, so I suppose that anything will do.

I spent a busy morning, but there's not much of interest to relate. As we got there, Sister Joseph [the nun who functioned as a social worker] brought over one of her little orphans, a girl of about a year, one of four who had lost both sets of parents a week or so ago. She was obviously dying from a febrile illness and had a rash I thought might have been meningococcal septicaemia. We put up a drip and gave massive antibiotics, but the baby died in a couple of hours. If my diagnosis is right and we are in for an epidemic at the orphanage, I shall be kept busy.

Fixing all this set me late, and I still haven't caught up. As Lord Chesterfield wrote, if you lose an hour at the beginning of a day, you spend the rest of the day looking for it. I had barely finished quite a big outpatient clinic — by which I mean about a dozen cases — and started my ward round when I was called to see one of Graham Wilson's patients whom I had cured of an episode of heart failure and whose bed was needed for last night's Caesarean section. Then Dr Tuan grabbed me to see his problem cases, who, as usual, I found interesting and challenging. I saw a woman who might have bacterial endocarditis and a relatively young man who had a stroke last night, amongst others. Then I had my first regular contact with the Chinese doctor (Dr Thanh) who wanted to chat about the patients he had sent in this morning — two children with cervical adenitis, probably tuberculous, and a pathetic little girl so oedematous from nephrotic syndrome that she looks as though she might burst. She is blind because her eyelids have swollen so much that she can't open them.

This morning was ward cleaning day, done by the long-stay mothers. They bring in buckets of water and slop them on the floor. Then they brush all the water out with their straw brooms, of which you have probably seen photographs by now. After yesterday's lecture they were more than usually generous with the water, so that the little office was ankle deep and I couldn't get in to finish my daily paper work. The children loved the water and excitedly paddled in it while their mothers scolded them and laughed at and with them. Only once have I seen a mother strike a child. He is a stocky little Negro half-cast and seems to live semi-permanently in the obstetric suite with his heavily pregnant mother. Otherwise they spoil the children unmercifully, who respond by cheerful laughter, shy withdrawal or the national habit of silent endurance.

... One of the interpreters supplements his income in an interesting way. He has calculated that there are 2,000 [sic] prostitutes in the town and he writes letters for them in English to their

[presumably US] soldier boys at 200 P a time — about AUS\$1.80 — and rarely does less than 3 or 4 per night. The interpreters are a mixed lot. Mrs Yulan's husband is a high officer in the VN air force. She is a trained nurse and also speaks the best English. She is quite charming, with a lovely flashing smile and a gay laugh — I would love you to meet her. Mrs Yung is a pleasant little body with a face badly scarred from smallpox, but she lacks Mrs Yulan's personality. A couple of the men are good. One called Sergeant (because he is a sergeant on loan from ARVN) is pleasant, helpful and considerate. There are three others, two of whom are lazy, slipshod and, I suspect, dishonest in providing a true account of what a patient says. I had one of them for my clinic today, and he was plainly insolent and disinterested [*sic* — uninterested intended] This is the anti-American one, and I would rather like to see him dismissed, except that he might turn the VC on to us.

Ray Ketchun brought the new CO of the 44th Signals today and I had the chore of showing him around the hospital. The unit has been merged with another and upgraded to a full battalion, so the outgoing major was succeeded by a full colonel. He is a pleasant, earnest and interested fellow, who has just spent four years at West Point, doesn't smoke or drink, writes short stories in his spare time, and — most important of all — wants to increase the already considerable degree of work the unit has done for the hospital. They produced the generator which keeps power to the theatres when the town supply fails, laid the telephone link from house to hospital, which is so invaluable, repaired the blood refrigerator, and all sorts of similar jobs. Our major need is for washing machines in the laundry, and he expressed keen interest in helping there.

Just as we were about to leave for lunch a wounded VC prisoner was brought in, severely shocked. He had been wounded and captured last night, with a bullet in the lower abdomen (probably in the bladder) and was covered in mud from the bunker where they found him. He was the charge of half-a-dozen very proud ARVN troops, all armed to the teeth, one with a couple of bandoliers like a traditional Mexican bandit. We cleared out all except one guard and the rabble of hospital spectators — including Sister Joseph's orphans. In a few minutes he was being resuscitated with a pint of American blood — I wonder what the donor would think if he knew.

For some reason I couldn't get to sleep last night, so I am pretty tired now and I'm off to bed. Like you I rather burn the candle at both ends, and I haven't been here long enough to sleep through siesta.

All my love,

Peter

Bien Hoa
23 July 67
R-82

I cut my letter very short so that I could post off today instead of tomorrow, and now I must tell you how I spent this pleasant and interesting day. I have been saying in my letters that the nursing staff desert their wards from 1200 Saturday to 0800 Monday. I learned yesterday that this is not strictly true, for they come in for a few minutes morning and evening to give drugs and do dressings, but they don't bother to take temperatures or to change into "uniform". So I got up early in order to catch Mrs Hai [ward sister], as I needed to be quite certain that one little boy would definitely have his treatment. As I went through the half-empty ward I came across two little boys of about eight playing together. They had twisted rubber bands between their toes, with a stick included and were seeing which could keep his spinning longer. As so often I was struck by their gaiety and the simple ways in which they can amuse themselves.

My little malaria boy was vastly improved and I had high hopes for him, but an hour later he died, and we lost a good intravenous cannula when the parents took his body off. I was sad about this, for they were obviously very pleasant...

I walked right through the market, ending in the fish and livestock market, where the ducks, geese, chickens, ducklings and goslings wait to be sold. I must try to get a picture of the way they bring them to market. Their legs are trussed together, and then they are tied to the bar and carrier of a bicycle so closely that an occasional wing catches in the spokes. The customer takes his purchases home in the same way, and presumably the bird is kept alive until the pot is boiling. The fish include prawns, fresh-water lobsters and dark, sinuous and slimy eels. They are displayed in big shallow galvanized round trays, swimming sluggishly in the murky water of the Dong Nai River. When the customer makes his selection it is put alive into a polythene bag, and it goes home to the kitchen all-alive-oh.

Here I saw a couple of women cupping a man according to the traditional Chinese method. The cups were narrow segments of bamboo about $\frac{3}{4}$ inch in diameter and about $1\frac{1}{2}$ " – 2" long. While one old woman heated them in boiling water, the other made little stab wounds down his back a couple of inches from the vertebral column and an inch or so apart. She accepted the hot cups as they were passed to her with chopsticks and deftly applied them over each incision. Eventually she had about 40 of them all over his back. He grinned cheerfully when he realized he was an object of photographic interest to myself and a couple of American GIs. As each cup was removed it was filled with blood and left behind the circular wheals we often see in our patients. [No precautions were taken against infection–cross-infection, and over time the cumulative blood loss from cupping was significant in people, many of whom were already anaemic from other causes.]

Strolling home I found more to interest me. In the grounds of the nicest of the schools — the only one with a ragged lawn playing area — the boy scouts and girl guides were busy scouting and guiding. The boys seemed to be learning a lesson, and a self-conscious young troop leader was going from one to another, seeing they knew it. The girls, under the tuition of one of their fathers, were practicing a pleasant dance and chant. They formed a circle, moved their feet in rhythm to the chant, slowly skipped backwards into a wider circle, rotated gracefully, then ended with a shout. It seemed strange to see them in their full-skirted uniforms instead of the narrow *Ao-Dai*. [the daily dress of VN women].

Then, in the questing way that has got me so much further than the others, I strolled into the little private clinic just around the corner from the hospital. I had some trouble at first making myself understood, but eventually the nurse read the Vietnamese name on my badge, said, "Ah! — Bac-Si — 'Doctor'" and went off to fetch the *medicin-chef*. This turned out to be a young and very

pretty little girl with Bac-Si Phat delicately embroidered on her clean white uniform. Her English was minimal, but I gathered that she had succeeded to the practice of Bac-Si Cao, so that the patients referred on that letterhead in fact came from her. She had 17 patients in tiny little two-bed rooms (often the second bed being occupied by a relative). The floors were tiled and there was clean linen on the beds. Her practice is mainly obstetric; the midwives do the actual delivery, although last night she did 'le curettage' for an abortion. There is no operating theatre and an old x-ray plant has clearly not been used for many years. There were three men — one with fever, one with fever and a headache, and one with abdominal pain. There was an old woman who looked to have cancer. I am glad I went, and later I shall seek out the other private clinic in the town, which seems to be about the same size. I also hope to get to the celebrated lunatic asylum, where Diem reputedly disposed of some of his political opponents. [Diem was the dictator initially supported by JF Kennedy and later reputedly murdered by the CIA, thereby precipitating perpetual political problems. His wife looked like a witch and his brother the cardinal seemed to be a clerical creep. They have been much written about.]

This afternoon Rick Roll [US helicopter pilot, 'driver' for the celebrated John Paul Vann of *A Bright Shining Lie*] announced he would like to do some joy-riding in his bubble. Graham Wilson and Margaret Bolton went first (the former apparently — and very confidentially — extremely apprehensive.) They visited Rick's base, a paddock called Bear Cat, where there is a newly established small field hospital. The second round was to take the mail to Saigon, and Phil Nurcombe [Team Administrator] and I went. So I got another chance to take my aerial pictures, and I hope they come out this time. It was terribly difficult not to keep snapping, but I tried to show reasonable restraint. Unfortunately our run past the *Helgoland* [German hospital ship] and the Yacht Club was not as well placed as the last time, but it should convey the general idea.

On the way he gave us a demonstration of engine failure procedure. At about 2,000 feet he cut the motor. I was glad to have been warned, as I shot upwards in relation to the bubble until I was pulled up by the jerk of my seat belt. Then the rotors started to act as a brake, and we fluttered to the ground under full control and able to pick an exact spot to land. At ten feet he started the engine again and off we went, a few feet above low scrub and scattered ancient Buddhist tombs. I was too excited to take any pictures, as it was exactly like an unstable plane on a dinghy in a fresh breeze, and the actual sensation was the main thing. On the way back we flew high (2,500 feet) and fast (80 knots) to beat advancing rain. Far off to the west is a tall mountain arising some 3,000 feet from the plain in a perfect cone. It looked very lovely, as distinctive a landmark as Wedge Island.

In the mail were two letters from you (one franked 20 July — only three days!) ...

To answer a couple of questions [about photographs], the lad with one eye went home a day or so later. He is supposed to come back to be sent to Saigon for an artificial eye (done by a monk at the French hospital) but he hasn't turned up. He was playing soldiers with a grenade and also lost most of his right hand. The lad in gallows is Tran Sang, with a horrible compound fracture of the femur. He is the one whose mother never leaves him and who has six sibs at home, cared for by his father. [I have just written three other letters] and my hand is badly cramped.

All my love,

Peter

Bien Hoa
24 Jul 67
R-81

There was quite a lot of military activity as we went to work this morning, with several truck loads of ARVN [Army of the Republic of Viet Nam] troops, each carrying a carbine and wearing a steel helmet. We scuttled to the side of the road to avoid the big arrogant scout cars, looking a cross between one of those big sand scoops and an armoured truck. They have one cannon, carry about 8–10 men, and stand high above the road on their large wheels. At lunch time we saw more armed men leaving, Americans this time, in grimy battle fatigues, mostly without helmets at this stage. Late this afternoon there were several big bangs, each louder than the other until one came which shook all the windows and rattled big balls of dust down from the roof like horrible furry caterpillars. As we left the hospital to come home along the river, large crowds of people had gathered to see some of the action about 3–5 miles away on the other side of the river. They were standing along the bank of the river, and kids had climbed on to a big pile of water pipes waiting for the extension of the water reticulation scheme. I was reminded of the people who drove out each day from Washington to see the Battle of Gettysburg, grateful to the soldiers for having put on a show for them at such a convenient time and place. We stopped for a little while ourselves, but there was little to see. A helicopter was hovering quite motionless at about 3,000 feet, looking exactly like a dragonfly against advancing rain clouds; there were several others about and what looked like an F-100 preparing for a strike. It was clearly going to rain soon, and as we were in the jeep [with no protection] we came on home. No doubt the surgeons will be busy tonight.

I have certainly earned my keep today, and for the first time I really resented the long siesta, for I had too little time to do everything. The children's ward is bursting at the seams, with about 30 children in the 21 cots. [Each usually had at least one relative lying beside it, sharing the cot.] Tidying up after the weekend took quite a time, and there was a big outpatients clinic. We take a chopper to the leprosarium later this week and I have to be the anaesthetist, so Tom Allen let me give four quick anaesthetics, all of which went gratifyingly smoothly. Like doing cut-downs on little children [for intravenous therapy] I am gratified by the ease and speed with which old skills have returned.

Just as the morning was ending, a very pleasant and worried American village visitor brought in one of his charges. These chaps are medics — that is, trained medical orderlies — who visit cleared villages to distribute rations and to conduct simple sick parades. The child was badly affected by ichthyosis (ie fish skin), a congenital defect which causes the skin to wrinkle and peel like healing sunburn on a vast scale. The child, who is about 6, looked a horrible sight, grossly emaciated by failure to recover from gastro-enteritis. He was accompanied by a pleasant nurse from 24th Evac, dressed in the designedly hideous and unfeminine battle fatigues that the US girls wear. I showed them the Children's Ward, and she was suitably impressed by the realization that it represented the only paediatric facilities from here to Saigon and for some 40 km north. I liked the American boy, who was so obviously concerned for his patient. He has a difficult, dangerous and largely thankless task, even more so than ours.

Last night the Vietnamese (probably staff) stole our entire stocks of safety pins, scissors, stockingette and all but one of our sphygmomanometer dials, leaving the cuffs. The number of drip sets also seems to have declined very quickly, and we suspect that some of them have also been stolen. One of our least prepossessing interpreters has great curiosity about drugs and he is one of my suspects. What they can't use they probably sell directly or indirectly to the private doctors and little clinics like the one that I visited yesterday. This sort of thing is very disheartening, especially when it is coupled with sinks blocked yet again by fruit peel and other rubbish. Six months is really too long for our Recovery Room girls, and I think that it is very unfair to try and sign up girls for a year when they can have no conception of what they are in for.

John Quirk [radiographer], Doug Townsend [surgeon on a 6-month appointment], Beth and Jo Griffin went off for the weekend to some place on the coast, and so far (6 pm Monday) they have not returned. They were due about 11 am, but we have had no message. The reason is probably that we have had a burst of genuine monsoon today. For over an hour it rained so heavily that we could see only as far as the next building and that only dimly. Rick [Roll, US helicopter pilot] said that all aircraft would be grounded, and wondered if his bubble would float. He had left it at Honor Smith Compound's pad, which was ankle deep when he arrived. After this deluge it was probably 2 or 3 feet under water. Rod White and Olga Nicholls [senior nurse] suffered, because they were up at 2 am for an hour and were due to have the afternoon off. Fortunately the theatre wasn't nearly as busy as this morning, although the little foyer was ominously crowded as I left. Recovery was totally full. Its six beds, jammed together as closely as is possible, had a patient in each of them; there were eight stretchers and 3 children on the two tables at the end, plus a new baby in a bassinette from last night's Caesarean section. The area is less than our dining room, and to reach my children I had to walk along the stretchers, stepping warily to avoid restless patients, urine drainage bottles and kidney dishes full of vomitus. I like to keep the sickest kids on drips in recovery, but I can use only the two tables. Not long before I left another flat gastro came in, so the least affected of its predecessors went back to ND (Vietnamese abbreviation for Children's Ward).

The rain stopped providentially just after siesta and I was dropped off at the Post Office to send [my daughter] Katherine's letter. I had great trouble making myself understood. The postage was 16 P [Piastres] (about 13 cents) and I wanted to make it up with several stamps of small denomination. My meaning got fuzzy and I found myself with 50P worth of assorted stamps, plus the two 8 P ones that went on the envelope. The stamps have no gum and need to be fixed with glue, which the girl applied very liberally. I hope that the letter doesn't stick to another and get lost. I shall be interested to hear whether or not it arrives and how long it takes. In future I shall buy some glue at a PX and put my own stamps on. It was a pleasant change to buy something without having to bargain — not even a Vietnamese would bargain for a postage stamp.

I had my pay until 21 July today — \$196.00, less \$9.85 for bar bills. As I had borrowed about \$70 from others, I now feel much more affluent, with \$140 and a few P to last me for four weeks. I know that this doesn't seem to add up, but I have just counted it out to be sure. We are paid in special currency called MPC [Military Payment Certificate]. This is all paper, and I enclose a 5 cent note for your interest... they all have the belligerent eagle on the reverse and a succession of ghastly ladies on the obverse. This one is fairly modern, but that on the \$10 bill looks like the original lady with the lamp in a 1910 Columbia film. I also enclose my pay advice slip for 19 July — do you get a duplicate? A couple of these a month and no book-buying from me should help to correct the list on our financial boat... I have heard nothing from Nicholson [Medical Superintendent of RAH] about my urgent request for a hand refractometer. I shall write again to him and also to Hugh Douglas, who left three weeks ago tomorrow — how the time has flown and what a lot I have done in that time! ...

All my love,

Peter

[Both sides of the MPC currency have been scanned.]

Bien Hoa
25 July 67
R-80

... I am wondering if all my letters are getting through, as I have had no acknowledgement to several, including B Nicholson [Medical Superintendent at Royal Adelaide Hospital].

...the travellers returned, having spent 24 hours at an airport being mucked about by bad transport arrangements. USAID flew them up and was to fetch them back. They sent a message that they couldn't do so, but this never got through, and they missed the chance of a return plane because they felt they had to wait for their own. Bad news travels quickly and we were never worried about them, but Graham Wilson [Team Leader] looked a bit grim at the prospect of his fourth consecutive night on call. Eventually they got a plane to Ton Sanh Nhut (Saigon Airport) at 0630 this morning and we were all united for lunch. They had a good weekend and got in some sailing on little De Havilland "Sailfish" sailing surfboards. [Precursor of the Windsurfer] I was very envious. Apparently this sort of thing happens a lot and we may have a similar experience when Graham, Olga Nicholls, Aileen Monck and I go to Long Xuyen next weekend. I shall be quite intrigued to see how one of the other teams functions, especially as this is the original *House of Love* hospital and has never had the hectic clinical tempos of this place. [*The House of Love* was the title of a book by Susan Terry, a nurse from Royal Melbourne Hospital, of her experiences in the inaugural surgical aid team to VN from Royal Melbourne Hospital.] It is also a quieter and cleaner town without the frenetic military traffic of this place. I am looking forward to it, and it should be a cheap weekend.

I had arranged for three American pathologists to come to lunch and to see the hospital, but they failed to show up. As I had made elaborate arrangements to be free for this purpose. I had spare time to tackle a couple of little projects. First I walked right around the hospital to study two simple amenities — sinks and bed linen. Here are the figures, and you must bear in mind that the number of beds bears no relation to occupancy. Except in the military ward, there are almost no empty beds and I have not allowed for extra patients on stretchers on the floor.

	Beds	Sink	Linen	
Private male	6	Yes	Yes	
Private female	8	Yes	Yes	
Private male	6	Yes	Yes	
Private female	4	Yes	Yes	
Private male	6	Yes	Yes	
Midwifery private	4	Yes	Yes	
Midwifery public	9	Yes	Yes	
Midwifery public	19	Yes	Yes	
Midwifery public	25	Yes	No	
Midwifery public	3	No	No	
Labour Room	5	Yes	No	
Children	21	Yes	No	
Recovery	8	Yes	Yes	+ sluice

Military	23	No	Yes	Occupancy about 6 — both sexes
Male surgery	24	No	Yes	
Female surgery	17	Yes	Yes	
Orthopaedic	12	No	Yes	One big ward partitioned at 10 feet
Female medical	22	No	No	
Male medical	8	No	No	
Male medical	8	No	No	
Male medical	8	No	Yes	One big building
Male medical	25	No	No	
Male medical	19	No	Yes	
Male TB	9	No	No	+ one goat
Prison male	10	Yes	No	+ toilet & shower
Prison female	8	Yes	No	+ toilet & shower

This makes a grand total of 309, but Dr Tho's board gives a figure of 332, so I must have missed some somewhere. This would not be hard, for I nearly missed eight men jammed into what I had dismissed as a storeroom. Actual occupancy today would be up to about 30 or more above this figure, with often 2 patients per bed & extra stretchers and straw mats on the floor. The total hospital population must be close to double this, as there are few patients without at least one relative and many have more. I have made no attempt to count the infants in arms in the maternity section. There are also Sister Joseph's "orphans", who have a tiny corner of the male surgical verandah. Aileen Monck told me that the maximum occupancy of Recovery is 17, which includes 3 children on 2 tables, the larger of which is about the size of our telephone table.

Next Mrs Hai and I had a pilot run on our literary survey, and this went very well. We did the dozen parents in the Children's Ward in about 20 minutes, and I think that the whole project will be very interesting. She found for me a small extract from a newspaper of a well-known national fable. In the first place it quickly became clear that she has only a very vague idea of geography beyond the immediate environs of Bien Hoa (what Miss Nga [the "staff nurse"] calls the suburbs). Several times she could say only that people came from "far away" or "many kilometres", but at least I was able to split them into Bien Hoa locals and the Rest.

It was at once clear that, in spite of the huge numbers of schoolchildren, many don't go to school. A girl of 16 from Bien Hoa and another of 21 from near Train Compound (3 miles away) had neither been to school. Vietnamese is a phonetic language, and I was fascinated to find that several of those with no schooling could read but not write. They were terribly slow, but even I could see that they could manage to piece it out. Finally, 100% knew that there is an election in a few weeks. I thought it would be inappropriate to try to probe into their political allegiances, and they wouldn't dare say anything in public anyway, but I did find that this simple Yes/No question several times brought a voluble answer.

One of these was from Tran Sang's mother, the lively and intelligent peasant of whom I have grown so fond. [He lay on the floor in gallows traction for a compound fracture of the femur and his mother rarely left him. She became a dominating figure amongst the relatives and nagged them to help to sweep the floor and keep the place tidy.] She is totally illiterate, but wants her

little boy to go to school. She thinks that the election is a waste of time, because nobody knows who the candidates are and what they stand for.

I am inspired to continue this simple little project, for Mrs Hai clearly found it interesting, and she is quite prepared to go on. I should have little trouble in collecting 200 cases for analysis, and I may even try to write a short paper while I am here. It would be topical if I could get it into print before the election occurs (3 September).

The town shows somewhat intriguing signs of political activity. On several occasions, as we have driven home in the evenings we have seen fresh calico political banners drawn across the streets on the power poles. Invariably they have vanished by the morning. A large blue sign has appeared at the main intersection diagonally across from the hospital, with the date 3 September 1967 prominently displayed. In Saigon almost all of the multitudinous trees have posters or placards on them, and often what must be rude remarks are scrawled across them. Somebody said tonight that USAID provides the calico and the politicians the sign writers, but I have no idea if this is really true. [I have photographs of these.]

Poor Rick Roll [the chopper pilot who gave us many joy rides] is very blue tonight. His best friend was killed last week, and Rick will have the somewhat grisly chore of escorting the body home for burial. The poor fellow's wife had their first child four days before his death. Of Rick's original flight group of six, only four now survive. By terrible coincidence the other one killed was the only other one to be married and his wife was also pregnant. Rick is only 24 and is such an open, earnest and friendly lad that we all felt blue with him. We shall certainly miss him, for he may be gone for 3 or 4 weeks and may well be assigned elsewhere on his return. Rod White was very good to him, with his urbane and easy wit. Rod's good humour rarely falters, and I derive great pleasure from his company, as well as greatly respecting his surgical ability. He is meticulous in recording both what he has done to a patient and what his treatment plan is and why, so another surgeon could carry on without him.

The weekenders stayed with Americans, but spent most of their time with RAAF chaps. These fellows lead a peculiar life. By day a spotter plane goes out picking targets. After permission has been obtained from the Vietnamese, they fly at night to bomb a map reference, navigating from a radar grid and never seeing their targets. It is tedious and tiring work and apparently there is virtually no mess life for those off duty, for the others are all flying...

The really heavy rain has to be experienced to be believed. At its height visibility is as bad as in a London fog, and huge rivers appear to scour the already appalling roads. I must say that I am not looking forward to the bad rains still to come...

All my love,

Peter

Bien Hoa
26 July 67
R-79

[Preliminary matters to do with commissioning our newly acquired yacht for the impending season and making a tape recording to be sent home, with many technical problems.]

... It has been a busy day, with all sorts of mixed things happening. ... [Digression on to more yachting matters] The ward has returned to its usual occupancy of about 16 and is much easier to handle, which is just as well, for the outpatient session was a long one. Then I got into theatre to give more anaesthetics in preparation for the trip to the leprosarium tomorrow, and they went fairly well. I hope I shall be all right, but as the operations are on limbs made numb by the disease only a sleeping GA [general anaesthetic] is required.

In the midst of all this I was called to a child with pneumonia who had seemed a lot better when I did my round. Now it was asphyxiating from sputum retention and I dashed it over to Recovery for Tom Allen to intubate and suck it out. [Tom was Director of Anaesthesia at Adelaide Children's Hospital.] This was clearly life-saving and it improved rapidly. We left it having oxygen with the mother standing by, and five minutes later she took it home, together with one of our precious fine nasal catheters. We were a bit upset, as we thought we had more than an even chance of rescuing it.

Yesterday Phil Nurcombe [Team Administrator] asked me to see Lieng, our driver, who was complaining of abdominal pain and vomiting. I am afraid that I rather took out my dislike for Phil on Lieng, who cheerfully admitted to the consumption of a large quantity of alcohol the night before. I gave him a bottle of medicine and sent him back to work. Today he came again, no better and saying that he had typhoid. It turned out that this was his own diagnosis, so I had a blood examination and a Widal done — one of the two serological tests possible in our laboratory. (The other is for syphilis, which is uncommon here, but we have none for gonorrhoea, which is very common.) He had a high white cell count and it should be low in typhoid, so I again cursorily dismissed him. Imagine my consternation when an hour later Mr Hung sought me out to tell me that the Widal was positive, and in very high titre. [Diagnosing active infection] Lieng's cousin works in our kitchen and he spends a lot of time gossiping there. So I grabbed Mrs Yulan [the best and most intelligent of our interpreters] and brought her here [ie to our quarters] to interpret to the kitchen staff. As we got to the gate the Volkswagen ran out of petrol, leaving the whole team (apart from Phil, who is spending the night in Saigon) with only two serviceable vehicles. Reasons why Phil is so unpopular! As I expected, the personal hygiene of our kitchen staff was minimal, so I gave them a good lecture and promised that I would supervise them in it daily. By then it was 5:30, but more children had arrived, so I had to track back to the hospital to deal with them.

A case of tetanus walked into my busy outpatient clinic this afternoon, a girl of 16 who had run a nail into her foot ten days ago. Fortunately she was plump and bosomy, for we had to give her dilute ATS [antitetanic serum], the only kind we had, 100 cc subcutaneously (mostly under the breasts) and 100 cc intramuscularly. Once we told the girl and her agitated parents our suspicions, she lay quite uncomplainingly while I pushed the serum in through a big needle. The last case died, but it is too early to tell how this one will go.

For some reason the number of war injuries has fallen off over the last few days, down to only 2 or 3 per day. This sort of thing happens every now and again, and the unnaturally quiet nights — with no call for 2 nights — cannot last. Fortunately I don't get many night calls.

No mail tonight, with Phil in Saigon waiting for the Holden's gears to be fixed again. He regards this as his personal car, keeps the keys in his pocket, and in his superficially jovial but

overbearing way demands justification from anybody else wanting to use it. The other night it was raining and the VW was out, so I demanded the Holden to go to the hospital. I received it on the promise that I would double-declutch, which I faithfully did. When Phil took me out for our joyride with Rick in his helicopter on Sunday, I couldn't help noticing that he never bothered. From the way he crashed the gears I could see why there is recurring trouble. The jeep has unsafe steering again — an old fault — and one Landrover has a broken fuel pump. The VW is pleasant to handle, being very manoeuvrable, but its accelerator return spring is broken and it over-revs badly. It has been like this for two months, and although there are many VWs on the roads it is alleged that nobody can be found to repair it. We are terribly dependent on vehicles, especially as Phil and John Quirk [radiographer] nearly always have one each all day for their independent jaunting. I hate to think what the vehicles will be like for the next team. [I don't know what John did during his many absences, as he had no responsibility beyond taking X-rays and supervising/teaching the VN radiographers. He succeeded Phil as Administrator.]

No more news or gossip, I'm afraid, so I must be reaching the stage where I am running out of impressions. The others have warned me that letter writing gets progressively more difficult as time goes by, and it may then be hard for me to keep up what you have come to expect as your usual ration.

All my love,

Peter

A SUMMARY OF EVENTS AT THE LEPROSARIUM OF BEN-SAN

Inscribed:

For packing so much good in short time!

Victor Basset

[Undated, but it would have been given to me in July 1967. (Peter Last)]

Early Fifties: The Daughters of Charity along with other religious communities and organizations were able to expand their work against leprosy thanks to the help afforded by doctors from the French Expeditionary Corps. In the outskirts of Saigon-Cholon, they detected numerous cases of leprosy among poor Chinese, some of them recent refugees from Communist China.

How does one discover the haunt of many of these lepers? A crumbling old pagoda in a corner of the Chinese Cantonese Cemetery at Phu-Tho-Hoa. Father Abel Garreau, who had directed a leprosarium in China and had escaped to Vietnam across of the mountains the day before he was to be brought to a “People’s Trial”, came to the aid of the Sisters. Unsuccessful months were spent to find a better home for these lepers.

1954–1957: Immediately after the Armistice, Father Garreau and Sister Rose drove the length and breadth of the eastern provinces of Southern Vietnam to find suitable grounds for the building of a leprosarium. Nobody wanted to sell land for such a purpose. Finally a piece of ground was granted by the Bishop of Saigon next to an aged rubber plantation and more ground was bought to round it up.

Summer 1957: Work began at the site (Ben-San).

October 1957: Work was interrupted because of pressures made on the workers.

March 1958: Work begun again.

Spring and Summer 1958: signatures were collected in the villages around the place against the erection of a leprosarium. A village chief, while protesting against the stupidity of the villagers, had been leading this movement. Two years later it was learned that he had never ceased to be a Communist and had levied taxes for the Party.

July 1958: Following this signature collecting, many of them fake, the work was interrupted by order of the local authorities.

September 1958: The Ministers of Health and Social Welfare ordered the local authorities to provide all the necessary security for the continuation of the work. Work was resumed at the building site.

April 24, 1959: The first three Sisters and the Chaplain arrived to remain. The dispensary and two other buildings were completed. Erection was begun on the first houses for lepers on the eastern corner next to the old rubber plantation.

June 3, 1959: The first twelve lepers, Chinese from the Cantonese Cemetery, arrived. Excellent photographs of the former and new abodes were taken by the USIS. [US Information Service]

July 19, 1959: Twenty-four more lepers arrived.

August: Numerous thefts occurred on the building site: wood, iron, pipes, bricks and tiles. Enquiries several months later, after the looting of the leprosarium, proved that these thefts had been ordered by the Communists. The government sent a squad of civil guards to protect the place (six men).

1960: Beginning with the Lunar New Year, murders were perpetrated. Within a few days in the villages immediately surrounding us, more than 40 persons were killed. The VC began stopping foreigners' cars on the roads. Despite the menace, the doctors came in regularly to Ben-San: Dr Francois Litalaen from the Pasteur Institute; Dr Ba from the Pasteur Institute in Saigon (now head of the Pasteur Institute in Nha Trang); Dr Marcel Beyrand from the Grall Hospital in Saigon; a specialist in otorhinolaryngology; and Professor Pierre Harter, from the Sorbonne on a mission to Vietnam from the WHO, go on with their visits.

March 5, 1960: Mgr Daniels visited the leprosarium on behalf of the Episcopal Work "Misereor" of Germany.

March 7, 1960, 1:30 am: The VC looted the leprosarium and took everything, including the sisters' garments, altar linen, breaking the crosses, and departing with their loot with our cars while trying to set the houses on fire. 3:15 am. Hearing shots in the east, the VC hastily retreated with a last load of looting put on our two "borrowed" cars. They had tried in vain to make patients cooperate with them. There were about 200 armed VC plus a numerous following of young men and girls. The total loss cost was estimated at about 1,500,000 Vietnamese piasters; the cost must be multiplied by three now (November 1965).

March 9, 1960: Our two cars were found burned in the woods two kilometres north of Tan-Uyen, the district town.

Mid-March 1960: The Government of the Republic ordered the opening of a subscription in favour of the leprosarium. Immediately after news of the looting, gifts were sent in; the first, of 20,000 piasters as a personal gift from the Ambassador of Germany to the Republic of Vietnam. The Minister of Health and the Vietnamese Red Cross sent bandages and sulfone pills. (Despite the loud protests of the patients who were not deterred by the bayonets pointed at them by the VC, they had taken even the most needed medical supplies.) [Sulfone was an early antibiotic specifically for leprosy.]

March 19, 1960: The same unit that had attacked the leprosarium looted the Phu Rieng rubber plantation in Phuoc Long Province. The assistant manager of the plantation, a Dutchman, was tied for eight hours to a tree while the VC, after blowing the radio station, took everything away in the plantation's loaded trucks. The Chief of the Province had only 20 men with him when he learned from an escaped worker what was going on. (All his other troops were on patrol.) He had been told that the VC were operating on the opposite side of his Province. Without waiting further, with all of his 10 men in three jeeps, the Chief of Province set out at full speed for the plantation. Surprised, the VC guard on the avenue leading to the plantation let them pass. The Chief of Province swooped down on about 200 VC; they had no time to put up a fight. In a few minutes all were finished and on the dead bodies were found unmistakable proof that it was the same unit that looted the leprosarium. Part of the money taken from the safe of the leprosarium was recovered.

September 27, 1960: The night before, the Civil Guard post only 700 metres west of our compound was attacked and taken by the VC. Early in the morning the Sisters were called to treat the wounded who had crawled into the ditches to escape death. The corpses of the Civil Guards killed in action had been booby-trapped by the Communists.

January 1, 1961: A group of young VC entered our compound and at pistol point forced our most disabled lepers to give the transistor radio we just received a few days before from the young nurses working with the Sisters in Saigon. "They need it," said the VC, "to hear orders they receive from Hanoi. That will be the contribution of the leprosarium to the fight against imperialism." After the Lunar New Year, the communists added more road cutting to their bridge burning. For entire months, the nights echoed with the noises of the communists shouting slogans, banging against pots and pans and playing hide-and-seek with the security forces. More

and more mines were placed along the roads. Sometimes for a week, we were unable to go to the market. On the way to or from town, our cars were searched by the VC, who were operating sometimes a few hundred metres from government posts. Almost every morning the roads around the leprosarium were strewn with propaganda leaflets, the trees hung with flags stamped with a hammer and sickle. The VC came in broad daylight to steal fruit and vegetables. In mid-summer 1961, the French doctors who had so faithfully helped us for three years, had to discontinue their visits. In other VC controlled parts of Vietnam, French doctors had been killed; more had been detained for ransom. Several times on the road from Saigon to Ben-San, they had found the road cut and their drivers had received menacing threats.

Mid-September 1961: The province town of Phuoc Vinh was over run by the communists and the Chief of the Province was killed. VC enterprises had grown bolder and bolder. At night, when pursued by national troops, they sought refuge inside the leprosarium. Night after night we heard them digging in the woods that surrounded us. They tried unsuccessfully to begin indoctrination courses; however the Sisters and patients were always too busy with too many urgent tasks, even on Sunday. In the first days of September the bridge immediately to the West was cut, never to be repaired again.

November 17, 1961: Government of forces along Interprovincial Road Number 8 withdrew from three outposts. The road to Tan Khanh, 5 km south-southwest, our only link with Saigon (the road to the east of Tan Uyen had been cut since August), was entirely in the control of the VC. They set immediately to destroy more bridges and did more cuts in the pattern of piano keys to forbid the road to every four-wheeled vehicle. From then on, on those five kilometers, all that was needed for more than 200 persons of the leprosarium had to be carried by our patients on bamboo poles; that means that the fittest patients were employed at that back-breaking work while many other activities had to cease.

Christmas 1961: Along every road and path in the surrounding area appeared the new flag of the “South Vietnam Liberation Front” and the days around Christmas were declared “days of hate for the Americans.”

January 1, 1962: A group of VC led by a Catholic renegade came to the leprosarium and tried to march off the Chaplain; the patients surrounded the Chaplain and clung to him. One cadre said, “We shall refer this to a higher authority for the final decision on the subject.”

January 4, 1962: The man who led the party (the New Years) was captured by rangers and killed on his way to the province town while trying to flee.

January 6, 1962: Fierce fighting erupted near two broken bridges about one kilometre and a half west of the leprosarium between a ranger company and a VC unit. A peasant (an innocent bystander) was wounded. The rangers gave him first aid and had him carried to the leprosarium for further treatment. Despite that, the same evening, VC spread the lie that the peasant went hands up towards the national troops when he was shot and that they let him bleed without giving him any care.

January 8, 1962: Our reserves had been depleted; there was not a week’s supply of rice left. At the request of the Minister of Health, the Army made a road opening to bring food and other supplies in. Our patients were no longer able to do day after day the back-breaking trip to Tan Khanh five kilometres to the south-southwest. Early in the morning, the road to Tan Uyen was repaired enough to allow trucks to cross those 4 km from Tan Uyen. All the morning, ambushes occurred along that road, but at 10 o’clock the first truck loaded with rice rolled in. A few minutes before, both the Chief of Province and the District Chief had just escaped an attempt at their lives near the plantation facing us to the north. One soldier was killed and another wounded.

After a short pause at noon, shooting burst out again at the early afternoon. One of our patients was killed.

January, February, 1962: Night after night, fighting occurred to the east along the Interprovincial Road Number 8, which the Army had re-opened and repaired. It was cut again only two days after the “road opening” not far from the leprosarium.

February, 1962: The leprosarium was search for arms and ammunition by the VC bands by daylight and at night.

March 6, 1962: On his way back from Saigon, the Chaplain was arrested only 400 m or about from the big Phu Loi camp; he was led away by a long roundabout way to the heart of the village of Tan Khanh where a fight had been going on since midnight; the VC had tried without success to seize the post at the centre of the market. At 1 pm a relief force came near the post after much exchange of fire and the captors vanished after having changed to ordinary civilian clothes and to peaceful citizens ever ready to help the government soldiers.

April 1, 1962: From 8 pm until late in the night the VC made a most thorough search of all the leprosarium, but they departed without taking anything.

April–May 1962: The Government initiated in this region the “strategic hamlets program”. All the houses we regrouped in fenced-in villages. To prepare for that, new plastic identity cards were issued, not at the village level, but at the district level. To fight back, the VC came on their own program of card destruction. First they burned the old green cards and then the new plastic cards. Since the peasants could not go anywhere without these cards, resentment grew against the VC. In the end of the VC were ordered to comply with government regulations; they told all their followers who could get new identity cards to get them and take them back to the woods after a few weeks in the new strategic hamlets.

June, 1962: Around our place, the Strategic Hamlets Program had been about completed. For some weeks a measure of peace returned to the region. But by mid-July, we learnt that in several hamlets the number of inhabitants had been reduced to two-thirds or even half of its original size. Males between the ages of 17 and 40 were conspicuously absent. Families met again in the fields during the day and at night some returned to the villages, others to new haunts in the forests.

July, 1962: Word spread of more and more men killed by VC among the staffs of the new strategic hamlets. By the end of July the VC had re-organized themselves so well that insecurity again prevailed. Under new pressure from outside, more people quit the newly erected villages.

August 16, 1962: At 8 p.m. VC (about 20 armed men plus hundreds of men and women carrying bamboo poles) surrounded the leprosarium and thoroughly ransacked it. Not even the mosquito nets and the bed sheets were left to the Sisters; the dispensary was emptied from the last band of gauze.

August 17, 1962: The VC came again at nightfall and promised to burn everything and to kill everybody if we notified the government about looting the day before. They also asked why, when they carried away the things, the patients dared to yell. As an example, they would kill one patient to teach the others not to insult the revolutionary forces. They took away one patient, and they released him after half an hour.

August 19, 1962: Around noon, a ranger company arrived at our place. The captain was sent to make an enquiry about our losses. We told him that it was easier to tell what was left than what they had taken! Seeing the extent of our losses and knowing of the VC menaces, he radioed for orders. No orders came and with nightfall coming he set out for the district town while we prepared for the worst. On his way to the district town the captain received word to retrace his

steps and watch over the leprosarium. He returned just in time to catch several spies and sent by the VC under the guise of asking for medicine.

End of August 1962: Around noon expressions of shock and sympathy came from everywhere. One of the first was from “The American Friends of Vietnam” whose secretary wrote to us that a high personality among the members of that association, who did not want to be named, had directed him to send immediately by air freight 50 pounds of the most needed supplies. Father Paul Duchenne MM, who had assisted the leprosarium not only from the beginning but long before the beginning and had been a regular visitor until late in 1961, alerted a representative for Vietnam of the Catholic Relief Services the world over.

September 1962: The first helicopters landed on our soccer field.

September 12, 1962: Early in the morning, a platoon of the ranger company going east on a resupply mission crossed about 800 metres from the leprosarium a strong VC unit moving southward. Fierce fighting ensued, but the immediate intervention of artillery saved the platoon. Seven light wounded on the national side; perhaps ten dead on the VC side as guessed by the reinforcement sent after the enemy.

October 7, 1962: Msgr Francesco De Mittis, Secretary to the Apostolic Delegate was flown in by helicopter by Colonel John L Klingenhagen who, in the months to come, did his utmost to help the leprosarium.

October 25, 1962: Our guard was then down to two platoons of a ranger company. These two platoons had been much harassed in the preceding days. Only the night before, three VC were killed near the gate of the plantation facing us to the north. There were rumors of an impending VC attack somewhere in the region. Then a little after midnight, the platoon stationed near the Sisters’ house was over run and lost — five men killed and twelve wounded out of the 30 men. Around of the temporary chapel, the other platoon resisted for more than one hour until the VC retreated under the pounding from the artillery from Tan Uyen. The VC used rifle grenades, recoil-less rifles and mortars. The VC had completely looted the ground floor at the Sisters’ house and the dispensary. The sisters were saved only because one Sister kept her mind enough to close the iron door leading upstairs to the dormitory in time. The VC were trying to force that door open when the artillery rounds began falling in. Three patients were wounded during that night. Important damages were caused to the buildings. The temporary chapel had to be entirely rebuilt; thousands of tiles had to be replaced. The VC, according to the prisoners taken later by Vietnamese troops, had employed between 1,000 and 1,300 including the civilians who followed them. Their losses were between twenty and thirty people, chiefly from the artillery.

October 25, 1962: At noon that day, a truck from the Catholic Relief Service exploded on a mine about one kilometre east of the leprosarium. The driver had the good sense to step on the gas and thus probably escaped death at the hands of VC lying in ambush in the nearby thickets. But one of the helpers died several days later despite all efforts by French and American doctors. In the afternoon Major-General Charles J Timmes arrived by helicopter. He helped us much.

December, around the 20th 1962: The 314th Ranger Company operating from here uncovered a huge cache of documents for the higher echelons of the VC cadre. Those documents were stamped “Top Secret”, “Not to disclose to inferior echelons”. There were tactical reviews which just arrived from Hanoi, but chiefly political directives. The place only a few kilometres north-north-west seemed to have been a rendezvous for higher cadre of the party from Saigon, Bien Hoa, Thudaumot, and Ben Cat. Most interesting among those documents were those referring to the use of religious feelings to promote the destruction of all kinds of religions and the advancement of communist doctrine.

(Excerpted from the documents) “ The communist party must infiltrate each religious body with its cell of fellow travellers. The members of these cells must not be known or suspected communists or persons of dubious character. They must carefully avoid any open contact with anybody suspected of Communism. The aim shall be to distort the sacred scriptures of each religion towards a Marxist interpretation of life. In each of the religious communities they work in, the members of the cells must try by their zeal and by whispered propaganda to push aside the notabilities and even obtain the removal of certain members of the clergy. They must watch over the contacts of priests, ministers, and bonzes with the authorities and the imperialists. They must follow officially an anti-communist line while at the same time bringing to attention all that is good in the communist regimes and all that is bad in the regime of Saigon, all by innuendoes rather than by open declaration. To preserve themselves from suspicion, they can give to the authorities the names of communists out of their reach or pieces of intelligence of little use, things long known which shed no new light on the activities of the party. They will have to cast doubts on the most decided anti-communists in every religious body. They must investigate their conduct, spread work [*sic*] of their defects or misconduct, lay hands on everything which may be the base for an accusation. They must keep files, or rather help the party to keep files, on every influential personality. In each religious body these cells must act as nuclei for larger groups, associations for the cult, study groups, eventually committees for peace. They must adapt themselves to the circumstances. In many cases the thing to do would be to arise or embitter conflict between religions branding with lack of faith, tepidity, those who refuse to take part in those struggles. The members of the cells must always remember that the aim is to destroy the one religion by another and empty each religion of its content by replacing it by Marxism. However, the name should never be pronounced and all direct reference to communist doctrines should absolutely be avoided. In that work no religious community be it so small must be overlooked. But the religion which offers the most chances for such a work is the Buddhism for three reasons: lack of any real hierarchy, fluidity and imprecision of doctrines, and the fact that many bonzes have little or no education, at least in the modern sense.

As an annex to this document, there was the diary of a cell among a Caodaist Community to set as an example for all the Communist cadre to study and to emulate. When the cell assigned that Caodaist community began to work, most of the villages were no longer practising their religion; the Caodaist temple was in a bad state of disrepair. The temple was entirely renovated; splendid offices took place; study groups were conducted; as a result and without knowing it the whole village had been brought into line with the ideal of the South Vietnam Liberation Front and the Workers’ Party without any suspicion from the Government. Everything in the village is controlled by members of the cell or by faithful followers. Should any member be found out, the others must immediately disown him to save the group. Should a cell be discovered by police, other cells working elsewhere in the same religious body must immediately deny any connection with the discovered cell, protest of their fidelity to the government and the true religion and promise to redouble their watchfulness so that these unfortunate incidents should never occur again. If the police poke their noses too much into the cell’s affairs, the cell would do good to cease all activities for a time or even to dissolve itself to begin anew under another name. To ward off police enquiries, it is always permissible to use [?word omitted] to paste on the walls, to shout anti-communist slogans, and display hate for communism.” (End of excerpt)

The company commander sensed immediately the importance of his lucky find and he radioed to his base. After six hours, word came from the headquarters of the III Corps that a helicopter would come to collect the entire lot of documents for further study. At that time, the helicopters were still few and sparingly used; but these were indeed precious documents.

Christmas, 1962: Since the beginning, never had our lepers such a Christmas. General Charles J Timmes, Colonel John L Klingenhagen, Lieutenant-Colonel Harold F Bryant and many others

took care of that. The whole choir of the English-speaking Catholic Church in Saigon came by helicopters (during the day of course) to sing for our lepers. Our little lepers were especially spoilt, and our faithful defenders of the 314th Ranger Company had their share. Not only them, but a prisoner just captured before Christmas. When the company commander brought him the gifts, exactly the same as he had just given his soldiers, the poor young man burst into tears. Later he told his story. Three years before he had been called to the draft. Communist cadre made frequent visits to his home; he should not have to go; he could just as well go on working in the fields during the day; and at night, they could protect him. So, he escaped. But after a few weeks, the VC told him, "So you can suppose that we will protect you for nothing?" They sent him on the most dangerous errands. How much safer he would have felt in the National Army; protectors and act as a shield for them. [*sic*]

January 23, 1963: At 8:30 am Sister Rose, Sister Mathilde, Sister Mary-Stephen, and Father Joseph Tien, who had come for a fortnight to replace the Chaplain, returned to the leprosarium the day before, and along with a girl working in the kitchen, Catherine Chau, were arrested about one kilometre to the east-south-east of the leprosarium by a band of VC. They were (It was the day before the Lunar New Year) on their way to the market at Bien Hoa. The driver was ordered to drive on without stopping to the next government post (about three kilometres to the east-south-east along Interprovincial Road Number 16, at Binh Chan) and the Sisters, Father Joseph Tien and the girl were blindfolded and marched off into the woods until night. Some patients who were on foot to take a bus to the market saw the scene from afar and retraced their steps to the leprosarium. It was 9:00 am.

January 24, 1963: For everybody a sad, sad New Year's day. No news of the prisoners. Here a young ranger, 19, died of his wounds. He was the eldest son of a sergeant in the civil guard who had fought the communists for 18 years.

February 11, 1963: Still no news of the prisoners. Our patients had written hundreds of letters and dropped them along the roads requesting the VC if they still had some human feeling left to set free the prisoners. General Lam who commanded the Capital Sector came to visit the leprosarium.

February 12, 1963: At 8:30 pm the VC launched from different corners an attack against the leprosarium. The attack lasted until 3:00 in the morning. Nobody was wounded on the Government side; casualties may have been heavy on the Communist side as the patrols made in daylight, confirmed.

February 15, 1963: Visit of the General Ton That Dinh. He announced that a big operation was in progress. As he arrived an entire regiment of the 5th Division situated itself around us with an Engineer Battalion who began clearing the woods to the north.

February 16, 1963: the jailers of our prisoners had had a tiring week. Early in the morning, the prisoners were led away from their hideout; they walked until mid-afternoon, crossing and re-crossing rivers. At night, they marched off again and late in the night they were released only two kilometres west of the leprosarium. Their captors told them to walk in that direction. But the Sisters did not want to step on a mine or risk being shot. They made only a pretence of going east, but as soon as their captors had disappeared they returned to the place where they had been released and waited for the morning. With the first sun, they walk south along the road with hundreds of cuts, down to Tan Khanh, where they took a three-wheeled Lambretta to Thu Dau Mot and then a taxi to Saigon. From Paris, the Mother Superior-General had just arrived; she was discussing with other sisters the fate of the prisoners. (Two years before a woman doctor and two mile assistants had been taken away by Communists near Barmethoutin the Highlands to die in captivity; all were Americans.) She was interrupted by a yell in the yard, "The prisoners are back!"

February 17, 1963: At about 9:00 in the morning, the news of the release of the prisoners reached the leprosarium. Soon, a helicopter landed on our soccer field to confirm the news. A new road was hacked through the woods to the south.

March–April: Engineers worked to clear the woods around the leprosarium while the 8th Regiment of the 5th Division and the 48th Infantry Regiment conducted operations in the region. Many people returned to the strategic hamlets.

June, July, August: The strategic hamlets began again to empty themselves. Numerous killings of government officials occurred as the Army moved its main forces further north. The VC grew bolder in the villages to the south. During the rainy nights the VC often harassed our perimeter and several times they tried an all-out attack.

September 1963: The new direct road between Ben San and Di An was definitely cut and the bridges were blown by the VC.

Christmas, 1963: The news from the surrounding villages was bad. All the strategic hamlets program was falling apart. A few days before Christmas a truck of Layne Wells International back from a month's work at the leprosarium was burned by the VC about two kilometres and a half east-southeast of the leprosarium. The workers were promised death if they went again to the leprosarium. But despite that we had a joyous Christmas. Colonel John L Klingenhagen and Lieutenant Colonel Harold F Bryant saw to that. Lieutenant-General John L Throckmorton, unable to come, added his gifts and his wishes along with those of Major-General Richard Stillwell.

March 31, 1964: The big dump truck given by OXFAM through the Catholic Relief Service was stolen by the VC in open day in the southeastern corner of Khanh Van, the big village to the south; it was carrying sand for new buildings. All these days our cars were stopped by the VC and searched. Again, our reserves of food were depleted. The VC told the patients, "Either you side with us or we shall make you starve."

May 8, 1964: from 7:00 pm violent VC attacks were repelled thanks to the intervention of the artillery and the arrival of the Air Force.

April 5, 1964: From 9:00 in the morning to 5:00 in the afternoon, helicopters brought the much needed supplies. Of course, the ever obliging Colonel Klingenhagen was on hand, and so was General Joseph Stillwell of China fame; he was at Tan Son Nhut and carried on his back the bags of rice from the trucks to the helicopters. Colonel Klingenhagen had still another gift for us; that gift was the person of Capt Franz Stewart of the 129th Med Det who from then on would come regularly to visit our patients. This was good news, for we have among our Sisters three certified nurses (soon to be four) since 1961. Except for a few weeks, no doctor had been able to come to the leprosarium. In summer of 1963 the doctor of the 3rd Paratrooper Battalion offered himself with his aides and did a great job, as he had done in the villages to the south, being so helpful to everybody, but his unit had to move and was not replaced.

March, 1965: Dr Joseph A Altomonte replaced Dr Stewart.

May, 1965: First visit of Mr Ellmore (Tiger) born in Taylor, Texas, who helped so much. That jolly man had a way of getting things going.

June, 1965: Dr Altomonte brought in an Air Force dentist, Dr Hans W Polte. Thanks to Dr Altomonte and to Colonel Klingenhagen, just prior to their departure for the States, Professor Luigi Bonzi, head of the Italian Surgical Mission, came from then on for twice a week.

August, 1965: Dr Altomonte brought in Dr Calvin C Chapman, who came regularly until he became too absorbed by the many projects he started around Bien Hoa and in zone D. But,

prevented to come as often as he would have liked by his numerous duties and by the propaganda he was conducting to make known the medical needs of the people of Vietnam and the answer given by the Air Force doctors under him, he was a generous provider.

September 25, 1965: Big operation conducted by the 1st Infantry Division.

September 26, 1965: Visit of Dr (Colonel) Ellingson, Director of the Aerospace School of Medicine. First visit of Dr Ronald Paul Mahoney. Until his departure in June 1966, he had been a regular despite extra duties taken in Zone C and another in zone D. From now on we quit history to enter the present time, a time crowded by many names of doctors, chaplains, officers from the Air Force and the Army.

Suffice it to say that Gen Engler, General Seitz, General Seaman, General De Puy have all visited the leprosarium.

After saving this leprosarium and permitting thus other benefactors from France, Great Britain, Germany, Australia [added by hand] Denmark, Italy, and Switzerland, from this country to go on helping the work done here, United States remains its chief benefactor.

[No reference to the extensive defoliation round the Leprosarium, which may have been done after this document was compiled.]

Bien Hoa
27 July 67
R-78

This has been quite my most memorable day since I arrived, and before you read on I want you to read the brief history of the leprosarium given to me today by Father Basset. I want this document carefully kept as it is a memorable account of what the VC can do to terrorise an area.

There are fifteen leprosaria in Vietnam, and this one has 350 beds. All of the inmates are lepers, the youngest being a brother and sister aged eight and ten. They are about to discharge 50 patients back to their families and expect soon to receive about as many more from all over the country, but mostly from the southern region. Many of the patients are Chinese and all work in the institution, which has been literally built and furnished by those whom it serves. Funds came originally from a papal grant and now come from all over the world, but particularly from Germany, France and USA.

After a quick dash to the hospital for forgotten equipment, Graham Wilson Olga Nicholls, Aileen Monck and a pleasant little interpreter Sergeant Nguyen — always called “Sergeant” — drove to the Helipad at the Air Base. Last time they were kept waiting, but this time the chopper was there exactly as promised — 0815. We went in a white helicopter of Air America, virtually identical with combat gunships, but fitted out for eight passengers. [The service was conducted by the CIA, but we didn’t then know that.] There were two pilots and a crew man (American civilians) and an American NCO armed with a short, powerful machine gun.

We took off at once, straight across Train Compound swimming pool, which we saw in its true relationship to the railway yards for the first time. (Actually it is named after a man named Train, and it is sheer chance that it is beside the railway yard.) A quick arc over the hospital, then up the river, climbing steadily to 800 feet. I think that the pilot may have been momentarily lost, for he arced well to the north before sweeping east for our destination. [Alternatively there may have been an area of uncertain security that he wanted to avoid.] We had a view of flooded paddy fields and canal cuts that had burst their banks, villages, long straight deserted roads, and then our first view of an extensive defoliation program. For several square miles the ground was as brown as a patch of mallee that has been burned off, with scattered shallow puddles and ponds catching highlights from the bright hazy sky. Later we heard that this had been the scene of bitter fighting, and after it was captured the ground was riddled with bunkers and tunnels, literally for miles. A quick glimpse of a patch of green, which was all that was left of the original rubber plantation, and we were down. Flying time 10 minutes.

No sooner unloaded when the chopper was off, and there was Father Basset to greet us. He is a Swiss from Freiburg, a man in his late forties, with a beard, bad teeth, and the voluble frenetic energy of hypomania. He had been in China for years, then was transferred here eight years ago as chaplain. Carrying one of our large boxes on his broad shoulders, he led us through the sandbagged perimeter to a low modern building which is the medical suite. The operating theatre is large and clean, far better than anything at the Provincial Hospital, and was pleasantly cool from its air-conditioner. About a dozen patients waited to see Graham, but he picked only five for surgery and we set to work. Each patient walked into the theatre, gave us a grin, kicked off his sandals and climbed on to the table. I popped in a slug of pentothal and atropine, grabbed my rag and bottle and the anaesthetic struggle began. I managed to win each time — in fact it all went without a hitch, and we finished in record time by 1145. The chopper was due to return at 1430, so before and after lunch we saw over the whole place.

There couldn’t be a greater contrast to our squalid and crowded little hospital. Pleasant buildings, all designed by one of the Sisters and built by the patients, who make their own floor tiles, are set in gardens with flowering trees and lawns. Beside the theatre is a surgeon’s office with the usual

tiled grille for air. Using old electric light bulbs as vases, little flowering creepers had been trained to go over it and opposite was an attractive portico with terrazzo seats for patients to sit on. There is a spotlessly clean and airy kitchen, where the Sisters do most of the cooking to spare the lepers the risk of burning their anaesthetic hands. In the laundry were just the clothes washer and spin dryer that this place needs, newly installed and not yet functional. Beside it is the tile factory where they stamp out their own attractive floor tiles. Nearby is the machine shop where they weld their own chairs and tables. They have been given a lot of office furniture from the city dump, and this is being converted to hospital use.

Here there was the most impressive example of occupational therapy that I have ever seen. A man with one leg (and that with the barest stump of a foot) and no fingers came in on an improvised wheelchair made from a revolving office chair on casters. He picked up a heavy pipe and fixed it in a vice. Then he picked up a newly soldered conical piece of sheet metal, which looked like a wastepaper basket without a bottom, and carefully passed this over the pipe. Finally he took a hammer with a rubber strap to hold it on his wrist and carefully began to tap out the dents in the metal, using the pipe as a back stop.

From there we were taken to the new married quarters, but not yet completed or occupied. These are put up, motel style, in a row of what is essentially terrace construction. Each couple has a single room for living and sleeping, quite bare, with a pleasant variegated tiled floor and open lattice walls made with their own bricks. By native standards this is more than adequate — it is luxurious. There is a small open alleyway behind, then a similar terrace row behind. Each couple will have a small kitchen, a separate toilet and one shower between the pair. They had even made their own septic tanks, and these were waiting to be installed. The accommodation is intended for couples who marry in the leprosarium or who come in with both infected. Any children born there will go to an orphanage in Saigon. I felt that it was indiscreet to ask about contraception.

The wards are a model of what our hospital could and should be. They are light, open and spotlessly clean. There are simple steel tubular beds, each with a frame over it for the mosquito net, and all had sheets and bedside lockers. These were American and I'd love to get some for the Provincial Hospital. On a pleasant colonnaded verandah the infirmary patients were lying on cane lounges or sitting in wheelchairs. Everywhere we saw them at work — in the extensive and beautiful gardens, the kitchen, machine shop, and about the new buildings springing up everywhere.

As you would expect from Vietnamese, the patients were a happy jovial lot, in spite of the crippling and mutilating deformities. We saw and photographed all forms of the disease — sunken noses; bulbous ears; hands and feet that had deteriorated into misshapen stumps as the digits were absorbed — one man had the nail of his big toe growing from the centre of the sole. The operations were curettage of penetrating ulcers, very limited amputations of unrescuable digits in the hands and feet, and a solitary excursion into general surgery in the shape of a radical operation for hydrocele.

Beside Father Basset there were French and Vietnamese Sisters. Our particular escort was Sister Helen, one of those who had been imprisoned by the VC for a month. [January 1963] We had lunch in a pleasant building which showed the marks of the shelling referred to in Father Basset's history. This was a very interesting meal, which could be the subject of a long letter in its own right. Graham and I, with Olga Aileen and Sergeant, who said that he felt like a bludger — a word picked up from his contacts with the Australian forces when they were here — went over with Father Basset to his little refectory. The sisters dined elsewhere and two of them waited on us. In addition there was a Protestant American Army chaplain and two of the three American troops permanently resident there. The place is guarded by an ARVN troop, who live in a bunker

that we didn't have time to see, and the three Americans run eight-hour shifts manning the radio that keeps them in contact with the outside world.

The chaplain was a very pleasant fellow. He had served in the US Army at the very end of the War and had had a short leave in Australia. He had landed in Darwin and hitched a ride through Alice Springs to Broken Hill. There he seemed to be stuck, but he had once been an engine fireman and he talked his way on to the plate of a freight train to Sydney — a journey which took four days. Now he was about to leave for Fort Bliss, Texas, and after being plied with Father's Scotch and beer this was a subject of enormous mirth. His chopper came early, but before he left he took some Polaroid snaps, one of which I enclose. [It seems to have been lost.]

Of the American soldiers one was a pleasant, hulking and goofy lad from the Middle West, somewhat overawed, like [our Vietnamese interpreter] Sergeant, by the company that he found himself in. The other was a much more interesting character, and his tongue was soon loosened by beer. His name was Hernandez and he comes from Puerto Rico, the "Commonwealth" which has a symbiotic relationship with the United States. As his accent revealed, his native tongue was Spanish, and his adventures began because he wanted a driving licence. For this he needed an ID card, and to get that he had to become an American citizen. This is easy enough for a Puerto Rican, but at once he found himself drafted 1A. And he still hasn't got his licence! He was an engaging fellow, full of questions about Australia — Were we all American citizens? Did we have any cities? Could you keep a koala for a pet? How much would a house cost? Although this was a cosy billet (It would have been hard to think of a more congenial one for an infantry private) he wanted to get back into a field force. When he did so, he would get back his PFC stripe [Private First Class]

The final point about the leprosarium is that, although it is a religious foundation, it has no chapel — the patients must come first. It is a show place, a pawn in the propaganda war (Yet another correspondent arrived to photograph it while we were there.) and the model of what Vietnamese can achieve with help and guidance.

This was a good thought to take back to my inaugural lecture to the hospital ward nurses — the people who actually give the treatment. Not only were they all there, but so was Dr Tuan, who listened intently. The subject was anaemia, and I shall send you, perhaps tomorrow, the translated lecture notes, which I want to keep. I think that it went very well, and I hope to set a pattern which becomes standard for the next team. It's going to be a grind writing out lecture notes each week, but I'm sure that this is a good way to put some enthusiasm into the staff who actually run the place.

All the time that we were at the leprosarium there were repeated bangs as shells landed nearby. Some would make the building shudder and the doors and windows rattle, and a couple produced a small but palpable shock wave. This had been going on since early last night, and was American fire directed at a resistant VC bunker at the end of the patch of green that we had glimpsed from the helicopter. [It may also have been bombs dropped from B52s four or five miles above us.]

Last night [at Bien Hoa] there were 21 casualties with two deaths, and the survivors all hit the hospital while we were away. This was bad enough, but in the midst of it all they got a victim of murder/manslaughter from nearby. For reasons that we know nothing about, a GI shot a man in the market from close range. He reached the hospital within a few minutes, shockingly wounded, with a pulped spleen, left kidney and lacerated colon. They worked on him for four hours, including 10 units of blood and then he died. Meanwhile the cases piled up from last night's shelling, including a pretty girl with established peritonitis from multiple penetrating wounds of the gut. To cap it all, just as we were leaving, a little boy came in with a chest full of blood from a lacerated lung after being hit by a truck. No wonder Tom Allen and the surgeons were subdued tonight.

Rick Roll is not going to America after all. His friend's body was flown home before the authorities received the request from the young widow that Rick should accompany it. He is very relieved, as he dreaded the prospect of another farewell from his family, to whom he is so attached. Tonight he was back to his old easy garrulous self, and we were all pleased for his sake, especially those who haven't yet had their chopper joyride.

...

...

... I don't yet know our arrangements for Long Xuyen. We may go tomorrow afternoon, in which case I may not get a chance to post a letter before Monday. I shall try to write every day.

All my love,

Peter

Long Xuyen
28 July 67

Only a brief note tonight, I'm afraid, for I am very tired and I must get to bed. Phil had arranged for us to leave to come here at 1000 this morning, which was quite unrealistic, so we put it off until 1430. I had a pleasant morning tidying up the children and seeing cases with Tuan. Then lunch and an anxious wait for Graham and Olga, who were involved in an unpredicted hemicolectomy. [A major procedure, involving removal of half of the large bowel.] In the end they had no lunch, left the hospital at 1415, dashed home to pack, and we got to West Ramp at the Air Base at 1500. There I will stop and go on later.

29 July 67

Our aeroplane was a little single-engine eight-seater Porter [?] painted silver, as are all the Air America aircraft. [A service conducted by the CIA, but we didn't know that at the time.] Aileen decided not to come with us, so there are only three Bien Hoa representatives. As we later appreciated, the pilot was new to both the country and the machine, and he had a very voluble companion who sat beside him. Then came Graham Wilson, followed by Olga Nicholls, myself and our baggage in the back seats. Visibility was excellent through the little windows and there was surprisingly little noise and vibration. Aircraft of all kinds were coming and going — huge freighters with four engines and a gaping hatch under the tail, so that they looked a bit like whales with wings; peculiar helicopters (I think Sikorskis) with double rotors and four short stumpy vertical tail planes instead of the usually vertically set propellers. One of them left carrying a big red metal press dangling beneath it on chains, like a mechanical bird of prey.

Before we could take off we had to wait for some F100 jets. A couple landed, each puffing out a little yellow parachute to act as a brake, but still coming in at several hundred knots. Then we waited on an access runway as three shot past and threw themselves into the air, our final glimpse being straight into the incandescent heat of their engines. There were also little Piper Cub two-seater spotter planes, and big personnel transports, which are basically adapted civilian aircraft.

After we took off it at once became clear that our pilot was not exactly sure of his map-reading, so all the way our course varied from 240° to 250° (true), ie a little SW of W — an hour at about 150 knots. We climbed rapidly to 8,500 feet to avoid the military air corridors, passing through and then above puffy cumulus clouds, underneath which there would be showers of rain. We had an excellent view of Saigon and of its airfield, Tan Son Nhut — certainly big, but nothing compared with our huge air base. From the air Saigon covers a surprisingly small area for the population jammed into it — not nearly as large an area as Adelaide from Port Adelaide to Seacliff and back to the hills, and yet with four or five times as many people.

At first the country was the same as we were used to — paddy fields, farms, rivers and towns and patches of plantation and jungle. Then it subtly changed, so that from our height it looked deserted and almost uniformly green. The angle of sun was such that just beneath me I constantly had a reflection of water, so that it looked like pure swamp. It was intercepted by long straight canals, some of which must stretch for 20 miles and which occasionally meet at junctions. This is the infamous Iron Triangle, the hardest core of VC activity near Saigon, and I caught a glimpse of the start of a strike. Far below us and roughly at right angles to our course a little spotter plane suddenly banked, assumed a dive-bombing posture, and I saw the little puffs of smoke indicating its markers. In a few minutes an F-100 would arrive and deliver cannon fire, rockets and perhaps small bombs directed at the danger area.

We passed over several streams of the Mekong, huge, brown and meandering sinuously across the flat green expanse and linked by the arrow-straight canals. There were other rivers, about the size of the Quong Dong Nai at Bien Hoa. Over one of these we suddenly banked and landed at a

little airstrip. After we climbed out, there was a wave from the crew, and the plane shot into the air, having taken off from a run that seemed less than 30 yards.

There descended on us at once the pleasant rustic peace which makes this place such a wonderfully refreshing change from Bien Hoa and Saigon. There was a sort of shelter shed with a sign in Vietnamese which probably says Long Xuyen Airport — No Smoking. [Cam Dao! The same letters with different accentuation mean ‘Beware of the Dog.’] Five unarmed ARVN soldiers were lounging about, but they took no notice of us. A car summoned by a radio call from the plane arrived with a VN driver. We set off on a lovely drive through open countryside in a clean and comfortable car for the 8 km to Long Xuyen. By our standards the road was wide, smooth and almost deserted. It was bordered by rice fields, houses on low stilts and banana plantations. After passing the small ARVN camp at the airfield we saw no men in uniform or military vehicles, only cheerful and indifferent Vietnamese.

The Aid House is an architecturally pleasant French colonial mansion, two-storied and with the usual attractively tiled floors. The living area is very congenial, far better than ours. Behind the main house, connected by a covered way, is a row of rooms which were once servants’ quarters. There is a bad local problem with drainage and these are dank, not nearly as comfortable as our own, especially as the indifferent bathrooms are shared, and the water is more often off than on. There is an air conditioner, but I much prefer my airy room at our house with its quiet fan to this noisy thing.

We sat alone sipping Swan lager — our first Australian beer since we arrived — until the Team came back from the hospital. The Leader is Hal Stanistreet, who doesn’t seem to have changed a bit since I saw him last at Royal Melbourne Hospital 11 years ago. We have already had long nostalgic chats about our happy times together with Ian Wood and Orme Smith, Uncle Ian’s favourite surgeon. [Ian Wood was Director of the Clinical Research Unit at RMH, to which I was appointed a Research Fellow in 1955. Hal was Orme Smith’s surgical registrar.] We bored the others like schoolboys telling anecdotes about old teachers. Many of those from Long Xuyen are away for the weekend and I am in the room of the anaesthetist, using his sheets, but fortunately I found a clean towel. The only doctors here were George Gunter the plastic surgeon, Michael Parker (physician) and Don McMahon (registrar and pretty junior, gauche and insecure).

This team is basically recruited from Prince Henry’s Hospital in Melbourne, although Hal comes from Wangaratta and Michael from the Queen Victoria, where he succeeded [Professor] Priscilla Kincaid-Smith [subsequently AC and first woman to be President of the Royal Australasian College of Physicians] as nephrologist. [kidney specialist] The sisters are all very young (23–29) and Hal has inherited a problem that we have escaped. After a subdued and slightly tense evening meal, a succession of Americans from MACV drifted in, and in no time we fellows were left alone. All of the Americans are married and most of the girls seem to be engaged, but apparently all concerned feel that Vietnam is a long way from anywhere and anybody that counts.

The hospital is the original *House of Hope* and we found it a fascinating comparison to ours at Bien Hoa. [See Susan Terry’s book with that title.] Architecturally it is far superior, with pleasant buildings set amongst sadly neglected lawns, trees and shrubs, not unlike a Repatriation hospital. There are 400 beds and, in contrast to our hospital, there is a big complement of VN doctors, including surgeons, who are supposed to do emergency work alternate weeks with the Australians. The Team has 74 adult beds containing about 180 patients — medical, surgical, male & female indiscriminately mixed together, with 2–3 per bed. The wards, bedsteads and linen are far better than ours and the whole place has a much better atmosphere. Surgical pressures are far less intense, and Graham was very envious of Hal’s ability to conduct a true ward round, see cases in consultation, and be through before 11 am.

I have several major impressions of this Team and this hospital, but I won't attempt to convey them in this letter. They are giving us a pretty full time, and I have no chance to finish the account today, but will try tomorrow or the next day.

Bien Hoa
30 July

Back again in my own familiar little room, having had my first decent shower since Friday morning, with steady rain falling and the ice works engine pumping steadily. I have so much that I want to tell you that I don't know whether I will have time before tea. I shall try to describe the facts first and impressions later, returning to yesterday afternoon.

[At Long Xuyen] After siesta Olga and I set out to see the town and the market. She is an ideal companion for this sort of thing and I greatly enjoyed her company. Meanwhile Graham, Hal and George played "American doubles" tennis, a term which intrigued the Americans. Long Xuyen is a pleasant provincial town on a deep (18 metres!) but not very wide branch of the Bac Sac river, which comes down from Cambodia a few miles away. It is well laid out, with wide and well-surfaced streets, relatively substantial houses and a town square with flower beds that I have just realised I forgot to photograph. The pedicabs differ from those here in Bien Hoa in that the passengers are towed in an elegantly proportioned carriage, which is, however, made for Vietnamese bums and not our broad sterns. It was raining steadily as the two of us jammed half on top of each other. We crossed a little bridge, pleasantly proportioned in concrete, and came to the nicest of the three markets that I have seen. For nearly all the time we were the only Caucasians in sight, and, in contrast to a similar experience in Saigon, I really enjoyed the exploration. As in all the other markets the little shops are fairly specialised and tend to stick together. Our only purchase was some cord to hang weights for traction, but we had a lot of fun poking about.

Then we walked across a mud patch to the edge of the canal, where the sampan dwellers live. There are a few thatched huts with a floor area like that of a small garage and a roof about five feet high. Out from the bank were sampans in profusion, with others coming and going all the time. Happy naked children were playing hide-and-seek and swimming, and in no time we were the centre of a large group. We were standing on a narrow earthen ridge with the canal on one side and ankle deep in oozy mud on the other. At times it was all we could do to press on without sliding into one or the other. The children practiced their English vocabulary of "OK" and "Hello", tried to feel my hairy arms and legs and jump into any pictures we tried to take.

At length we made our way back to the market and home to change for dinner. It was then that I really missed my shower, for I had a scanty dribble to try to clean up with.

In company with George Gunter and three of the girls with their escorts we went back in the evening to the centre of the market to a restaurant the girls called *The Dirty T-Shirt* after the dress of the proprietor. We had a superb Chinese-style meal, very cheap (300 P a head, about \$2.50) and three bottles of Chianti we brought with us. I sat next to a very interesting man called Mr Elliott, who is the newly appointed head of USAID for the Region. He is in fact the superior officer over all the military, including the MACV colonel who was with us and who treated him with great deference. He has spent five years in Laos and nine months in Thailand. Having just finished *The Ugly American* (which you must read) I was fascinated to talk to him. He speaks no Asian language and minimal French. In all his time in Laos he never slept elsewhere than in the capital or the provincial towns and he has never seen any part of Thailand that could not be reached in a day's journey by car from Bangkok. Now he is Head of Region IV, which has no direct contact with any of the other Regions on small matters or large. He lives in an air-conditioned mansion. He drives himself only because he doesn't trust Vietnamese drivers. Socially he was a most congenial companion, and with his guidance I managed my chopsticks

pretty well for a beginner. [His name does not appear in the index of *A Bright Shining Lie*, which is a large book of 861 pages. Even so, the story of John Paul Vann portrays what sort of a man this Elliott probably was.]

Then we went to the movies at MACV. This is a very pleasant former French mansion on the river, built in their version of Centennial Hall architecture [late Art Deco]. About 50 Americans live there and the film was shown in a gracious reception room. It must have been a funny situation comedy, but it was ruined by an inept operator, who managed to jam it every two or three minutes. We had hoped to see *Alfie*, which was the second feature, but the first didn't finish until 10:30 pm and curfew was at midnight, so we went home.

This morning we saw the local naval station, and I found this intensely interesting. It is one of about twenty such established in the south, and has about 20 vessels responsible for patrolling up and down river as far as the Cambodian border, together with the innumerable intersecting canals which are the true roads of the whole Region. Under the French the navy was the prestige arm of the services, but then it fell into sad decline, so that the senior Vietnamese in the whole service is a captain. We were shown over by a well-tattooed and broken-nosed character, whose name I never discovered, and who is one of only four Americans in the place. The only VN officer is a lieutenant — honest, intelligent and resourceful he said — and the vessels are commanded by petty officers. They range from fast (15-knot) shoal-draft all-steel French-built vessels about 30 feet long to WW2 modified landing craft. He gave me a classified list of the types of craft [scanned], which I want carefully kept for my RSAYS [yacht club] talk.

They are business-like craft guarded by half-inch steel armour plate — not much good against a recoil-less rifle [bazooka], which can penetrate three inches — with gun turrets and one had a simple and vicious 80 mm mortar in a low well that I tried to photograph. About twelve of the fleet were there and the rest were on patrol. They were hard at work preparing for an imminent official inspection, and for this reason he wasn't able to take us out on the river, to our great regret. Incidentally, although the Bac Sac is a deep and swift-flowing river, 50 miles from the sea the water is not at all brackish. There is a local tidal rise of 9–10 feet with 20 feet at the coast.

I was impressed by this hard-bitten career man, who had clearly risen from the ranks and who is the only American that I have yet met who goes out alone with the VN, eats their food and accepts the same living conditions. The area is an interesting one and I appreciated hearing his opinions.

This is the centre of the Cao Dai faith, whose last Pope but one was killed by the VC. It is the centre for extensive American experiments in farming techniques and is said to be safe. Nevertheless it is forbidden to travel on open roads by day without an escort, especially on Sundays, when the VC collect their taxes. The VC cause very little trouble, but they are known to have a shadow government for the Province and to be leaving all installations intact, waiting for their takeover. The US sailor said that his men fight well and courageously, but with very little initiative. If left to themselves they would very much prefer to leave the boats at Long Xuyen and be ferried to the scene of action by helicopter. He feels that there is a strong and genuine local feeling against the VC, but in only one or two people (including his VN superior) has he seen any signs of dedicated effort against them.

After lunch we sat about chatting until the time came to drive to the airport. The plane was exactly on time. It was a smaller one than Friday — only a four-seater. We climbed up over the edge of Long Xuyen and had a glimpse of the little houses lining the canals and the neat banana and sugar-cane paddocks, often with a few tombs in one corner. Unfortunately there was a great deal of cloud and I ran out of film as we took off, so I shall have only a sketchy visual memory of the return journey. At first we saw only the neat oblong fields, sometimes brown, sometimes vivid pale green, patches of coconut palms and sugar cane. Then we came to the long straight

canals and I was reminded of the long roads of the Australian Outback plains as seen from the air. We travelled at 6,500 feet, and from that height the sampans moving along the canals could have been trucks and cars on roads. There were major intersections with a town or village and narrow little side canals that petered out into nothing, and here and there the wide winding brown streams of the Mekong and its tributaries. Then we were into impenetrable cloud until we neared Bien Hoa, where the radio told us it was raining heavily with zero ceiling and we could not land. So we looped east and then north over an area that I hadn't seen before, until we found a hole in the cloud and suddenly dived through it to 1,500 feet.

We found ourselves over miles and miles of military equipment — the enormous establishment known as Bearcat. In an area as big as Chrysler's factory at Tonsley Park was a huge dump of abandoned vehicles — trucks, jeeps and ambulances. Bulldozers and graders were making a new airstrip and there were vast dumps of equipment — several acres of pipes, parks of tanks and more and more. Finally we passed over Long Binh and for the first time saw the huge expanse of the 93rd and 44th Evac Hospitals, where we go for laboratory services and drugs. As always the air was busy with fluttering helicopters and one passed a few hundred yards away. Once I am in one of these little planes I feel quite safe and fatalistic, but I must admit that my only fear is of mid-air collision. The chance, of course, is small and the corridor system makes travel safe once you are well up, but on the way the risk seems quite a real one. Once down there was a senior USAID man to meet our Team Leader, atoning no doubt for the chaos that delayed last weekend's travellers for 24 hours and then left them at Saigon. As the rain came down again he drove us home to crowded streets, oppressive and sticky air — and within two sentences of starting this I was called to a dying child. Even so, it was very nice to be home...

A letter came from Brisbane with the names of our successors. I shall write to Dr BA Smithurst MRACP (1957) MPH (Harvard, 1961), who will also have a medical registrar. I shall have much to tell him. None of the photographs has yet arrived, but I hope they won't be long.

Tonight was Olga's birthday and we had a cake, lots of presents and Liebfraumilch for dinner. Phil had four glasses and everybody else 1½. Perhaps that gives you an inkling of our problem with him, but it is nothing to that at Long Xuyen.

All my love,

Peter

Bien Hoa
31 July 1967
R-74

Three letters from you today...

Today was really not my day, for it began with me killing a child and ended with my first accident, so I'm in a bit of a jangle tonight. I was on my way to Outpatients at 9 am when a father thrust an obviously dying girl of eight into my arms. She was feverish, very pale and barely conscious. I put up a blood drip but it cut out, as did a second, so finally I cut down at the ankle, an admission of technical inadequacy at that age. My rejuvenated laboratory team produced the diagnosis in 30 minutes — *Falciparum* malaria with a PCV [packed red cell volume] of 19% [normal 45%] I guessed her weight, did a quick sum in my head (25 lb x 15 mg/kilo) and gave her a slug of quinine intravenously very slowly. I had barely finished when she stopped breathing and died. To my horror I realised that my mental arithmetic was wrong and I had given her 600 mg instead of the 400 which would have been the maximum for her weight. The father was grateful for what we did, but the mother was distraught, for they are now left with one child from the original ten. She might have died anyway, but I certainly made sure of it, and next time I will do my sum on a piece of paper [and get somebody to confirm it.]

We had a visit today from John Lindell, Chairman of the Victorian Hospitals and Charities Commission, eminent medical administrator and a very pleasant fellow. He was responsible for the stringent clinical discipline at Royal Melbourne Hospital of which I often speak [and which affected my entire career]. I helped to show him around and told him of my needs and opinions. He questioned everybody, pleasantly and patiently, and tomorrow and the next day he does it again at Long Xuyen and Vung Tau. The poor chap had a fearful ear-bashing (not much from me, believe it or not) but he didn't seem to mind.

[Dr Lindell's report should be obtained, as it is sure to be frank and relevant. I would very much like to read it.]

Dr Lindell's visit set me late for my afternoon OP clinic, which was a busy one. Next I had a couple of admissions. I just had time to get to the Air Base PX and set off along the quickest route. This took me past the edge of the market, then along a narrow and congested road to one of the civilian gates.

What I didn't know until later was, firstly that I was planning to travel the wrong way up a one-way street just at the time when all the civilian workers leave the Air Base; and secondly that a mobile crane had fouled all the overhead wires, producing inextricable confusion near the main entrance and diverting many more vehicles than usual along this road.

I began by missing the turn, with its no-entry sign, and found myself heading all of a sudden into open country. I turned (with some difficulty on the narrow road crowded with the third shift of schoolchildren on the way home) and made my way by unfamiliar back streets to the road I wanted. Of course I was trying to swim against a strong flood tide — in fact the heaviest volume of traffic ever sent down this road. Mercifully there were others doing the same. I swerved to avoid a child and — crash! I had run over a parked Lambretta, to the enormous mirth of all the children in sight. In no time I was surrounded by a huge crowd, none of whom could speak English, and one of whom was the irate owner. The only damage seemed to be a broken rear vision mirror and a snapped brake cable, for which he demanded instant money and I had very little on me. I looked in vain for a policeman, and at length conveyed to them that I was a Bac-Si from the local hospital. I had my green badge and my stethoscope, without which I never go anywhere as a means to identify who and what I am. A woman appeared who spoke English and who wouldn't let me go, until finally I just started the engine and drove off. I gave them my name

on a piece of paper, and no doubt I shall have them badgering me for compensation. [I heard no more.]

For a week both light and water hadn't failed, but to cap the night there is no water and for once no sign of rain. I emptied my bucket just before going to Long Xuyen, for the dust settling in it made it slimy and now I have only my bottle of boiled drinking water to shave in tomorrow and no prospect of a shower. As I said, not my day...

All my love,

Peter

Bien Hoa
1 Aug 67
R-73

There won't be any mail now until tomorrow evening and we have had no water for nearly 24 hours, so I am a bit smelly and a bit depressed for lack of physical and moral refreshment. A pretty busy morning today began with a rush as sixteen casualties arrived simultaneously. Some were from a mortar explosion and the rest were from a bus in collision with the ambulance bringing the former to hospital. A couple of them were very critical with penetrating abdominal injuries. A woman had a huge skull defect, through which protruded a squelchy mess of blood, hair and brain. Naturally she wasn't very fit, so I stood by and obligingly certified her dead so that the girls could go on with the others. A moment later she gave a gasp and started to make groping movements with her hands. One of the girls, recalling yesterday morning's incident, suggested intravenous quinine, but in a moment or two she was well and truly dead. I did what I could to help the surgeons by filling out X-ray requests and dealing with the great crowd that always presses into the little lobby at this time.

These people really are very suggestible. One man had an obvious fracture of the humerus. The next two in the queue also complained of painful shoulders, although neither was really hurt in any way. They are also eager to grab any chance to be away from work. To a man (and woman) they demanded never less than a week. One old woman with a bruised nose was quite abusive when I refused her. Armed policemen were milling about everywhere. I looked at them a little askance, expecting inquiries from last night's accident. Sergeant Nguyen [a cheerful and obliging interpreter, ostentatiously pro-American] says that I should do nothing until the police seek me out, and the owner of the Lambretta hasn't appeared as promised.

10 pm The power has been off for longer than ever before, so I am writing this by the light of my little pencil torch. It won't be a very long letter. A new interpreter arrived today, Mr Quoc, a second-year dental student, who has come for his long vacation of 120 days (!). He is being paid by USAID, who extracted this pound of flesh for the scholarship they give him. As today was my afternoon off, I took advantage of the chance and got him to help me measure some of the buildings and rooms that you often hear me speak of. I shall give the figures to you when there is enough light to let me set it out properly.

Then I had him interpret for me while I carried my literacy survey to 72 cases. I hope to finish it by the end of the week and perhaps write it up at the weekend for publication. John Quirk has gone to Saigon for three days, so tell David [yachting friend] that there is now no prospect of getting the tape home in time for the next RSAYS [yacht club] meeting. That's all for now unless the power comes on soon. At least I will get an early night.

2 Aug 67 0730

No power all night, and the water, having been on briefly for an hour last night, has gone again. I had refilled my trusty bucket and thus was able to have a shower of sorts, but it wasn't as good as on *Kareelah* with somebody else to chuck it over you.

Here are the measurements —

Surgical Suite	Corridor	23 ft x 4 ft
	Foyer	14 ft 6 in x 14 ft 6 in
	Recovery	27 ft 6 in x 14 ft 6 in
	Sluice	4 ft x 4 ft
	Change Rooms	10 ft x 2 ft 6 in
	Work Rooms	22 ft 6 in x 19 ft 6 in
		18 ft x 5 ft
	Theatres	16 ft x 14 ft
Children's Ward	Scrub	14 ft x 6 ft
	Exterior	56 ft x 22 ft
	Ward (21 cots)	40 ft x 21ft
	Utility	21 ft x 5 ft
Laboratory	16 ft x 16 ft	

All my love,

Peter

2 Aug 67
R-72

Only two letters for the whole Team today — neither for me — and none yesterday; no power all night and so no water this morning. At once morale falls, for these little things mean so much to us, and tempers ran a bit short today. To make matters worse, vehicles are short again, with the Holden under repair for over a week now; John Quirk in Saigon with the VW; Phil picking the jeep — the best of the remainder — and one Landrover U/S. Before you think that this letter is going to degenerate into one long moan, I should say that I have had a pleasant and profitable day.

With Mr Quoc the new interpreter I have finished the literacy survey, and I got away in time this afternoon to break up the figures for analysis. I questioned 50 males and 50 females, all public patients, and mostly peasants. Ages ranged from 18 (my arbitrary lowest, as it is the minimum voting age) to 71, and here, very briefly are the first results —

Of the 50 males 11 (22%) are illiterate

16 never went to school, but 5 of these could read the text passage (cut from a VN newspaper).

Of the 50 females 32 (64%) are illiterate

39 never went to school, of whom 8 can read

10 went to “Primary” School (15 years or less), but had lost the ability to read more than her name

Of the total 100, 43% are illiterate and 57% can read and write.

I set out to confine my “public interest” question to, “Do you know that there is an election?” Then I realised that everybody did know, so innocently I asked, “Do you intend to vote?” — which seemed harmless enough. Towards the end I realised from the tone and demeanour of some of them that even this aroused hostility. Quoc explained that the VC want people to boycott the election as a mark of no-confidence in the US-supported government. Nobody would have the courage to answer anything but “yes” to this question.

Two revealing answers translated to me were, “Because all my neighbours will vote and they will see me.” And “I am too afraid of the Government not to.” This last was from a man accosted alone in the hospital grounds and thus questioned with no witnesses nearby.

It has been an interesting little exercise and I shall try to write a draft for publication in a day or so.

Of all the Americans none has been kinder to us than Ray Ketchum of 44 Signals — the unit who gave us the citation [seen in the pictures of the entrance to the Surgical Suite] He is a major of about 35, a West Point graduate from Georgia, with fair hair, blue eyes and an engagingly open demeanour. I can imagine how your father would take to him, for he is a man’s man. He leaves to take up an administrative job in Saigon, and he brought his successor to dinner, another Ray called Coyle, also a Southerner (from Florida). The new Ray is not nearly so prepossessing, aged 37 (due to retire at 41, when he will build swimming pools at \$9 per hour). He is tense, talkative, intelligent and overweight — rare amongst the Americans — and a disturbingly heavy drinker. I sat beside him and found him a pleasant and interesting companion, who improved on acquaintance. He had spent 12 years in Germany, where his Mongol [Down’s syndrome] son is held in a Catholic orphanage — although he is a belligerently and provocatively atheistical ex-Protestant. It would cost him \$500 per month for equivalent accommodation in USA. He has great admiration for England and the British Army, especially its regimental traditions, having

spent two years on Salisbury Plain. He has been a French horn player and once played in Salzburg in *The Flying Dutchman*.

At these dinners we usually have three bottles of wine — lately Liebfaumilch — between the two tables. Graham usually asks me to act as wine steward, but invariably Phil takes over, especially for the third bottle. He looks after himself first, guests second, and the rest a poor last. Then we have liqueurs, which most Americans take with an ice cube, and coffee. As a rule we have finished by 8:30, and at this stage people drift off to their letter writing, leaving a hard core to entertain the guests. I must admit that previously I have always been one to slip away, partly because of my heavy self-imposed burden of letter writing, and partly because I have become almost teetotal, so I shrink from the heavy doses of spirits after a big meal. Tonight, however, I felt obliged to stay since I had become the principal object of Ray Coyle's monologue.

It looked like a late session, with Graham Wilson, Doug Townsend and I, plus the two Rays, when the phone rang for Ray Coyle. When the rations came in tonight for his men at Long Binh, as they sorted them out they came across a detonator. Passing this from hand to hand it exploded, and a soldier had lost most of his hand, plus body injuries, and had been taken to 93 Evac. It seems incredible that a man could be so silly, especially one who had been in the country for months.

So we broke up prematurely when a jeep arrived to fetch him to Long Binh. The driver was a boyish deferential second-lieutenant. He carried the regulation 0.45 pistol and a Thompson submachine gun (also 0.45) with an interesting history. These weapons were originally given to Chiang-Kai-Shek's Nationalists in 1945, when they were fighting Mao's Communists. From China they came down the Ho-Chi-Minh trail to the VC and now, over 20 years later, they are back in American hands again. The boy was wearing an Army jacket, which looked like one of those waterproofs made bulky by inbuilt buoyancy foam. But this one is literally as heavy as lead, for it is claimed that it will stop a 0.45 bullet fired from 50 yards away. In addition, they had an M-16 carbine and a grenade launcher. This was to brave the journey from here to Long Binh that I make once or twice a week to visit 946 Mobile Lab at 93 Evac. By day the journey is as safe as one down the Port Road, but at night it is like Thorny Passage [a potentially dangerous area near Port Lincoln] with wind against tide — only difficult when you are in real trouble. I never fail to be amazed by the good humour of the Americans who face conditions like these.

I am starting to reach that middle phase when the work is very much routine, and it is sometimes a real effort to find hospital news for you. I think I told you about the family (parents and two boys of 9 and 8) paralysed by adulterated cooking oil. Slowly but steadily they are getting worse. Father and mother are hopelessly (and presumably permanently) bed-ridden. The elder boy at first had only mild foot-drop. He now cannot stand without assistance, and his hands are going quickly. In the native way he was very cheerful, joining in the general laughter at his grotesque attempts to walk. The younger boy, who used to slip away to be with Mum, has disappeared altogether. Through Mrs Hai I learned that he has gone back to his village by Lambretta bus — where did the money come from for the fare? He is now being cared for by neighbours, as he has no relatives in the village. This intrigued me, as these people [ie Vietnamese in general] when in the ward are usually indifferent to their neighbours. Heaven knows what their fate will be, as our meagre information is that the process is irreversible...

All my love,

Peter

Bien Hoa
3 Aug 67
R-71

Two letters from you today and those also from Rob, Kate & Anne [our three elder children; Billy was only four.]...

In the middle of that sentence the power failed, and I only hope that it won't stay off until tomorrow afternoon, as it did last time. I shall knock off temporarily, as it is hard to write with the pencil torch stuck in my mouth or holding it with my left hand. ...

It seems appropriate at this point to give you some more figures from the literacy survey. Of the 16 men who never went to school, 5 could read and write, and of the 39 women 8 could do so. This is an entirely phonetic language, as indicated by the various accents above and below the letters. It's interesting to watch an interpreter asking a patient his name. They never ask to have it spelt, as we would, but to say it over. Once they have heard it pronounced they can at once write it down. We don't bother with the accent symbols when we write a name and just put it down in block capitals. This presents them with several different variations in pronunciation, and often they will ask the patient his name and then add the squiggles to what we have written. The main thing is the extreme simplicity of the script, basically much easier than our own. If we can change to metric money and measures I really think we should consider a phonetic alphabet and standardised pronunciation.

To answer at once some of your queries while the light lasts ... [5 items omitted]

6. P stands for Piastre. 118P = US\$1. We are paid in MPC (Military Payment Currency), of which I have sent you a sample. We pay for our Australian stamps in this at AFPO1 and get our change in US one-cent pieces, not the paper MPC, the lowest of which is 5 cents.

7. Please try to get more sleep, as otherwise I shall come home to a suppurating hoarse-voiced and careworn wreck, when I visualise all the time the fresh-faced beauty I left behind.

Today began badly but became interesting and finally rewarding. As usual I was in the first car and we got to the Surgical Suite just as the town siren signalled 0800. At once I was accosted by Miss Nga (Mrs Hai having gone home to sleep after a night on duty) "New patient — very sick" — and so he was. The same syndrome as before — a few days fever, then a papular rash on head, hands and feet that they call mosquito bites, stupor and localising cerebral signs. So a quick lumbar puncture and cut-down drip. For the first time since I have been here the parents abandoned the child, taking the case notes with them. The others with this syndrome had come at night and weekends, but now I could get the lab in — 160 white cells/cu mm in csf [cerebrospinal fluid] Pressure low, presumably from coning and it was a huge needle. PCV 29%, WCC 30,000, no malaria and no germs. So I called it encephalitis — ?rickettsial because of the rash, ?? typhus — and gave it huge doses of penicillin and a hopeless prognosis. It obstinately survived in a state of decerebrate stupor until 1700, but I don't expect to see it tomorrow.

A late start to the ward round, then a dehydrated gastro. A quick cut-down was required — no cannula on the tray — supplies low because so many go off when children die. Open another tray, in goes the cannula, but blocked by old blood clot. It can't be syringed through & no fine wire able to go through. So I opened the last tray and there was a beauty, but much bigger than the tatty little vein, already a bit traumatised by the previous attempts. I got it in and that saved a life. A child of 2, moribund at 0930, asking for rice at 1230 and voiding copiously. Then a terrible screaming session, and out came a round worm 7 inches long by ½ inch wide, all alive and wriggling. I was sure I could feel more, so he will be dewormed in a day or so. [A procedure that occasionally precipitated acute intestinal obstruction, requiring urgent surgery. I once saw about 20 worms produced this way, on a day when I had no camera. The sight of the wriggling mess in

a large kidney dish was repellent and challenged the gastric equanimity of the theatre staff. I think the surgeon was Doug Townsend.]

We had a visit today from Brian Hayes, Executive Director of the Australian Council for Overseas Aid, a body set up under Government auspices to coordinate aid efforts by church and welfare organisations and bodies like JC, Rotary, Apex, etc. I took him on my usual tour of the hospital, and found him to be intelligent, practical and a very interesting fellow to talk to. He is in his early forties, says he has been travelling through Asia for years, and was clearly knowledgeable about his field. He said some very disquieting things about the Department of External Affairs, which he described as suffering badly from an arbitrary, inaccessible and inconsistent Minister, who allows most of his decisions to be made by Cabinet, and who is unable or unwilling to provide clear policy lines for his staff. I asked him for an ECG machine and a refractometer in case the RAH one falls through, as I suspect it will, and also new cots for the Children's Ward. I enjoyed his company, the only snag being that I missed my siesta through having to sit up and chat with him.

This afternoon I dealt with a little rush of admissions which had accumulated while I was with Brian, and then I gave my second lecture. In the absence of Mrs Hai I took Mrs Yulan, the senior and best interpreter. She is excellent at getting symptomatic histories and at helping around the place, and has allowed us to think she is a former nurse. It at once became apparent that she knew no technical medical terms, and as Dr Tuan was not there we had only Mr Baa, the Head Nurse, to help, and his English is weak.

We had an extraordinarily complex tripartite delivery that must have been funny to watch. First I said a sentence in English and wrote the key words on the board. Mrs Yulan consulted the VN translation of my notes and tried to render it into Vietnamese. Mr Baa would look worried and puzzled, consult his copy of the notes, then leap to his feet and take over. Previously he has seemed a placid and efficient little chap, but now he became uncharacteristically animated, gesticulating, emphasising key points, firing a question, before he suddenly stopped, gave me a sheepish grin, and sat down. The subject was pneumonia, and I was impressed by his obvious grasp of the physiological concepts which I tried to convey. At the end all three of us were exhausted. Mrs Yulan came back to the little desk in the foyer of the Surgical Suite and sat down to fan herself, too overcome to translate. I came straight home to have a shower and a doze before dinner.

I didn't mention before that I had quite a turn tonight when the mail included a telegram for me from Adelaide. I could think only of disaster, but it was from a drug agent telling me that he had sent some antibiotics that I had asked for. I am frustrated at still not having received any of the photos so far taken...

Graham Wilson and I have just been down again to the hospital and it's nearly midnight. I was going to tell you about the hospital policeman, but the story will keep...

Please send me Robby's and Billy's head circumference (cap size) in inches and centimetres...

All my love,

Peter

Bien Hoa
4 Aug 67
R-70

The first two boxes of Kodachromes have arrived safely and are about 70% adequate, which is not too bad...

I got through my work early today so I could get across to Long Binh for blood and drugs.

[We used “time-expired” blood from the Americans. Almost all Vietnamese refused to donate blood, even for their own families and after incidents in which their lives had been saved by prompt transfusion. I don’t know what happened about blood supplies after the Americans departed in 1975.]

For several days we have had surprisingly little rain — hardly more than a drizzle once or twice. The main street had dried out, leaving a surface deeply scarred and irregular with potholes. The local authorities had taken advantage of this to set a repair gang to work. In the centre of the road was the international sign for men at work, which from a distance looks like a clumsy attempt to sketch the outline of a two-humped Bactrian camel. Then came a diversionary arrow, disconcertingly set up to point the wrong way, and a heap of road metal dumped from a truck right in the middle of the fairway. The individual stones are of greatly varying sizes, the longest being about 3 or 4 inches long, but all are suitably jagged to do most damage to sensitive tyres. Traffic crawled by so slowly and the work progressed so little in the two hours that I was away that I had a good chance to see how it is done.

All the workers are women, ranging from little girls who don’t look more than 14 to gnarled and careworn old women. Each had a little basket of tatty straw about the size of a large meat plate and only slightly concave. The stones are picked up in handfuls and heaped on to the baskets, which are carried to the potholes. Individual stones are pushed into place by the women, squatting in the national manner to do so. The total weight of road metal could not have exceeded a couple of tons, and in the time that I was away about $\frac{3}{4}$ of the pile was demolished. The labour force numbered about 15–20, and they trotted quickly to and fro to refill their baskets, then to tackle another pothole.

At first this process seems appallingly inefficient and almost inhumane, but on reflection I would be surprised if it isn’t better than it seems. The road surfaces truly are quite awful and are steadily getting worse under the huge volume of heavy traffic, especially as long stretches are not drained and water lies about for days. Labour is cheap and plentiful here, and perhaps placing rocks by hand may fill in the gaps more skilfully than what we would call a conventional method. Further along the road to Long Binh I came across another gang doing the same work. But they had shovels, a big US Army negro supervisor and a steam-roller. It will be quite interesting to see which patch holds its surface longer.

The water tower being built under Australian supervision is also proceeding smoothly and is in fact ahead of schedule. This has been built with local labour and building constructional techniques, with only a small nucleus of Australians — I think 2 or 3. The intricate scaffolding is being removed and the tower itself is being painted in a checkerboard pattern of red and white squares. It will be a fine landmark for road traffic and also for aircraft coming and going from the Air Base. As far as I can tell there is to be nothing of major size on the thing to indicate its association with Australia, which seems a pity. As you might expect from hearing that the job has been left entirely to VN authorities, almost nothing has been done to start laying the reticulating pipes, so that it will be long after completion that the tower will be fully functional.

At Long Binh I found Jim Scherer preoccupied by their newly arrived blood gas apparatus (IL), which they were trying to calibrate. This involves a nice little story about service bureaucracy.

The concept behind 93 Evac and similar hospitals is that they should provide all reasonable facilities of a general hospital literally within minutes of a battlefield. Now blood gases are occasionally invaluable, especially in chest and head injuries. They are simple enough to do, but the equipment is expensive and delicate, needs time-consuming daily calibration, and to justify itself it needs to be used at least several times a week. 946 Mobile is the Long Binh laboratory and serves both 93 Evac and 24 Evac, both on the same huge campus.

Several months ago 93 Evac (or rather 946 Mobile) had blood gas facilities, but they weren't often called for. Somebody in the Surgeon-General's office in Washington, looking over the figures for numbers of tests done, decided that the procedure wasn't used enough to justify its existence and the equipment was withdrawn, together with the skilled technician to operate it. Meanwhile and quite independently a team from the celebrated Walter Reed Army Hospital at Baltimore, Maryland had studied the laboratory needs of Field Hospitals. Using the sort of unrealistic thinking so dear to the Repatriation Department they produced various logistic principles determined solely by numbers of beds served. Application of this formula has restored blood gases to 946 Mobile, but with different equipment (last time they had a Beckmann) and no extra technician. Little incidents like this and the stories I heard from Ed Katibah highlight the flaws in the computer-directed efficiency of the American juggernaut.

On the way home I gave a lift to a couple of chaps hitching a ride out of 93 Evac. The first went only for a mile, but the second was bound for Honor-Smith Compound only a few yards from where I sit writing this — in my underpants and nothing else at 2330, sweating profusely. He spoke softly and had a tricky accent, but I found him an interesting chap to talk to. I suppose that he should be called a Guamese, for he is a native of Guam. This is a mandated territory acquired by USA after the [second world] war. He was drafted into the Army and is the first person I have met who wants to make a permanent home here. He has already spent 15 months here and will remain until he is discharged. Then he will bring his wife and children over and stay to work as a civilian. I couldn't make out what he did, except that it something to do with dentists — perhaps a prosthetic technician. If so he should do well, for Vietnamese have appalling teeth.

This afternoon I slept right through siesta. I have lost my first momentum and I think that I must be showing it, for Jo Griffin and Aileen Monck tell me that I look tired and drawn — an echo of one of my Mother's favourite expressions. Letter writing keeps me up late and it is a strain trying to find time for all that I want to do. I owe letters to our three kids, [a couple of other people], and two to Repat (one quite urgent as it has to do with a key staff appointment). I had hoped to write up the literacy survey on Sunday, but now I am to drive Aileen and Jenny Leak to Brother Bernard's hospital, which I am keen to see, so it will have to wait. I must also try to finish that wretched tape recording.

I had a fascinating time when Mrs Hai took Jo, Jenny and myself to see the schools. She got out of her white trousers, dirty white gown and green hat and changed into an *ao-dai* of delicate pink, which covered her maternity smock, and she took her parasol. Although I had been in the Women's Medical Ward dozens of times, I had never noticed a door at one end of it. This opened on to the garden of the orphanage and Catholic school (primary & high schools combined) which I shall describe when I write to [our daughter] Katherine tomorrow. Then across the road to the public school, where I took the pictures of the scouts and guides.

I shall leave a detailed account to Rob's letter, but I shall give you a few figures to ponder on. According to the Headmaster there are 54,000 eligible children in the Province who attend public schools; 10,000 in private schools (almost exclusively Catholic); 4,000 at military schools; and 3,000 known not to go at all. An unknown number of children in villages and hamlets are outside the system altogether. The public school takes children from 4 to 12 and handles 2,700 per day 6 days per week in shifts of 2 hours am and 2 hours pm — mornings one week, afternoons the next.

Children have a summer vacation of 3 months, which is staggered so that apparently the schools do not actually close down completely, or only for a short time. When the schools are closed the teachers are used as civil servants, and they will have a great deal to do with the clerical side of the election.

Sexes are segregated after infants' school and classes average about 70 with 5 to a desk. Each year 5,000 students in the Province sit an entrance exam to high school, from which the intake is 300. He couldn't tell me how many then go on to university. Mr Walsh [State Labour politician & sometime Premier] would approve of the fact that all books are free, although parents provide exercise books, pens and pencils.

At the Catholic school, which we passed through without stopping, primary classes are co-educational and seemed larger. Most of the teachers were nuns, with adolescent girls handling the infants. A great deal seems to consist of declaiming in chorus to learn things by heart, and from the youngest the children accept strict discipline. It was all very interesting, and next week we are to go to the High School. This should be particularly fascinating, and I shall give the English class a chance to get some practice.

The girls pedalling to school look very attractive as their *ao-dais* catch the breeze and float away — threatening to be trapped in the spokes but seemingly never doing so.

Now, as you often seem to, I have reached well into tomorrow to finish today's letter, so I am off to bed.

All my love,

Peter

Bien Hoa
5 Aug 67
R-69

A cool and grey Saturday afternoon with steady rain and no power for the fan and hence no water, and not much news either. This morning I tidied up the ward for the weekend and dealt with some new admissions. One was a terribly sick little girl of 9 with fever and stupor, whose parents are distraught with worry, poor things. I see so many like this, and much of the time I have no idea what is wrong. Last night, for instance, I scored very badly. A nice little boy of 18/12 had come in the previous day with diarrhoea and had passed several huge round worms, the largest as long as a pencil. He had a high fever and no signs of malaria or anything else specific, so I treated him blind with antibiotics. After 36 hours he seemed vastly improved, with his fever settled and he was talking to his parents. Late yesterday afternoon, Tom Allen [Team anaesthetist] having gone to Long Xuyen, I was called back to give anaesthetics, and I was kept hard at it until 7:30 pm. The child's parents were worried because it had vomited, but when I saw him he looked so much better that I promised them that I would take the drip out in the morning. Half an hour later he died. What is so intensely frustrating is that, with no bacteriology and no autopsies, I have no better idea how to treat the next one.

I have referred before to the fact that the so-called Administrator, Phil Nurcombe, is very inefficient. As a result, Graham Wilson [Team Leader] has taken to using me to do what is really Phil's clerical work, and I must say that I am coming to resent it, because the more I do the more I seem to get asked to. The authorities have promised us books, but first they have asked, quite reasonably, to know what we already have. This meant cataloguing the author, title, edition number and date of all our books, and would hardly have taxed the initiative of a child of Rob's age [eleven]. I did the first couple to show how it should be done and suggested that Phil carry on. Graham, however, insisted that I do the lot, which I did. [I have no memory of how many there were.]

Next came a demand to report all outstanding orders for stores which extend beyond 45 days, and this had to be done this morning. When I went to the store I found that there were exactly 60 items. Each would have to have recorded its reference order page, a seven-figure catalogue number, store vocabulary description in full, packaging details, degree of urgency and relation to existing stocks. I really jacked up on this one and merely recorded the number of items on each reference page. Graham said rather tartly that there wasn't much detail, and when I asked what Administrators were for, he could only reply that Phil would take too long and make too many mistakes. It then came out that Phil had not even been asked to do it. He had not demonstrated his inability and Graham was relying on my good nature and experience of this sort of thing to do the job quickly.

[I acted as Medical Superintendent of Royal Adelaide Hospital for most of 1963, which was my first experience of enhancing administrative practices and clinical discipline in a big hospital, but I had no administrative responsibilities at Repatriation General Hospital, my appointment being solely clinical. Fortunately there we benefited from a cooperative and intelligent Medical Superintendent (Rocky McEwin) and Deputy Medical Superintendent (Tom Dearlove). They willingly responded to my suggestions, making us a powerful team. Graham had been an uninspiring Senior Surgical Registrar when I started at RAH in 1961, before he was appointed an Honorary Surgeon. This episode, and others like it, should have led to the dismissal of Phil Nurcombe, but Graham was too nice to be nasty and lacked the fortitude to arrange this. So far as I know, Phil saw out the time of his contract, and I have no idea what happened to him after that. John Quirk succeeded him.]

In the little closed community in which we live personality clashes like this are inevitable, but things are not helped by an Administrator who can't administer and a Team Leader who can't grasp the fact that there are times when a situation calls for precise, specific and written orders. It's such a pity, for in every other respect Graham is very good, but he clearly has had no experience in the mechanics of hospital administration since his rather tenuous association with it as a senior surgical registrar about ten years ago. In fairness to Graham, he has the added problem of being tied to the operating theatre, with its recurring demands for clinical decisions and the time involved in operating. [He was an adequate but ponderously slow and sometimes indecisive surgeon, the opposite of the slash and hack brigade.] He has far too little time for getting about to see people, and has to rely on the inadequate and inefficient dichotomy of Phil and John Quirk. Much of the trouble lies in the Embassy and/or Department of External Affairs. Nobody has ever sighted duty statements setting out who is responsible to whom and for what. Phil does the Commissary shopping and collects the mail, but that seems to be about all.

After I got away from the hospital I took Jo Griffin to Train Base to collect a radio that she hadn't enough money for yesterday. We got there too early, so we went to the Air Base PX to see what they had to offer, but no luck. After a lunch of delicious crumbed scallops — deep frozen ?Australian — Jo and I went back and I had my first haircut here. The barber's shop is run by the Vietnamese, who are quite clean and seem to have done an adequate job, but very slow. Jo had to wait quite a while in the leaking jeep in heavy rain until I came for her.

On the way back I saw something that I would have liked to photograph, but, of course, no camera. This was a truck-load of heavily armed ARVN soldiers being carried in a truck heavily marked with Red Cross insignia. This is the second time that I have seen this phenomenon, which is, of course, a flagrant breach of the Geneva Conventions [?Hague Conventions] When so much is made in this war of high-sounding principles, the authorities are incredibly unimaginative in allowing this sort of slip to occur. Anybody passing by could have taken a quick photograph of great derogatory propaganda value, and, Heaven knows, there is no shortage of people quick to exploit this kind of thing.

It is now 2200, dark again (still no water!) and I have borrowed the big torch lantern used in theatre when the generator fails. I have written to Rob [my son] and three letters and a key policy memo to Repat, so now I am cross-eyed, sweaty and with cramp in the hand. Nobody went for mail today, so I won't seal this until I find out whether anybody goes tomorrow.

Sunday 6 Aug 67 R-68

The power came on again at 0705 and went off at 0810, so still no water and, as the tank is empty, not much prospect of any this evening. Once again I had to fall back on the trusty bucket and tip half of it over me. I am keeping the other half for this evening.

I went down for a quick round this morning to find my girl from yesterday dead — another precious cannula lost — and the ward almost empty. I did my necessary clinical chores ...

This afternoon Jenny Leak, Aileen Monck and some of the orphan boys are to take some parcels to Brother Bernard's hospital. This is about five miles away and has about 1,000 beds, which should be an interesting contrast to our own. Several big parcels arrived from well-wishers in Australia a couple of weeks ago and addressed care of our Team. Aileen is a Catholic and Jenny a Methodist (I think, certainly Protestant). They have a high sense of social responsibility and have asked me to take them, so I jumped at the chance to extend my local experience. I must say that one or two of our number have been rather unimaginative in the way that they have confined their local experience to home, hospital, PX and Bien Hoa market. I am keen to see as much as I can. The others are vastly amused by my mania for counting and measuring, but at least I have a few facts to support my impressions.

Rick Roll is to take the mail by chopper, so I will write again tomorrow.

All my love,

Peter

Bien Hoa
6 Aug 67
R-68

I had more mail today than the rest of the team put together, spent a very interesting afternoon, and we have power — but not yet water — and my cup of happiness runneth over. Your three welcome parcels arrived safely ...

The kids' little illnesses must be irritating, and I hope that the advance of spring brings health all round. They are only trivial when you talk of them afterwards, but at the time they are distracting and often worrying, as well as keeping you house-bound. I am glad to hear they are back at school again. ...

After I finished this morning's letter to Rob [my elder son] for Rick Roll to take to Saigon with Jenny Leak and Olga Nicholls, I read until they returned, had a quick glance at the mail and set off for Ho Nai. If you look at the crude sketch map I sent, you will see the road from Bien Hoa to Long Binh, to which I often refer, as this is the road to 93 Evac and 946 Mobile Lab. By the new water tower in Bien Hoa the road forks left past the Air Base and then loops around through a rubber plantation, past a VC prison and through a long ribbon of churches to join the main highway from Saigon. In an earlier letter I referred to this as the only way we could take after our late arrival for the Change of Command ceremony at 44 Signals.

Today we took the VW bus, with me driving Olga, Aileen and Jenny, the two eldest orphans, and four large cartons posted from Australia. This road is truly the worst that I have yet driven over. Originally it was a narrow strip of bitumen, barely wide enough for one large truck. Now it is marked with huge pot-holes, like World War One shell-holes and, to make matters worse, the edge is in many places precipitously steep where heavy wheels have scored away the soft clay. Sometimes there would be drop of a foot to the unsavoury ooze below, and to leave the made surface risked a broken axle. At times not to do so risked being squashed, for there was heavy military traffic in both directions, much of it insistent and arrogantly urgent. For a time on the way over we had a clear passage, for we fell in behind a full-track personnel carrier, a vehicle like a small tank. I tried to cling to his stern, so as the traffic parted to make way for this juggernaut we could follow in his wake. This is the sort of vehicle responsible for the dreadful state of the roads. With its tank-like tracks it can pass indifferently over pot-holes and steep road margins. After a couple of shattering lurches, which vastly entertained the casually relaxed troops on board (numbering about five) we fell behind and left it pressing on at a steady 30 mph. I wonder if there has ever been a war like this, when soldiers go off to fight carrying transistor radios and cameras, and when there seems no topographic feature to indicate where the fighting is.

I discovered today that Ho Nai is in fact a vast refugee camp carved out of virgin jungle for people who escaped from the north in 1954. They mostly fled for their religion, which explains the enormous proliferation of substantial churches, many with dates like 1959 or 1961 and others still building. As driver I couldn't count them, but they must have numbered about 30 in the space of about 2½ miles. And this was all ribbon development along the edge of the road, with low regrowth of jungle or neglected rubber trees a hundred yard back. In one place, in a rather steep valley, there was a rash of tin roofs spreading back for perhaps half-a-mile, but elsewhere there often seemed barely a dozen houses to a church. Architectural styles varied greatly and were mostly pretty awful, with stark fronts or a huge globe mounted by a crude figure of Madonna and Child.

We passed through the inflated village [of Ho Nai] with an empty market — I suppose in this area religious pressure suppresses the commercial instincts of the most mercenary Vietnamese.

[After] a few hundred yards of luxuriously smooth riding on a stretch of the main highway we were there. We turned at a castellated tower that concealed a water tank and up a rather neglected drive to the office area of the hospital. It is conducted by the Order of St John of God, which has a general hospital in Perth (equivalent to our Calvary) and an orthopaedic hospital at Ballarat. The Australian Province conducts hospitals in India and this one is actually under the auspices of the Canadian Province of the Order.

The celebrated Brother Bernard is on leave and we met his Deputy, a mouse-like and jovial Canadian who has grown to look a bit like the Vietnamese because of his long association with them. He came down when the Order was expelled from Hanoi in 1954 and when the first building was set in provincial jungle, with tigers baying nearby at night. The government gives them some drugs, but no other help, although they are a world-wide order and have more secure lines of supply than the Leprosarium.

The habit is a rather attractive divided black soutane, which looks a bit like an *ao-dai* worn sideways, with a tiny little hood across the shoulders. Those at work had an identical garment in clinical white and all wore simple thongs. There seemed to be about three Canadian and eight Vietnamese Brothers, and a very cheerfully serene lot they seemed to be, secure in their simple faith and great achievement.

The hospital was less impressive than the Leprosarium, partly because grey concrete blocks and much lower pitched roofs were architecturally less striking. Another contrast was that it had a spacious and beautifully light and open chapel. The wards were tiled and spotless, with excellent simple beds and a tiny locker between each bed and its neighbour. There are 250 beds, and being Sunday the occupancy was low. The wards were spacious, even compared with the Leprosarium, and each had an altar to Virgin and Child at one end and a crucifix at the other. In a link between pairs of wards were a couple of 4-bed rooms, a little office and a treatment room. With the endless patience of people not in the press of the outside world they have painted exquisite labels on all the jars of drugs meticulously arranged in glass-fronted cabinets. The little offices had what we took to be thin bamboo curtains, but these were made of the discarded pistons of 2 ml syringes, painstakingly threaded like so many necklaces. It was the temperament that had produced the illuminated manuscripts of the Middle Ages.

They had wards for general medicine, TB, paediatrics and women (?gynaecology), but no obstetrics, for there is an obstetric hospital 500 metres away. We saw a curious nurse-training school for their eight trainees. This was in a building with a lot of little rooms, one furnished as we might a dining room, but with only four chairs. They had a skeleton, anatomical charts and models, a little library of hopelessly outdated books, and a tiny room with a bedstead in it to practice bed-making. The operating theatre was quite large, with a quaint scrub area that was a legacy from traditional French practice. Each sink had several Heath-Robinson arrangements of levers and wires which produced hot and cold water, liquid soap, and surgical spirit and emptied the washbasin. It looked vintage 1890 but in fact was less than ten years old. They had three operating sessions a week and deal with EN&T, eyes and plastic surgery (done by a Filipino). They showed us drawers full of artificial eyes, and in fact this place has become the national centre for this slightly grisly form of prosthetics. The medical staff consists of three visiting VN doctors and the Filipino, plus an American ophthalmologist from time to time.

On our way home we paused to photograph the refugee camp and one of the churches. All along the roads are disreputable shanties with signs saying Car-Wash. There is often a jeep or truck pulled up with children washing it down while the American troops lounge about. It seems to be a manifestation of the shoe-shine boy phenomenon extrapolated to military vehicles and represents an equivalent waste of effort. We passed one where they were solemnly hosing a tank, and this was a phenomenon that cried out to be photographed.

As I walked over to get the picture, I came past the neighbouring sleazy shack, where most of the soldiers had congregated. One came out with a bottle of beer and his arm round a girl's waist. He demanded that I take their picture, which I did. As I walked past I saw one of his companions at the back of the shed half-undressed and another sluttish girl coming out, casually doing up her brassiere, indifferent to the soldiers and children all about her. I must admit that not even in Vietnam did I expect to see such flagrant debauchery in broad daylight on a Sunday afternoon. No wonder drug-resistant VD is such a problem and the orphanage is bursting. The silly lads looked only in their early twenties.

We stopped briefly to snap the VC prison compound, sensitive to the sign saying "No Pictures" in both languages and a patrolling jeep with its 0.50 calibre machine gun. There is a double barbed-wire fence with a minefield between and long rows of huts for the inmates, who must number some thousands. It seems to be in an ideal place for a rescue, for it is surrounded by run-down rubber trees on one side and regenerating jungle elsewhere.

Not long ago the VC opened one of these prisons with a well-planned night action. While machine guns held down the sentries and shot out the flood lights, very accurate mortar fire blasted a way through the wire and exploded the mines. 1,800 men escaped into the jungle and none was recaptured.

We are all very proud of Rick Roll, who has been awarded a DFC and bar (or oak-leaf clusters as they call it) — both awards within a week. In the first action he was piloting his CO in a bubble actually smaller than the one that he takes us joy-riding in. A man was wounded and, under fire, Rick landed, strapped the man to his machine with available trouser belts and just managed to take off with the patient, a medic and the CO jammed into a machine designed to take two men only.

The second action was a week later. He was piloting a gun-ship — the commonest of the helicopters, with a 0.50 calibre machine gun on each side in the rear seat position and two more fired by the co-pilot forward. He made several runs to bring in ammunition and evacuate wounded from an area where a small force was pinned down by heavy fire. He is a pleasant and modest boy, who has not allowed this glamour to inflate his own sense of himself. I wish you could meet him, for he shows so well the cheerful, earnest and rather unimaginative attitude of so many of the Americans.

No water for 24 hours, no prospect of any tonight, and no rain all day for my bucket. I can smell myself and it isn't nice, so, like all the others, I hope to get away tomorrow morning for a swim at Train Base. Fortunately I have just enough for a shave and a bucket shower in the morning.

All my love,

Peter

PS I forgot to say that I missed Air Vice-Marshal Ky [VN President at the time and subsequently Vice-President, who later fled to Australia and USA] at the Hospital by a day — he came there electioneering.

Bien Hoa
7 Aug 67
R-67

[Discussion of possible yacht compasses]

... I am starting this letter during siesta and we have now been without water for 36 hours. This is not quite true, as enough came through to allow a couple of those on the other side to have a shower. Fortunately my lavatory flushed, as it was becoming rather smelly in the little bathroom. At the moment a big tanker is pumping some water into our old tank and this will be a help. The new tank does not have the right connections for the big tankers, and the supply from the town is delivered through a half-inch pipe with a ballcock that, set at maximum, delivers about as rapidly as to a sheep trough in a drought area. The lack of water and our impotent rage directed at the authorities are now our major topic of conversation. Phil left early for Saigon, so it was left to Graham Wilson [Team Leader] to see CORDS — whatever or whoever that is — and try to get something done. Just to add to the frustration we are having a short spell of fine and sunny weather, very hot and muggy with photogenic big fluffy white clouds, and no rain for the same period. So my bucket is empty and I can only wait philosophically for the level in the tank to reach the outlet pipe for our side of the building.

This morning was busy with the ward refilled after the weekend — 25 patients in the 21 cots. One is a family of four and the mother has brought the three siblings to add to the crowd. I had my busiest morning outpatient session yet — over 50 cases, many for the dressing clinic to follow, but lots of new ones as well.

One was a man with painless perforating ulcers of the feet and thickened ulnar nerves as large as pencils — another case for the Leprosarium. Another was a six-year-old girl with a lumbar kyphos — a bump protruding backwards where the spine should be concave. X-ray confirmed the clinical diagnosis of spinal tuberculosis, our second case since my arrival. There was a baby of one month with a hugely distended abdomen from intestinal obstruction — ?cause — and a man with a horrible carbuncle of the upper lip — surely fatal unless it responds to my emergency last ditch antibiotic, cephaloridine. Otherwise it was the usual collection of abscesses, fractures and obscure pains that might be anything.

The little shed that doubles as a dressing clinic and lecture room is slowly being converted to house the X-ray Department. Some American soldiers are building a wall between the X-ray room and dark room, for otherwise there would be no protection for the chap developing films in the dark room if somebody else were to be working in the other room. I noticed yesterday at Ho Nai that the radiographers there had no protection. As monks are celibate I don't suppose that matters very much, but one of our radiographers has nine children, and we don't want their successors to have double heads or some other horrid mutation, to say nothing of the real risk of leukaemia.

While the back of the building is being improved, the front is steadily deteriorating. During the clinic this morning another of the windows was wantonly broken by people pressing to watch me at work. This is the one over the examination couch, so as I listen to a patient's chest I have a couple of heads crammed in to watch from a distance of a foot. When I asked Mr Baa, the Head Nurse, to have this fixed, he laughed gaily and tried to explain his reason for not doing so. Presumably he thinks me a spoilsport.

One of the most frustrating aspects of dealing with these people is their habit of laughing gaily when they are rebuked. A baby came in dying of some encephalitic illness that could conceivably be cerebral malaria. I asked a nurse (via Mrs Dulan, the best interpreter) to run to the laboratory to get Hung to get a blood specimen. Ten minutes later I found her in the work room, gossiping

with the girls who make swabs and clean instruments. She had not been to the laboratory yet — she would go when she was ready, and anyway it wasn't a nurse's job to run messages like that — the mother should go. For the first time since I got here I really got angry, and, sentence by sentence, I took a strip off her that would have previously reduced nurses to tears. All that she did was to laugh gaily, say something facetious that Mrs Dulan would not translate, and flounce off on the original message. This is the sort of thing that gets us all down, especially the girls in the Recovery Ward. The little VN sluts stand and watch our girls cleaning up messes and mopping floors and will do little to help, and never anything on their own initiative.

The contrast to the two Church hospitals that we have seen is so striking that we have all cast about for reasons. It is far more than more spacious wards with tiled floors and walls, with neat and sensible beds. Dedication of key staff is clearly the vital thing, but we have a core of such people here. Hospital discipline is virtually non-existent here, and this is probably the basic deficiency. With that goes direction from above. The Fathers have set out to establish a new hospital from nothing. Fr Basset at the Leprosarium in particular has a very lucid sense of priorities — laundries, workshops and patient accommodation come before a chapel. Dr Tho and Dr Tuan run a broken-down hospital, drifting along with a turgidly viscous tempo. The place needs continuity and drive, just one key individual prepared to stay for a few years, learn to exploit FUTO and CORDS and USAID and MACV and all the other confusing agencies, urge the VN Ministry of Health, exclude all but one relative per patient, ruthlessly discharge long-stay patients in medical wards not having active treatment, and give the Surgical Teams the space, facilities and staff that they need. I can see just what is wanted and what a supreme challenge it would be — but don't worry! I shan't volunteer. All that I can do is to step up tempos in my own little area and plan for the welfare of my successor's successor.

... [A letter] from Nicholson [Medical Superintendent of Royal Adelaide Hospital]. The decision of the Minister is awaited on the Refractometer and presumably it will be favourable. I hope he makes up his mind pretty soon, as only today we had a man with burns and two desperately ill children (one was 4 weeks old) for whose management it would have been invaluable.

It is now evening and I have had a long shower. Graham's visit to CORDS this morning did more than Phil Nurcombe had accomplished since the Team arrived. A gang of VN plumbers is working overtime to run a pipe from the big downstairs tank to the street. The big water tankers can then pump 5,000 gallons per day into this tank, and we need only a few hours of power per day to get it from there to the roof.

When I resumed this letter at 6 pm the power was off, but now it is shakily restored. My incandescent desk lamp is flickering fitfully, the fan turns sluggishly, and there isn't enough to light the fluorescent strip that gives the main illumination. Tonight we have for dinner Mr Vann, the senior American civilian in the Region, the man whom our friend Rick Roll is personal pilot to. Like Elliot, the man I met at Long Xuyen, he is senior to all the soldiers except those to do with the actual fighting. He lives across the road in a house not quite as big as this, with a lovely garden, and I imagine his conditions are as congenial as possible in this place. We are all hoping for total blackout in the middle of dinner.

[For John Paul Vann see *A Bright Shining Lie*.]

Tomorrow night I shall be going to Saigon to be one of the Team representatives at the farewell to Dr Evans, Leader of the British Paediatric Unit at the Saigon Children's Hospital. It will probably be impossible to write from there, but I shall try to scribble a brief note tomorrow afternoon before we go.

All my love,

Peter

Bien Hoa
8 Aug 67
R-66

The dinner last night was a great success. Our guests were John Vann, Region Head Adviser (or some such title), Rudy Kaiser, who seems to be the Bien Hoa Principal Executive Officer, and Rick Roll, who assumed his usual deferential role in the presence of his superiors. He sat at the other table and did little things to help the girls, like cleaning away the dirty dishes. From the beginning I found myself with Rudy, and at the table he sat beside me, then Graham [Wilson, Team Leader], John Vann, Margaret Bolton, Phil Nurcombe, and John Quirk. Much of the time we just sat and listened to a monologue from John Vann, or plied him with questions to start him off again. In between Rudy and I held a discreet conversation, in which Rudy did all the talking.

The evening began on a domestic note that seemed like a visit from a fairy godfather. The new piping will be finished today, and we are then promised virtually unlimited and secure water supplies. A generator specifically for our building has arrived in Honor Smith Compound, and everything except the hot-water heaters (of which the building has 35) will be wired to it, including the 20 air-conditioners for the various rooms occupied by the Americans. So within a few days, if all these promises are kept, we should be relieved of our major domestic preoccupations. We are also to have a new kit of crockery and cutlery to restore our cracked and deficient service to adequate proportions. Upstairs green translucent sheeting is to be built out from the covered way from the stairs to the mess. This will allow us to resume the outside living and dining that the Team enjoyed before the rains came. So our comfortable and congenial living quarters should be still further improved before I leave.

Like most of the civilians working here these chaps are former army officers prematurely retired in their early forties. John Vann has children at home from 20 to 13 and seemed to be in his middle forties. Rudy is perhaps ten years older. John must have been one of the first Americans here, for he was sent from here to Malaya in 1957 to study the British campaign techniques there. Now he is of sufficient seniority that he had a personal interview with Secretary McNamara and the other key policy men when they were here recently. He spoke freely, frankly and possibly indiscreetly, and I shall try to relay his views and my own conclusions from them in a letter to your father that I shall try to write over siesta before we go to Saigon.

The other major news is that in our own store, of all places, I discovered a brand new bacteriological incubator. Hung, Chang and I carried it to the tiny laboratory, where it just fitted on an already crowded bench. Chang can prepare media once we can get some Petri dishes, and then bacteriology will be under way. If I can get this started before I go it will be an immense achievement, of which I could be justifiably proud...

All my love,

Peter

To my father-in-law, who served at the battle of El Alamein

Bien Hoa

8 Aug 67

I have delayed answering your very welcome letter until I had a better chance to assess the confusing military situation in this extraordinary war. I doubt if even General Westmoreland [US Commander, a 'political' general, who perpetually demanded more troops and resources] really knows what is going on. It is difficult not to feel that the massive American effort is not in some ways misconceived, and that they are striking their enemy tangentially rather than head-on at the same level, militarily speaking.

Last night I had a fascinating evening with the Region III civilian head, John Paul Vann, who is superior to all military personnel in all matters except those involving direct military action. His relationship to the generals is analogous to that between a politician and the soldiers, and he determines a great deal of the policy. Although he didn't say so, he must find this rather satisfying. Gossip has it that he left the Army prematurely as a Lieutenant-Colonel, and he was by-passed for his due promotion because of his outspoken criticisms of the way the war was being fought. He is a physically fit youthful-looking man, who must be in his middle forties, with a penetrating voice and a forthrightness of opinion that was stimulating, if somewhat indiscreet. I think that he must have been one of the original military advisers, for he mentioned having spent three weeks in Malaya in 1957 studying counter-insurgency. He was with a Ghurkha regiment, of whom he spoke in the highest possible terms. He said flatly that if the principles enunciated by the British had been sensibly applied to this country the VC could have been controlled years ago.

The history of this war is that it began against the French in 1946 when, with British, American and Nationalist Chinese support, an attempt was made to re-establish pre-war colonialism. In this country are two coherent minorities and an inchoate majority, which includes almost all the people in the inaccessible hamlets in the swamps and jungle. The minorities are the Church and the VC, and the majority are the Buddhists. Almost all positions of responsibility, including officers in the services of all grades, are held by urbanised French- or American-orientated high school- or university-trained people. In the ARVN army the gulf between an officer and his men is curiously analogous to that in Wellington's army, but without the rigid discipline and fire power. Furthermore, they are trapped by their French bureaucratic origins into an inordinate worship of paper and reports, which stifles initiative.

Finally there is the problem of the Asian temperament. A Briton may think of himself as bluff and honest; an American as frank and generous; but an Asian has quite different concepts. Firstly, he will always try to please, and when asked a question will produce the answer which he thinks the interlocutor will want to hear. Secondly, he cannot bear to lose face and to be humiliated by ignorance or deficiency. So he falls back on the casual lie, and is genuinely surprised and hurt when this produces anger and rejection. We see these facets of the Asian temperament in our interpreters, and they overshadow every relationship between the VN forces and the Americans. John Vann said that of the US civilian advisers about 35% can speak Vietnamese, and of the military about 15%. This means that, like us, most have to rely on interpreters, so an American adviser may say, in his typically blunt way, "You should put out a patrol tonight." His VN counterpart, not wanting to cause offence, will say, "Yes." The next day, after a humiliating attack, he may deny the obvious fact that there was no patrol, because to admit it would mean losing face. [I had equivalent problems with the Vietnamese nursing staff in Bien Hoa hospital, who sometimes lied under pressure.]

By 1954 the VC had defeated the French, employing against them the simple Maoist principles of diversion, civilian terrorism and classical guerrilla tactics. At this stage the US government, and in particular John Foster Dulles, accepted the concept that the VC were operating under pressure exerted by the Chinese. John Vann believes implicitly that the Chinese are aiming for the huge resources of Indonesia, where they have a large expatriate and presumably sympathetic population. He placed Indonesia third only to USA and USSR in potential, and he is certain that the Chinese have stayed out of the VN war only because of their own internal problems. There is certainly no doubt that arms and other equipment flow from China to Vietnam, but not yet men [as in Korea].

According to John Vann, the VC pretty well had the war won until they made a major error in 1965. Rudy Keiser, his companion, had remarked that the war was very much worse in 1963, when he came back as a civilian, than when he left in 1960, having then been a soldier. In 1960 he had been able to travel throughout his Province by road in one armed vehicle; today he needs a helicopter. At this point John Vann broke in to say that this in fact was the VC's big mistake. In 1965, feeling that the end was near, the VC stepped up their tempos. Platoon leaders were withdrawn to direct regiments, and they allowed themselves to be drawn into a futile conventional confrontation with orthodox American units, with heavy loss of men and morale.

John Vann is impressive because he speaks Vietnamese, and, as our young friend Rick Roll the chopper pilot can testify, being his personal pilot, he is constantly travelling about in the area. According to him [ie Vann] the VC taxes have risen from 5% to 30% or even 50%, and their recruiting problem is reaching the stage where they are conscripting 14-year-old boys and unmarried women. Their central command is also divided by the conflicting opinions of those who want to continue and those who want to abandon the present accelerated mode of campaign. [Events soon showed that the former prevailed.]

So the South VN and American forces have a great opportunity, which they are failing to exploit, and he was very depressing about the prospect of the war ever ending in our favour. On the Government side there is the problem of the French-trained urban-orientated administrators and army officers, who have no knowledge of or sympathy with the needs of the rural areas, nor any desire to achieve this. Furthermore, perhaps 80% of the wealth is in the hands of the Chinese, whose ultimate loyalties are doubtful, and who have even less sympathy for the needs of the peasants. Under a shrewd Vietnamese law Americans cannot own land in this country, and all their property has to be leased. A five-storey block of living quarters is being built not far from here. The ground rent for a five-year term (before a brick is laid) is US \$1,000,000, after which the building reverts to its Chinese owner. No wonder the Chinese are paying illicit VC taxes, for nobody has a greater vested interest in the indefinite perpetuation of the war.

Still quoting John Vann, the Americans have made three major mistakes. The first was to match the VC build-up with their own, trying to use conventionally trained foreign troops to fight against highly skilled guerrillas in a hostile or at best indifferent country. If the South VN forces had been unable to sustain this threat with US-supplied arms and training, the country should have been allowed to let go and the Americans should have fallen back on Thailand.

The second American mistake, accepting the decision to hold Vietnam, was not to assume direction of the country. He readily accepted my suggestion that they should practice old-fashioned Palmerston-style gunboat diplomacy, using their huge military resources to dictate policy on their own terms. Instead they have committed themselves to the futile and frustrating role of advisers. They don't even control their own stores, so that goods deposited in VN warehouses cannot be released because of the national instinct to hoard — the utmost antithesis of calculated obsolescence and the consumer economy.

At the purely military level the Americans are trapped in much the same way. Fire orders are given by the Vietnamese and, with the problems of language and contrasting national temperaments, joint action is very difficult. He said flatly and very indiscreetly that certain races just need to be led, and cited the average American negro and Vietnamese as examples. He said that the British-officered native regiments in India were the model that his country should follow, and, in a hesitant way, they are starting to do so — he thinks too little and too late. He cited the example of the ARVN engineer corps, which has a total US adviser establishment of one major, two junior officers, three NCOs and one enlisted man. Is it a wonder that the Vietnamese can't properly use or maintain the heavy road-building equipment supplied by the Americans?

The third, and major, mistake lay in the choice of weapons and fighting techniques. In the countryside the only secure areas are the Catholic hamlets and villages. Here all the people have security tasks, including the children. If the VC enter the area the curé will know within minutes, and the entire population will unite in defence. But in the Buddhist areas there is no such communal discipline. A Catholic village can be defended by a platoon; a Buddhist one is insecure with a regiment. The villagers and city folk have no sympathy with each other, and hence there is no cooperation to notify the troops of hostile forces in the area, especially if terrorist pressures have been applied. A Protestant himself, John Vann had nothing but high praise for the success of the Catholic Church in this country, and he feels that America has a high responsibility to sustain their efforts.

He feels that American troops should be reserved for conventional VC attacks of the kind occurring in the north. These suit well American temperamental interests in warfare and the types of weapons that they use. Otherwise Americans should be reserved for local garrison duties in their own areas, as instructors and officers in ARVN units, the latter being solely for dedicated volunteers, and following closely the principles developed by the British in dealing with native races. As it is, the American effort is incredibly extravagant in men and matériel in terms of the results obtained. Furthermore, it is essentially defensive, being restricted by the need to identify hostile forces as such before undertaking action.

Individual US soldiers carry carbines — automatic rifles — 0.45" pistols, machine guns, grenades and grenade launchers. They wear steel helmets and many have loose "bullet-proof" jackets, which resemble the bulky lifejackets worn by water-skiers, and which must be hot, heavy and uncomfortable. They travel by truck, jeep, and wheeled or fully-tracked personnel carriers. These resemble armoured cars and tanks, carry one or two cannon, 0.45" machine guns, and at the most could transport 15 men at 30 mph. Most seem to have 8–10. In this area, because of the terrain and with total air superiority, many are carried by chopper. Two major types seem to be used — the giant Chinooks, which must be able to take 30 or 40 men and possibly more, and gun-ships. These have four 0.45" machine guns, grenades and up to about eight men. [A topical joke was that the Big Chinooks could carry 60 VN troops into combat and cram in 80 to bring them out.]

Once an area is thought to be hostile, the techniques available are defoliation and remote and direct attack. Defoliation is by aerial spraying — very dangerous work and very expensive in chemicals. Remote attacks are mounted by jet fighters and bombers with cannon, tracer, rockets, napalm and phosphorus — two of the most horrible weapons ever used in warfare and with dubiously justifiable added return over conventional weapons. Mortars and artillery are directed by spotter planes. The confusing terrain and misinterpreted map references have led to some terrible tragedies, involving ARVN and US troops and civilians. The VC are great tunnelers and bunker constructors, and gas is used in attempts (usually partially successful) to dislodge them.

[Ever since the Italian invasion of Ethiopia in 1935, delivery of poisonous gas by all means, including by air, has been banned by international convention, whether a state of war has been declared — which it never was in Vietnam — or not. Presumably the Americans ignored this and

very likely the USA never signed the necessary protocols, which would have required Senate confirmation, I think with a two-thirds majority. Lack of this in 1919 excluded USA from the League of Nations, with devastating results in international diplomacy and politics.]

The VC's weapons are assorted rifles and machine guns, grenades, mortars, Russian rockets and devastating recoil-less rifles, which are descendants of wartime bazookas. Both sides use mines, especially the horrible claymore, which scatters heavy pieces of metal over a wide area. The Americans introduced and the VC have adopted the tumbling bullet, which has a far more shattering effect than conventional ones.

Both sides use torture of prisoners to obtain information and intimidation of apparently uninvolved peasants. The VC use mutilation and murder with often horrible effects, but we have seen none of this in our area. [Other Americans in separate conversations alleged that a favourite VC intimidation was castration of SVN village leaders, to ensure that the people changed their loyalty.] The Americans use destruction of houses, livestock and crops, but indignantly deny personal intimidation. [ie of the peasantry; captured VC was another matter.] They cannot deny such practices by ARVN troops, whom they accompany. Twice I have now seen heavily armed ARVN troops leaving the local air-base in Red Cross trucks, a foolish and flagrant violation of the Geneva [?Hague] Conventions.

By day ARVN and US forces in this area can usually hold and often defeat the VC, whose fighting efficiency has fallen off steadily as their recruiting and supply problems have accelerated. At night the VC hold a clear initiative. American compounds are wired and floodlit, but there are still the risks of mortar and rocket attacks from adjacent jungle, and there are also booby traps. Because of the foolish fiction of acting as advisers, the Americans invariably have large numbers of VN Personnel working and living in their compounds. Vietnamese do the domestic work, staff the PX stores, undertake labouring tasks, and usually have troops billeted in the same areas, with their families, bars, shops and schools. Close security is impossible, but vehicles are inspected and Vietnamese civilians are searched as they come and go.

Anticipating a takeover, the VC usually spare essential installations and content themselves with indicating their potential power. For example, they may mount a trivial charge on a bridge or explode a command-detonated mine in the midst of a convoy, then melt away before they can be detected. Curfews are declared at night, so that any vessel on the river not identified as a fixed fisherman will be fired on. The Americans make a brave attempt to control even the darkness with searchlights, flood lights and flares.

In inactive areas like ours, towns and major roads are quite safe by day. Curiously enough, the VC have not used personal violence on isolated US soldiers. The place would lend itself ideally to the sniper with a rifle with a silencer and telescopic sight, but American troops have really had very little of the intimidation used against the British in Palestine and Cyprus. They do not permit either troops or civilians to have any dependants, and the chaps who marry Vietnamese girls have to send them to USA. [Not always, as I did a home visit to see a sick child, the offspring of such a union, the father being an American officer based at Bien Hoa, not in a combat role. Vann had two children by his Vietnamese mistress, with whom he lived quite openly across the road from our building. His wife and legitimate children were at home in the United States.]

[See Neil Sheehan, 1989. *A Bright Shining Lie*. Picador (UK edition) ISBN 0 330 31304 5. This combines a biography of JP Vann with an explanation of his key significance in the war in Vietnam, together with a history of that conflict in 860 pages. Neil Sheehan was a correspondent in Vietnam for United Press International and *The New York Times*. His most notable achievement was to organise publication of *The Pentagon Papers* by Daniel Ellsberg, which exposed the moral corruption of the Nixon Administration and was a key factor in instigating the

Watergate inquiry and the forced resignation of Nixon. Neil Sheehan won several Pulitzer Prizes for non-fiction.]

Even in areas like Long Xuyen, which have been “pacified” for years and where there are very few troops, either ARVN or US, close security is essential. Vehicles can only be parked in the town in defined patrolled areas. Just before we were there a grenade was discovered under the seat of a jeep left in one of those places. Travel by night is forbidden outside the central town area, and also on country roads on Sundays, when the VC collect taxes. There are many experimental farms with a big staff of civilian agricultural experts, and it is known that the VC collect agricultural taxes from them, although it is a long time since any American was openly molested on one. Hearing this sort of thing, it is impossible not to feel that the VC have only to wait patiently until political pressures in America produce a US withdrawal, and simple takeover is then inevitable.

It is totally impossible to find out what the Vietnamese think of all this. They wouldn't tell us their real feelings, even if we were tactless enough to ask. They would feel obliged to give us the answer that they would feel we wanted to hear. They go on with their daily lives, barely sparing a glance for passing helicopters or tanks. They have had this way of life for so long that I can only believe that they regard personal involvement as we do road accidents — horrible things happen all the time, but always to other people. It is as hard to expect VN pressure to end the war as to expect mass pressure from Australian people for safer cars and roads. The war is a way of life, economically and socially; it is of great benefit to the country as a whole. The longer the Americans stay the course, the more they will pour money into telephone systems, new buildings, graft for those with influence, and civil aid like our own small effort.

As for the Americans, it is difficult not to respect and admire them. The blatant but not ostentatious display of wealth and military might is almost overwhelming at times. Flying back from Long Xuyen we deviated to avoid a rainstorm and passed over uninterrupted military installations, vehicle parks and dumps that must have stretched for not less than five miles square. And this is only one of many, many similar concentrations in this country, Thailand and stretching back to Guam, Okinawa and Japan.

Their demeanour is impressive; behind their easy manner is firm discipline and acceptance of their responsibilities, faced with the prospect of an interminable war, and the best to look forward to an uneasy stalemate with policed division on Korean lines. I am very impressed by their high morale. At all levels they are almost always cheerful and obliging, and, as I have repeatedly said in letters home, their unstinted generosity is overwhelming and often quite moving.

I came here with vaguely anti-American sentiments, and I must say that I cannot condone the use of napalm and phosphorus. In the mass the effect [of the Americans] is often unprepossessing, and at times the national image is garish and unattractive. Nevertheless, I am utterly convinced of the necessity for Australia to strengthen in every possible way the American alliance, as without them I don't see how we can survive as a nation.

It has been a fascinating experience to come here, especially as our easy social contacts have given us such a good insight into this American Army. The time, I think, is about right, although I could have accomplished much more at the hospital if the term had been six months. I am also very aware of the fact that my absence has thrown a great and rather unfair strain upon Jenny. I am terribly grateful to all those who have helped her in running home, children, boat and her golf as well as tackling the business and other things that I usually do. To me the life here is now quite a normal state of affairs, and I don't feel any sense of involvement in personal danger. Even so she must have times when she must worry about my safety, and I can assure you that I take no risks.

In a recent letter she mentioned that your father has been ill. I do hope that this was temporary and trivial, although at his age no illness can be dismissed as trivial. I hope that you are both well and that [your wine] business is booming. I look forward very much to seeing you all in a mere 65 days.

Warmest regards,

Peter

Bien Hoa
9 Aug 67
R-67

The party was quite interesting and I'm glad I went, although I rather got stuck with a few people and didn't have much time to circulate. Doug Townsend went to Saigon yesterday morning to lecture and stayed all day. Jo Griffin went with Lieng [our official driver] to get mail and she had her hair done. For a mere 200P (AUS\$1.60) the girls get a session lasting an hour, with manicure, facial shampoo and prolonged scalp massage that may go on for twenty minutes or more. Jo has hair very like yours and always falls asleep, to the vast entertainment of the Vietnamese. John Quirk, Beth Harvey and I drove in together to find the Aid House totally booked out, and some risk of an extra turning up. (Fortunately he didn't, as I shall relate later.)

Long Xuyen was represented by their general practitioner, Iain MacMillan, originally from Glasgow, who shared a room with me. He started and ended very dour and inhibited, but relaxed greatly after taking fair quantities of his native brew. Vung Tau sent their Leader (who didn't go to the party), the lab technician — a tall, attractive and rather gay lass called Diana Wright, trained in Cambridge, then Canada, then Sydney — and their physician, Peter Miles. He is a tense little man, separated from his wife, and planning to stay indefinitely in SE Asia. He described himself as having had 27 jobs, a pure clinician with no taste for laboratory medicine, and he has unfeigned admiration for Albert Conomy [the senior physician in the Repatriation system, based at RGH (Concord).] Both professionally and temperamentally we are poles apart, and I got on well with him by having as little to do with him as possible.

The party was at the home of the British surgeon, Mr Partridge ... and was to farewell Dr Philip Evans, departing Leader of the English paediatric team. The English contingent come for a year, have their wives, children and nannies, and even have their cars brought out by their benevolent government.. I met several Australians, including a girl from Melbourne, whom I felt you would have taken to at once. She came from Brighton, and it's a small world. John Blyth used to take her out when she was at school, and Helen Blyth was her best friend. [We met John and Dorothy Blyth on the ship returning from England in 1959 and have been friends ever since.]

For those with children the big worry is schooling. The so-called International School teaches in French and is very poor, with no discipline, chaotically mixed classes, and the children learn nothing. The best VN French school changes to teaching in Vietnamese next week. Correspondence classes from Australia are hated by the children, who have only a small group of friends to play with and soon grow lonely and bored.

For a long time I talked to Mrs Border, the Australian Ambassador's wife, who has four children from nine to three, and who has great charm. She reminded me of Mrs Ian Wood [wife of the Head of the Clinical Research Unit at Royal Melbourne Hospital] in her unfailing ability to recall names and conversational associations. She is a very good representative of her country, and in a quiet and unassuming way so is her husband. Their last post was Burma, and they are not enjoying this one, being frantically busy; they have no commissary privileges [ie access to the American PX stores] and a pretty restricted social circle.

There was nothing to drink but spirits and coke, and several of our number did garrulously well, but there were no embarrassments. The invitation said 6:30 to 8:30 and meant what it said; by 9 o'clock we were almost the last to leave. We all returned to the house to kick on with Foster's lager — an unusual treat for us — Johnny Walker, crab and oysters. In what is now my very temperate mode I had had only three whiskies at the party. A can of the unusually strong Australian beer soon had me nodding. So I stole away to bed, leaving the others to kick on until the small hours. I felt a bit of a damp blanket, but I can't twist or Charleston, and in fact there were five males for four females, so my withdrawal was quite tactful.

This morning I woke to find a coldly furious Iain and to discover that others have administrative troubles also. He had come with the Long Xuyen Administrator, a personable but ineffective and callow young man called Richard Papworth. Richard had been sent by Hal Stanistreet expressly to do some urgent commissary shopping, for at Long Xuyen there is no PX and supplies are often disjointed. On arrival yesterday he blithely said to Iain that he was off to see a friend at Vung Tau for the day, expected to be back to sleep, and if not could Iain take his things to the airport. In packing the bag Iain found the Commissary orders unopened. In his indignation and not I think deliberately he left Richard's shaving gear behind, which I discovered just after he had been driven out. As Iain said, in any business or industrial enterprise this sort of conduct would soon have a man dismissed, but here we seem powerless to do a thing. The post of Administrator is a key one in any team, and none of us at present has a good one. Maturity and efficiency are essential, and it would be a good job for a chap recently retired from one of the services.

Diana decided to come to Bien Hoa for the morning to see our hospital and laboratory. A somewhat subdued little group drove there, as one or two — to use a favourite Vietnamese expression — were very tired. We got back by 1000 and I landed into the middle of a very busy day, which ended pretty late. A little boy of six with a compound fracture of radius and ulna flung a temperature yesterday of 40°C (about 104°F). He became delirious, singing boy scout marching songs, which convulsed Mrs Hai with mirth. Today his fever was unabated, and my treatment with antibiotics and antimalarials was obviously ineffective. So the plaster was taken off, and we were able to press Diana into service (since Hung and his wife had gone to lunch) to prove the clinical suspicion of gas gangrene. Tonight, after 20 million units of penicillin and antiserum, he is vastly improved, but I reproach myself for not having had a surgeon look at him yesterday. [I recall a child having an arm amputated for gas gangrene, but I don't know if it was this one.]

Tuan got me to see a man in the private ward who had been unconscious for three days. Eventually I did a technically very difficult lumbar puncture before an audience of about twenty, including a dog. After lunch I had a heavy OP clinic, and then Tuan picked me up to see cases together until well past 5 pm. One was a woman with the human equivalent of milk fever — hypocalcaemic tetany in a woman who had a baby about three months ago and who was secreting copious quantities of milk. All their bread is white and hence could block calcium absorption. They drink no milk, eat very few eggs and must have a diet gravely deficient in calcium. We have no calcium tablets and the pharmacy was closed, so tomorrow I shall give her a trial IV infusion.

I have written a mammoth letter to your father, trying to convey all that I have so far gleaned of the military situation here. I am sure that he will pass it on to you for the collection. It is not available for publication. I heard tonight, by the way, that John Vann (whom I quote liberally in it) receives a salary higher than that of General Westmoreland. [US Commander-in-Chief in Vietnam]

For the third day there were only three or four letters for the whole team, but again I scored. ... [Long discussion on Jenny's impending trip to Queensland with the three elder children and her aunt in my little Morris 1100, a pretty new vehicle at the time, together with an *ao-dai* that I was arranging to be made for her.]

Now I am flogged and I'm off to bed.

All my love,

Peter

Bien Hoa
10 Aug 67
R-64

A very busy morning, an interesting and rewarding afternoon, and then much frustration — that sums up the day. I got away early and I was glad that I did, for I never stopped for a moment. My ward round was disjointed because of calls away to Surgery to see sick patients there. For some reason we have had almost no war injuries for several days — only one yesterday. She was a woman who was planting rice in a paddy field when she was shot by a helicopter. The bullet passed through her chest and caused abdominal injuries calling for laparotomy and colostomy. She was quite philosophical about it, and told Sergeant [a popular interpreter] that she supposed it was a mistake and they thought she was somebody else.

The outpatient clinics have built up considerably over the last few weeks, and it is an unusual day that I am not held up for an hour or more. Then a quick lumbar puncture on a young woman with bizarre behaviour, probably psychiatrically induced, but with a fever and a stiff neck. In contrast to yesterday this went smoothly and the cerebrospinal fluid was clear. At this stage, before I could get back to the children, I was collared by Tuan and taken from ward to ward to see new and old cases. The man that I did the lumbar puncture on yesterday was still alive, in fact a little lighter, and to do them credit they had actually taken blood pressures every 15 minutes all night. He is some sort of a VIP, for a host of people have gathered around and some quite ostentatious cars have deposited elegant visitors to see him. His wife is very distressed and spends much of her time crying.

The woman with tetany was made a lot worse by intravenous calcium, which I could only explain in terms of a very rare condition depressing blood magnesium. Tom Allen says that these cases are not rare and respond to Vitamin B, although I have never heard of this as a feature of beri-beri and she has no other stigmata. So we gave her some and will await events.

Next it was to the male medical ward to see a wasted young diabetic of 27. They had given him insulin (? which preparation) in a dose of 40 units per day, because 1 cc seemed a simple sort of dose, then they stopped. [There were no insulin syringes, so we administered this and similar drugs by trying to guess where the piston of the syringe stopped opposite the gradations of the barrel.] To test urine meant sending a sample to the laboratory, so this required a trek to the dispensary and a climb up the ladder to search for Clinitest tablets that I knew I had seen somewhere, but the nun couldn't remember them. Then back with Aileen Monck and Quoc, the pleasant and intelligent young dental student interpreter, and a very funny scene indoctrinating the ward sister (a woman about 50) into the mysteries of urine testing. The patient was given a test tube and told to put a few drops of urine in it. He obliged cheerfully — good measure, pressed down and running over. Next Quoc had to go back to the Surgical Suite to get some water, for there is none in the male medical ward (43 beds). Everybody, including stray children, watched the show and chattered with excitement as the tablet fizzed and turned from blue through green and yellow to gratifying shade of orange. The sister was still a little dubious about repeating the performance in every specimen, but Quoc translated the destructions [yachting word for instructions] into Vietnamese and she promised to start a urine chart.

[This sequence produced a tragic outcome, of which I was ashamed at the time and when I now recall the sequence of events. The young man was an unstable Type One diabetic requiring close monitoring, preferably by the patient himself rather than relying on the nurses. I went to see him over the weekend and discovered that the nurses had compiled a meticulous chart of urine-testing results, all in advance. I was a furious at the irresponsibility this showed and made the devastating mistake of saying so very forcefully to the ward sister in front of her giggling nurses. Thereby she catastrophically lost face, which I did not appreciate until a couple of days later when they told

me that the patient had unexpectedly died. I believed at the time that he was deliberately overdosed with insulin to remove such a cause of trouble and embarrassment. Only later did I fully comprehend that my tactless actions almost certainly precipitated this.]

Back to the children at last, only to be interrupted by Gene Edynak [US Green Beret medical officer, the soldiers being Vietnamese and Cambodians with American officers, as discussed with John Vann]. He wants me to do a bone marrow on one of his soldiers with pancytopenia (depression of all blood-forming elements), probably drug-induced — chloramphenicol best bet [popular antibiotic of the day, withdrawn because of high risk of depression of bone marrow] — but he might be a leukaemia. Then Tuan again, this time with a pleasant young man with oedema and massive albuminuria, on whom I plan to do a renal biopsy next week.

Another go at the children, only to find great drama. Five children from the same family had eaten a toad. I can't think why, because they are revolting-looking creatures, but then Vietnamese have many funny tastes. All five had profuse vomiting and diarrhoea. The whole ward gathered around to see and to discuss it all. I couldn't think of anything to do, much to Miss Nga's disappointment. The poor little soul had to dash off to borrow a dictionary in order to explain what it was all about, and I think she expected five drips or at least some injections of camphor. Finally there was a difficult cut-down on a little boy needing a transfusion, and I was very glad to escape for lunch. By the way, the boy with the gas gangrene is doing well, but they had to amputate his arm above the elbow this afternoon.

After lunch, Phil Nurcombe [the Administrator] and I, plus Lieng the driver, picked up Hung and Chang [the Korean] from the laboratory and set off for Saigon. They deposited us at the Pasteur Institute and I set out to explore. Pasteur is the only European name left in the city, and the Institute is an impressive place. It has a well-cared for garden, with botanical names on all the trees in Latin and Vietnamese, and consists of three large three-storeyed buildings set in a broad open square.

We wandered from one to another looking for the celebrated Colonel Dangerfield, Head of the American unit located there. Eventually we were directed right through the Institute and across the road behind and parallel with the Pasteur Institute. Colonel Dangerfield, whose work and writings on and from this Unit are known even to me, finished his appointment two weeks ago, but we met his successor Colonel Jones and the principal bacteriologist, Colonel Hudson. Heaven knows what they thought of an earnest young Australian in shorts and long socks; an inarticulate Vietnamese technician — for Hung wilts under pressure — and a relaxed grinning Korean with ambitions clearly beyond his means. At any rate they were interested and charming, and only too eager to help. The set-up is unique in that they are administratively part of Walter Reed Hospital, the celebrated major US Army hospital near Washington, and not under USARV at all. Their work is wholly epidemiological, concentrating on plague, dysentery and malaria, and they cannot help us with some of our major needs, especially media for TB and antibiotic sensitivity disks. But they will introduce me to Dr Ai, the VN Head of Institut Pasteur, and he should be able to help. After all, the garden has a bust of its former Director, Calmette, who was the C of BCG, and this was one of the first places where the vaccine was tested. [BCG vaccination of non-sensitised school children, nurses and medical students was virtually universal at that time. Jenny and I had both had it.]

While waiting for Phil Nurcombe, Hung took us into his old training school, a tiny little building tucked unobtrusively inside the gate. As I understood him, this is the only place in South VN where laboratory technicians can train. He was in a class of 25, but since then the numbers have doubled. The course lasts two years. There are two little rooms, about 40 ft x 18 ft, one for haematology and one for biochemistry. The latter is pathetic, with one old colorimeter that could have been used by Calmette himself. (He died in 1933.) There is no gas, no flame photometer,

and no modern electrical equipment of even the simplest kind. Chang was clearly appalled, for he has been very well trained and misses the technical facilities to which he was accustomed. Chang was in a class of 90 in only one of several training institutes in Seoul, a city smaller than Saigon — a simple contrast in French and American colonialism. He said that there is a surplus of such people in Korea, and even a surplus of doctors, although that seems hard to believe.

Chatting together we discovered that they had both been sergeants during their compulsory military service and that each wanted to go to the university but had no money. Chang has personality, ability and initiative and would be an asset anywhere, but Hung is too inhibited and not I think very intelligent. They seem to have become great friends, which is lucky for Chang, who doesn't see much of the other five members of his Korean team. They have two doctors, but I can't quite work out what they do; perhaps it is village dispensary visiting.

From there we went to the Australian Embassy, situated on the seventh floor of the celebrated Caravelle Hotel. I took advantage of the opportunity to talk to Mr Corkery, the man through whom our requests must pass. He was pleasant enough to chat to, although not a very prepossessing chap. Then came a frightening drive through heavy traffic to get to AFPO1 before it closed. Mail was not in, a long wait, and a corporal came out to say that none would be coming. Phil then directed us to Phan Thanh Gian (the Aid House) to look for a parcel of drugs for me which the Vung Tau people had seen in their bus. No luck, so off to USAID and a half-hour wait while Phil got tickets for Doug and me to go to Nha Trang for the weekend.

We set off for home at 6 pm with poor Hung looking very blue, for his wife would have been waiting all that time for him to take her home. We had to wait over half an hour at the one-way bridges over the Dong Nai River [which flows through Bien Hoa on its way to the Saigon River] and I didn't get home until 7 pm. We have had only a trickle of mail all this week and we wonder if there has been a postal strike after all. The drugs were here, having been sent from Saigon by an Australian Army truck.

The weekend is going to be complicated. Our plane leaves Ton Sanh Nut (Saigon Airport) at 0630 on Saturday and we return there at 1800 on Sunday. This means that we will spend tomorrow and Sunday evening at the Aid House, and it is not at all clear how or when we will be collected on Monday morning, especially as I want to see Colonel Hudson to pick up his first batch of gifts. It also means that my letters to you may be delayed. ...

All my love,

Peter

Phanh Thanh Gian
Saigon
11 Aug 67

I will give this letter to Michael Parker, who will post it in Melbourne on Sunday and you should have it on Monday, the last one before you set off [to drive to Brisbane with the three elder children and Jenny's aunt. It was postmarked Melbourne 14 Aug 1967.] This morning was punctuated by what has become a familiar chore of showing visitors around. They were five Americans from Massachusetts General Hospital, and as I had only twenty minutes it didn't take long. They were very pleasant chaps, who asked shrewd and practical questions, and were obviously active clinicians. As we got to the Labour Ward we were just in time to see a pupil midwife do a delivery. The woman lay on her back on a gynae table with her feet in low stirrups, making faces but no noise. There was no fuss about pubic shave [mandatory in the Australian obstetrics of the day], linen or hand-washing, but just a gentle easing of the perineum with the fingers until the head popped out. "What, no episiotomy?" remarked one of the Americans.

[We very much took ourselves for granted, with our casual and uninvited access and not being introduced to staff or patients. No interpreter went with us. There was no sign of relatives to support the woman in labour, and this seemed to be one area from which they were excluded. After delivery the women were promptly taken elsewhere. I think there were five delivery tables, and often two or three were in use simultaneously. The midwives did everything, unless complications required them to call a Vietnamese doctor. The Chief Midwife was a prodigious spitter of red betel juice, which bespattered the floor when she missed the open window.

[Our surgeons undertook Caesarean sections from time to time, and in this way I saw my sole case of neonatal tetanus from neglect of cord hygiene by the Vietnamese nurses after delivery. The baby died very quickly, in spite of Tom Allen's determined attempt to sustain it by relaxants and ventilation. I wrote a paper on induced paralysis and ventilation in treating tetanus when I was at Royal Melbourne Hospital in 1955. For several years I saw every adult case in Adelaide, but there were never many of them.]

... Hal Stanistreet and George Gunter arrived [from Long Xuyen] for lunch, and we showed them around before I did a brief OP clinic. For some reason the surgeons have been unnaturally slack lately, with a sudden dearth of war casualties and not much elective surgery turning up either. We are all frightened to refer to it, for it must be the calm before a storm. The elections are sure to make us busy. Last year there were 34 deaths in Saigon alone on election day, not counting the campaign.

Then Doug and I got away for Nha Trang, which is apparently very pleasant and is on the coast something like 170 miles from here. We have brought the most serviceable Landrover, with the intention of leaving it at Ton Sanh Nut (the airport for Saigon) until we return, hoping that somebody might steal it. Then the Embassy or USAID would be forced to do something about our vehicles. To use Captain Cook's phrase, the Holden is under a repair. With a quote for AU\$450 for a vehicle that has done 48,000 km (about the same mileage as my Morris 1100) the Embassy has had to approach Canberra for permission to proceed.

I drove, and a tediously slow journey it was. We missed the bridges and had a long wait in drizzly rain, much pestered by small children trying to sell us native fruits and delicacies. Traffic was heavy on the main highway, with one long convoy of troops after another racing past us in the opposite direction. The road surface is excellent, with four lanes separated by faded double lines (two in each direction that is). It is forbidden to pass a vehicle on its right, but, as slow trucks often dominate the centre lane, everybody does so. There are VN and US MP patrols, and we keep a lookout for them, but I must say that I hate having to pursue a sinuous course — passing on the wrong side, cutting in, then swinging across to the opposite lane for a brief spurt. This part

of the journey takes about twenty minutes and is the nearest approach to straight driving in top gear we ever get. You may wonder why we don't just chug along quietly in the slow lane, but this reduces you to the speed of the slowest motor scooter, below comfortably slow top-gear cruising speed.

Once into Saigon we struck heavy rush-hour traffic and progress was slow. The road in leads straight to Phan Thanh Gian [the Rest House], but it is a one-way street and we have to go for about two miles along a parallel road and one-way in the opposite direction to reach a giant roundabout, and in this way sneak into this road only a few yards from this house. To reach the long one-way street we have to turn right into a narrow two-way street for a few hundred yards, and here we struck trouble. We were caught just as the lights changed, and a giant yellow RMK-BRJ Personnel Carrier came in on our left. RMK-BRJ is a giant US-dominated building combine, the biggest employer of civilians in the country. The personnel carriers have a giant prime mover, followed by a simple bus-like semitrailer — I have never seen anything bigger — and when crowded with Vietnamese they must have several hundred passengers in their two decks. Might is right and he proceeded to cut right across our bows, so that the side of the trailer would have crushed our car, including me in the driving seat. I couldn't go back, and if I tried to turn right there was a US MP jeep jammed against my starboard side, with two big MPs ready to argue vigorously with anybody moving on to them. While Doug Townsend pleaded urgently with them and they reluctantly reversed to give us room and I stood ineffectually on the horn, a little crowd of pedestrians gathered to see the fun. The Landrovers have an appallingly bad lock, and eventually he cleared us by about three inches as he went roaring away. As we followed we found ourselves impacted in a dense traffic jam, with many policemen ahead and a great crowd gathered. As we crawled by we passed a VN body on the road with much blood and a huge empty semitrailer stationary, presumably the culprit.

Saigon has been transformed by the impending election. Along the long straight streets the trees stand about sixty feet high and twenty or thirty feet apart. Every tree (and I mean just that) has at least one political poster, and many have several, and they are plastered on every wall. Between the trees are stretched streamers and banners carrying political slogans. There are eleven pairs of candidates for President and Vice-President, not counting several hundred potential senators. The posters are all uniform, black on white, and are about 4 ft x 3 ft. They have pictures of the candidates and of their symbols. These are things like a star (a replica of the one on US aircraft), a spray of rice, a torch, a bullock, a rifle crossed with a plough, and so on. [The image of the torch was that held aloft by the Statue of Liberty in New York Harbor.]

Beneath this is a statement of policy and a vote-for-us plug. We see people stopping to read them, but most of our English-speaking VN friends say that not much interest is being taken really — politics is for Saigon. It has certainly been a good time to be here, providing we don't meet any demonstrative action. I would not be surprised if there were to be a political coup, but none of the previous ones have made much difference since the anti-Diem revolution. This caused much damage and loss of life. The Hotel Caravelle was shelled and the Australian Embassy was hit, but fortunately none of the staff were there.

Rudy Keiser, the chap who accompanied John Vann to dinner, told us a good story, which is presumably true. A US general telephoned to demand urgent support from his political adviser. He had two VN divisions quartered within his command. One of their generals came to him to say that there was to be a revolution and he was to move his division to Saigon to occupy the northern approaches to the city. He was also to put the other divisional general (his superior) under house arrest. While he was there the other general telephoned to say that there was a plot to overthrow the government and he wanted the American division to occupy the perimeter of his junior's cantonment, as he suspected that he was involved.

“Now,” said the American general, “You are my political adviser. Tell me what to do.”

Rudy rang Air Vice-Marshal Ky [the current SVN president] — or somebody close to him — and was told that the talk of a coup was all part of a scheme on the part of one of the generals to have himself transferred to Saigon. They did nothing and nothing happened.

We had a pleasant dinner here and intend to have an early night. The permanent resident engineer, Ralph Pennington, who is organising the building of the Bien Hoa water tower, at times is moody and querulous, so that the chutney, for instance, is marked “RP — personal use only.” He has usually been pleasant to me, and tonight we had quite an animated conversation about sailing, of which he knows little, but speaks with authority. I tactfully didn’t contradict.

Michael Parker, who I think has hated every possible aspect of his time at Long Xuyen, is quite gay at the prospect of departure. His successor, a chap called Bennett from the Fairfield [Infectious Diseases] Hospital, seems keen enough. He is very anxious to visit us and see the Leprosarium and has several times quizzed us about the mechanics involved. Ralph, who has been here for several years, has taken him out to see the town. I was almost tempted to go with them, but I have very little money and I wasn’t sure what they might get up to.

Now I am off to bed, for we have to be up at 5 am ...

All my love,

Peter

Nha Trang
12 Aug 67

The day began early, has been interesting, pleasant and tiring, and is not yet over. Doug Townsend and I set out to go to bed early, but we started to chat about Adelaide medical gossip, and before we knew where we were it was 0100. It seemed that we were no sooner asleep than the alarm rang. In pitch darkness and to the noise of never-ending traffic we dressed and shaved. [probably the other way round] There was virtually no water, so no shower. As arranged last night, the VN maid appeared exactly at 0530 with orange juice, eggs, sausages & coffee, and at 0545 we set off for Ton Sonh Nhuit. [Two crossings out before getting this right, being the name of the Saigon airport, abbreviated to TSN.]

It was quite dark, but the traffic was as heavy as at noon, including children setting off for school. At one intersection we were caught in a bad traffic jam created by heavy trucks laden with sand charging through in convoy regardless of anything else. When at last we wedged our way through, Doug (who was driving) slipped into the wrong road, and we had to make a U-turn and edge into the right one. Dawn comes as abruptly as sunset, and it was almost light as we reached TSN, fortunately hitting Air America terminal exactly at 0625. Straight to the plane, and we took off as timed at 0630.

The plane was a DC-3 with a completely bare fuselage and uncongenially primitive pipe-berth bunks running fore-and-aft, so that we sat with our backs to the tiny windows. As we travelled above the clouds we saw very little and spent the time amicably chatting shop. At 0830 we had a glimpse of steep mountains covered in jungle, then arced over this lovely bay and we were down. If you remember my first box of slides there was one shot of the north coast of the Malayan Peninsula showing a couple of steep islands off a narrow bay. This place is similar, and is the most beautiful and restful spot we have yet seen. It is surrounded by high steep mountains, cutting off a narrow coastal strip with a broad bay. Offshore is one large steep island about 4–5 miles away, a bit like Boston Island [at Port Lincoln], 1,500 feet tall and densely wooded. As well are smaller ones to the north, which show the famous China Sea mist. This is exactly as described and illustrated in the classical pen and silk [Chinese] paintings. The top of the island is etched clear and distinct, but at sea level it disappears into deep mist. Tomorrow I hope to capture the impression on film. The weather was clear and still, with a glaring sun in a cloudless sky. The town is beautifully laid out in classical French style, with straight and narrow tree-lined streets (including vivid red jacarandas — poincianas according to the Queenslanders) and a glorious foreshore boulevard with big villas and mansions set in large gardens. One is Region II Headquarters and it has gum trees in its garden — very nostalgic.

A bus took us to OCO (Office of Civilian Organisations) and we booked our return and signed a form for a car to Guest House 2. Here we met Harry Nicholas, who had to send us back to OCO for a room order, which was cheerfully provided by a grinning VN clerk with the extreme thumbnail that marks a civil servant from a manual labourer. Harry is an Army officer in ARA [Australian Regular Army] and goes home tomorrow. He introduced us to his successor Ted Rawlinson, a schoolteacher from Warwick, and Bill Adams from Brisbane. Harry and Ted are like characters out of *They're a Weird Mob*, and it was very refreshing to hear Strine after several weeks of pure American. Harry wore shorts and a singlet over a large paunch, and Ted looks as though he is setting out to emulate him. They have set up and are running a technical school for the Vietnamese which we would have seen this afternoon had we not slept for so long. Bill is tall and quiet, almost as hairless as a Vietnamese, and good-naturedly allows himself to be imposed on by the others.

Our room is small but adequate for a couple of beds, a tiny air-conditioner (which is British, the only 250 volt thing I have seen here) and a dirty little lavatory with a French shower on a hook

and no hot water. There is nowhere to sit except on your bed, no lounge or mess and all meals are taken out, so it would pall after a year. Security is a problem here, so we locked our room and walked to the beach for a swim. The sand is coarse and the lovely long beach is quite narrow, like a Sydney beach with no surf. It shelves abruptly into clear green water with a strong north-setting current, and the water is not as salty or buoyant as at home, presumably from all the rivers discharging nearby. A group of laughing naked boys played around us, very attractive had it not been that they were out to steal our towels and thongs. Some older lads had masks and a spear gun but no flippers or snorkels. The way they were playing they had a good chance of spearing one of their number.

We walked home and had a shower and joined the other three as they drove to collect their mail, sitting on low stools in the back of a Holden utility. The Air Base here is small and tidy compared with Bien Hoa, with many Koreans but no Vietnamese in sight for once. A couple of RAAF Caribous arrived, the second with the promised three letters, and we set off for the PX. This was well-stocked, with many items we had not seen before, and we browsed for a little while. I spent US\$9.75 on something to bring home for Katherine, which I know she will like, but I am not saying what.

Then to a big pleasant MACV compound with a small PX, again with unfamiliar items, and an excellent turkey lunch for 65 cents. Then home to sleep, which Doug is still doing (1700) Tonight we go out to dinner to celebrate Harry's departure and the boys have promised to look after us tomorrow. I shall finish this then.

Phanh Thanh Gian [Saigon Rest House]
Sunday

The dinner was at the Air Base Officers' Mess. Because of curfew everything starts early here and we were only just in time at 1830. A surprisingly good floor-show followed, with a Philippino [*sic*] girl singer and three males — drummer and two guitarists. Denis Smith, a very pleasant young American, who had been a Democrat Party man and had vaguely known President Kennedy, produced lots of beer and a couple of bottles of pink American champagne to farewell Harry. We had a long and amicable discussion on the never-ending topic of what to do about the war, which I am too tired now to recapitulate, but I may try to do so in a day or so.

This morning we drove to MACV for breakfast at 0800. While Harry packed Doug and I took the Holden to the elegant boulevard to get some photographs. Then we rested and drank a can of beer before a good steak lunch. This was followed by three hours on the beach, which was glorious. This time we went to the enclosure wired off for US troops about ¼ mile long and separate from the Koreans. Harry and especially Ted (who was shot down in Korea) hate the Koreans, whom they describe as even worse than the Vietnamese. Again I shall try to convey their attitudes on another occasion.

At the beach was a mobile bar in a bus, where we got icy cold coke, changing rooms and showers, life guards sitting up in little boxes and attractive wooden shelters roofed with dried banana leaves. We swam, sat and chatted, swam again to a floating raft a hundred yards off-shore and watched the town sewage drifting by in the strong current. In contrast to the morning, there was a strong fresh sea breeze of 15 knots, and the Koreans had a couple of open sailing boats — very envy-inducing. It was a wonderfully relaxing way to spend a day and now I am pleasantly tingling with sunburn. All about us the Americans loafed or showed off or swam industriously with mask and snorkel and flippers. Generally they are physically fit, with excellent teeth, and I have seen very few who are obese. There are many negros and what I take to be Puerto Ricans, but there is no colour friction. Harry had left Ted with us and came back at 1700 to collect us for the plane.

We had checked our booking this morning and we are glad we did, for 37 people tried to board a plane with 25 seats. Two girls got on illicitly and were decanted in favour of two young men. As we took off I tried to get a few snaps of this beautiful place — what a tragedy the war prevents simple tourism. The little group of islands has wonderfully sheltered coves and beaches, and with the backdrop of mountains the place is very lovely. We returned to Ton Sanh Nui at 2000 and came here, to find a chicken dinner kept hot for us. Hal Stanistreet is here with Noel Bennet, Michael Parker's successor, and we have had a long chat about the patterns of disease here.

One wonderful thrill was no less than six letters — from you ... and Mr Shard [South Australian Minister of Health]. I can have the refractometer, providing I return it when I leave. Still at least that is something and I shall write a dutiful note of thanks.

Now to bed. I am sending this to Sydney, and I hope you have a good trip.

All my love,

Peter

[Very sadly I found that my film had not engaged on the sprocket in the camera and all my pictures of Nha Trang had to remain a visual memory, which is still vivid.]

Bien Hoa
14 Aug 67
R-60

Back home again, tingling with sunburn, especially the top of my head, which has inadequate natural protection and I have no hat. While we were away we missed a bit of excitement, when there was a night action across the river. They were woken by mortar and machine gun fire and saw lots of parachute flares and tracers. Sure enough, they had 21 cases yesterday, fortunately none of them serious.

Doug Townsend and I were up early and off to Free World to post last night's letters. From there to Institut Pasteur, where Colonel Hunter and his chief technician, a colored Master Sergeant called Jones, loaded us with cartons of bacteriological gear. Doug drove at a hectic pace up the Highway, at one stage making me nervous with a frantic passage in the wrong lane past a long convoy of heavy gravel trucks all going at about 50 mph. He pushed the tired old Landrover to the limit, leaving me wondering whether some part would fail or we would be edged off the sealed surface and capsized into a ditch. Doug doesn't like the usual road across the two bridges and brought us in through Long Binh, the road that I often take to 946 Mobile Lab at 93 Evac Hospital. This has been closed to all US military traffic while the surface is being blosphorised [slang yachting term for cleaning very thoroughly], and we had a uniquely easy passage through all the bad sections.

I was at the hospital by 1015, only two hours late, and was caught up in a busy morning that will go on after this siesta period to a full afternoon. After handing over all the new gear to an excited Chang and Hung I tackled a big OP clinic, thinned a little by those who had drifted away with the long delay. Then several new cases in the ward, no time for my usual paper work, as the surgeons wanted cases seen, and by then it was lunch time.

George Gunter the plastic surgeon has come back for another week, and he has taken over one theatre completely. This has caused a major bottleneck, and the foyer (14 ft 6 in square) was completely jammed with stretchers all the morning. We could walk from side to side only by actually treading on the stretchers, and when one rocked under my foot I had a violent lurch and just missed a nasty fall. This would have brought me down across a drip stand clamped to the edge of an adjacent one with a patient who had his leg drawn out in traction, and I could have had a bad tumble. Fortunately the very smallness of the room saved me, for I was able to grab a wall to support myself.

I enclose one small thing for your interest. A few months ago a boy of ten was involved in some sort of explosion. He had bad head injuries, from which he made a complete recovery neurologically. But he was left with a horrible longitudinal scar looking as though somebody had tried to cleave him in half with an axe, and a big bone defect allowing a wide area of brain to pulsate just beneath the skin. Today his mother brought in a sequestrum [a dead piece of bone sloughed off by chronic inflammation] of cranial bone from his chronic osteomyelitis, wrapped in a piece of paper covered in Vietnamese writing. I don't particularly want to keep it.

Phil Nurcombe the Administrator had an unsightly depressed scar right in the centre of his forehead, marking ill-advised application of a radium plaque in infancy to treat a birth mark. It was the first thing that you noticed about him and was truly a major cosmetic handicap. When George Gunter was here last time he said confidentially that it would be easy to abolish the scar. So Jo Griffin, who gets on best with Phil of all of us, tentatively suggested it to him, only to be abruptly rebuked and told to mind her own business. He must have thought the matter over, and today is walking about with a large elastoplast over the site and with a noticeable lifting of mood. He has a very major personality problem, to which this has no doubt contributed, and it will be interesting to see if removal of the blemish affects him one way or another.

The afternoon turned into something worse than the morning. As I got out of the car at 1430 there was Mrs Hai to take me to an obviously dying baby of 11/12 with classical signs of lobar consolidation at the base of one lung. Long Xuyen claims good results in treating these with intravenous penicillin, so I did a tedious and difficult cut-down, only to have the baby die a few minutes later. The mother could not be made to understand that the baby was dead, and at 5 pm was still sitting beside the little body fanning it as these people constantly do to the patients. We tried all three of the interpreters on duty, including Quoc the sensitive and intelligent dental student, but although she could clearly comprehend what they said, she could not accept it — that is, there was no trouble with dialects or anything like that. The nurses and interpreters stood around her, laughing and giggling together at her stupidity, while she sat silent and fanned on.

I am sure that we miss a lot of the psychiatric problems of our patients through inability to communicate. Involitional melancholia certainly occurs here, and I have had two gratifying successes in the female medical ward from amitryptiline. [one of the first antidepressants, then a new drug] One in particular was very impressive. [She was] an apathetic, neglected, retarded old woman not benefited by the usual solucamphor [injections of camphor, a universal remedy for everything] and Vitamin B12. [She was] given amitryptiline 25 mg bd [a very low dose]. For a few days she complained of somnolence, then her mood lifted. Now she is bright and active, grooms herself as well as peasant women ever do, and looks years younger. She refuses to be discharged, and every time I go into the ward she presses her hands together and bows in the traditional attitude of gratitude.

Denis Smith, the American we met at Nha Trang, must be about 33 and says he has a master's degree in sociology. In 1960 and 1962 he was a full-time employee of the Democratic Party in Boston, and he must have worked very hard in house-to-house canvassing, arranging functions, and helping to raise funds. He met John Kennedy seven or eight times, the longest and closest contact being when he drove the Kennedy family (after he became President) from Boston to Cape Cod — and none of them spoke more than a few monosyllables. [Presumably this was before the inauguration in January 1961, as afterwards the Kennedys would have had Secret Service personnel with them at all times.] He had more to do with Robert — whom he regards as a pure political opportunist, more intelligent than John, but without his charismatic appeal and aura of youthful idealism. He had also seen something of Edward, the youngest Kennedy yet in Congress.

At first sight Denis seemed casual and probably dissipated. He is a tall, lean and prematurely balding fellow, very foul-mouthed and cynical, but with a buoyant effervescent enthusiasm which I am sure would have appealed to [your brother] Bobby. While we were sleeping on Saturday afternoon Denis and Ted Rawlinson were drinking whisky and shooting dice with Jack Pettit (who lost \$20). So they came well-prepared to the dinner, which, like those in all the US messes that I have yet seen, was dry. We adjourned upstairs to the bar for the floor show, to which I referred in yesterday's letter. We sat about drinking canned beer — Schliff's, the beer that made Milwaukee famous — brewed and canned in California. The girl had an excellent voice, loud but not strident, the others a good beat, and she threw in some very good simple slapstick. She also brought the audience in by singing, *Michael, row the boat ashore*, and passing the microphone under somebody's nose for the "Hallelujah!" Then she dragged out one man after another to dance a twist with her, and some were suitably clumsy and embarrassed — as I would have been — and others revelled in it as [a friend] might have done. Denis grew very excited and noisy at this stage, and I think that he was hoping to be called up, but we were right at the back, and if she saw him she ignored him.

The floor show ended abruptly at 9 pm when she suddenly broke into *God Bless America* and the whole audience leaped up to attention and joined in. At this stage Denis suddenly produced two bottles of pink champagne (Cook's — California and unimpressive) and it looked as though we

were in for a heavy evening. The room by this time was thinning out and only a few people were left — Bill Adams, a Presbyterian teetotaler looking bored and lonely in a corner — and a few steady soakers perched on stools at the bar.

It all began with Denis producing a superb parody of JFK's Berlin speech ["Ich bin ein Berliner"] and he talked freely of his political career. He is now in Nha Trang as a civilian, in charge of all refugee camps in the area, apparently on a huge salary, and Harry Nicholas feels sure that he is really an agent of the CIA — the obscure monolithic para-Governmental agency which arranged the overthrow of Diem, is not answerable to Congress, and is said by its detractors to be the most powerful single organisation in the USA, including the FBI and the Security Service. Denis discreetly failed to answer my innocent question about who paid his salary by starting to talk about the war.

First he began on the incredible cost of it all — \$38,000 per second, he says, and I can well believe it. Then, at first in a hyperbolic fashion and later with deadly earnestness, he produced the philosophy of the Hawks — those who would resolve this and similar conflicts by the flagrant use of American power. I had quoted Canning's remark that all of Swedish Pomerania was not worth the bones of a dead British grenadier and thinking of Rick's two friends killed flying choppers. To Denis this was the text for a sermon, and in striking contrast to his earlier cynical and foul-mouthed demeanour, he developed a coldly analytical argument. He started from Dulles' concept of declaring to advancing Communist insurgency, "Thus far and no further." Everybody can see now that the choice of Vietnam was a mistake and that the best that could possibly be hoped for in this country would be partition on Korean lines. Denis feels — and I must say I agree — that the fiction of America supporting and advising a nominally independent Saigon government has gone on long enough to demonstrate its futility. The only two courses open to USA are to withdraw or take over. Withdrawal could be to start the whole process again in Thailand; or else isolationist withdrawal to Fortress America, which the need to control raw materials would be an economically foolhardy thing to do. The other problem is the huge capital military investment in the country. Nha Trang five years ago had a small airstrip that could take nothing much bigger than a DC-3; two years ago there were only two airfields in the country for jets. Now Nha Trang has jet runways, the hills are scarred by missile sites, and work is beginning on a deep-sea port to avoid the need to use lighters. [This was at Camh Ran Bay (Da Nang), not Nha Trang.] Yet with all this our side controls only a small coastal strip and the VC hold the surrounding hills.

There is no question that the VC in the south receive men and supplies from the north and that they are also subject to overall strategic direction. After all the VC are Vietnamese, and they have retained their background of many centuries of bureaucracy. The stories of captured documents are quite true — several of our friends have seen them — and they include returns of stores and casualties, battle plans, situation and action reports and all the apparatus of an elaborate paper war. Denis said flatly that an atom bomb on Hanoi would soon bring the VC to heel. He would drop the first one nearby, just so that Ho Chi Minh got the message, and follow with more if the ultimatum were ignored. He would go on to attack China if there were threat of intervention, feeling confident that Russia would not dare to face a showdown on a Russo–American atomic interchange. Denis would ignore international public opinion and expel the UN from New York. No country other than Russia could afford to stand up to USA, and action of this kind in Vietnam would be a salutary precedent for any other nation in conflict with US international policy.

This all came out with icy logic, lucidly expressed and forcibly conveyed, with no sign of the flippant horseplay we had seen earlier. This is the philosophy of the Hawks, those who would use a 20th century variant of Palmerston's gunboat diplomacy or revive the jingoist actions of Teddy Roosevelt in Manila Bay in 1898. They are opposed by the Doves, who preach sweet reasonableness — influence by education and civil aid and military intervention only when otherwise unavoidable. If the philosophy of the Hawks prevails, the short-term effects on this war

would be decisive. What is not so easy to see is the effect on long-term policy and future analogous situations, especially in South America. Anyway I found it all very interesting, like the similar monologue from John Vann that I described in the letter to your father.

As we drove back to the Guest House the bay was alive with lights and was indescribably beautiful. There were dozens of junks or sampans — I am vague as to the distinction — fishing for shrimps or other small fry. They have huge square nets on a frame, and when they are lowered they light a pressure lamp to attract the fish. It all looked wonderfully peaceful, and yet between the fishermen and the Korean LSTs pulled up to the beach passed an unseen naval patrol. Only a month ago, on a night like this, a tanker was rocked by an underwater explosion, which flooded the engine room but didn't quite sink her. This was attributed to one of the fishing boats exploiting local knowledge of currents and tides to send down a floating mine.

This is a very lovely country and the restrictions of war are very frustrating. As Doug said, with the Holden and a free morning we could have got up to the hills for a change of air and vegetation and to see the scene from above. As it is, this would possibly be fatal, and even the photogenic fishing village a mile or two beyond the point is unsafe and off-limits. With all their resources the Americans can hold only a tiny area in this Province, and perhaps Denis is right — the only prospect of success is to present Uncle Ho with an inescapable ultimatum.

Tonight you must all be getting excited about your trip, and I do hope that it is mechanically and domestically trouble-free.

All my love,

Peter

[The enclosure is a note in which an introspective Vietnamese patient listed his dyspeptic symptoms. Scanned as 'VN list of symptoms'. I don't know what happened to the sequestrum.]

Bien Hoa
15 Aug 67
R-59

Last night, after I finished my letter to you, I started one to RAH [Royal Adelaide Hospital] to thank them for the refractometer. It was about 2200, raining steadily, but still sticky and I had nothing on but underpants. At this stage Graham Wilson [Team Leader] put his head in and said that more blood was needed and could not wait until morning — would I go to Long Binh to get some? He had never actually been there himself and I was the only one available who knew where to go. I can't say that I was very keen, for the road has been closed to military traffic and would not be patrolled at night. Quite apart from the possibility of being shot at or touching off a mine — the cause of some of the really big potholes — the major hazard is running down an unlit vehicle or pedestrian. If this happened there was scant prospect of support from any English-speaking person before daylight. Graham must have appreciated my initial reluctance, but he insisted that I go — and made no attempt to suggest that he accompany me.

Fortunately the Volkswagen was there — the only watertight vehicle and the one with the least military silhouette. So, after dressing, fastening on my green Phãũc Đạiloì (Australian) badge and grabbing my ID card, off I went. [This is only an approximation of the Vietnamese accent symbols, because I do not have a Vietnamese font. A yellow kangaroo was prominent and people often responded to it with beaming smiles. I have scanned it. I would also have taken my stethoscope, without which I never ventured abroad. It was an immediate symbol that I was a Bac-Si (physician, in the American sense).] It is always an eerie experience to drive here at night, speeding along virtually deserted roads that by day are jammed with people and vehicles, knowing that you are under scrutiny by many armed men of both sides. Traffic was light, with a few cyclists and pedestrians and an occasional Lambretta bus or truck. Once a jeep passed me going in the opposite direction at maximum speed. Perhaps this was an MP patrol, for general consensus of opinion is that travel at night should be as fast as possible, not stopping for anything.

With the rain, especially when oncoming lights glared at me, visibility was bad. There are huge potholes and in many places the edges are unsafe, so I did not dare exceed 25–30 mph, and often that was too fast as we lurched and crashed along. No wonder these vehicles so quickly rattle to pieces when they are constantly subjected to this sort of thing. To add to the unreality of the whole experience there were frequent flashes of lightning, but with the noise of the journey I heard no thunder. The worst single stretch is the village of Vinh Cũũ just short of the main highway, where the road is always a bog. Here I was reduced to walking pace, and I must say I was glad to be through.

Once on the Highway I found steady military traffic, nothing like daylight but still more than I expected. A few weeks ago two MPs on patrol were murdered a few kilometres towards Saigon, and we had been told that all night transport was banned. The scene was brighter here, for the rain had temporarily lightened and not far away parachute magnesium flares were slowly falling, leaving irregular short columns of smoke. The perimeter of 93 Evac Hospital was easily identified by the red lights on the big chopper pad, and an aerial ambulance arrived as I drove up to the gate.

By day going in is a matter of a quick pause and a wave to the guard, but now I was dazzled by a strong spotlight and called on to give name, destination and business. At the 946 Mobile Laboratory two of my technician friends were on night duty, setting up for blood gases, which had been called for on one of the patients unloaded from the chopper that I had seen arriving. Half an hour previously he would have been in action. In their usual cheery relaxed way they made me welcome and we packed 20 units of blood into the big Coolite box that they supply and packed it with ice.

On the return journey I took the wrong lane into Vinh Cuu and evoked a piercing whistle from the MP guards in their sandbagged little post. I stopped and called an apology and was waved on in silence. I don't know whether they were US or ARVN, but I always stop at the call of a man with a loaded gun. In the time that I had been away both traffic and rain had lightened considerably, and I rocked home at the greatest safe speed — about 25–30 mph. I had only one nasty moment, just before reaching Bien Hoa. I very nearly ran down a couple on a motor cycle, the rear light being obscured by the woman's raincoat. Fortunately I saw the beam of the headlight shining on the falling rain drops and braked desperately only a few feet before impact. I found Doug Townsend chasing a bullet in a VN abdomen while Rod White plastered a broken arm in the same patient and Rick Roll the helicopter pilot looked on. Doug had called for more blood because he expected really major injuries, but fortunately they were not there, so in retrospect the whole journey could have waited until today.

Today has been a half-holiday for the Feast of the Assumption. There are many such holidays in this country, with people of both religions exploiting each other's high days and holy days. An ornamental gate has been built at the church, and as we drove to the hospital we were held up by a religious procession. This emerged at a quick walk, first a Cross, then religious banners, a statue of Our Lady and a big collection of friars and priests. Finally came the schoolchildren, many holding white lilies. The little ones had to run to keep up as the head of the procession turned around the roundabout and set off in the direction of the market. The smallest children were cut off by the eager press of traffic, including ourselves, and stood forlornly at the kerb, clutching their lilies. Many buildings have been decorated with Vietnamese flags (yellow with three horizontal red stripes) and blue and white horizontal flags (like one of the international code flags) which must represent Catholic affiliation.

The morning was busy, knowing we would have no staff this afternoon. After tidying up the ward and dealing with outpatients, I went with Tuan to see some problem cases. The unconscious VIP had died on the way to Saigon, where his relatives had taken him in search of a cure. I think I told you of the circus of trying to teach VN nurses how to use Clinitest to test urine for sugar. Well I went back today to find they hadn't done it once, and had lost the instructions so painstakingly translated by Quoc. I was furious and told Tuan that the patient — an emaciated young man of 27 — would die without insulin and that I would refuse to help with his management unless a urine chart were kept. He took a great strip off the VN nurses, who really cringed and showed neither the giggling nor the sulking that I had previously seen on similar occasions.

I had rather looked forward to this afternoon, for I had wanted to do some photography in the main street and perhaps shop a little for souvenirs and small gifts. Well Graham asked if I would take him to 946 Mobile Lab, where he had never been, and I could hardly refuse. We went to the hospital first, where all the wards were deserted by the nursing staff and the Surgical Suite for once was empty. We spent 20 minutes doing nothing in particular, until Graham decided he could go, during which Tom Allen [anaesthetist] and I manhandled a big oxygen cylinder into the jeep, for we needed a replacement. As we were about to go a man turned up for a herniorrhaphy, which Rod White [orthopaedic surgeon, somewhat out of his territory] offered to do, and we got away at last.

I drove and Graham chatted away about his cases, outlining what he had done and what he plans to do and why, this being virtually his sole topic of conversation. At 946 Mobile Jim Scherer made us very welcome, and Graham met 3 of his 4 junior officers (all medical graduates I think). We invited them to dinner next Tuesday, and then made our way to the surgical unit to collect the oxygen. Then we introduced ourselves to the duty surgeon, a young captain training in orthopaedics, and the duty theatre nurse — they don't use our term sister.

The hospital has 500 beds, aims for an occupancy of about 60% and not to keep any man more than 5 days. As well as American servicemen they treat VN and Cambodian mercenaries, and give initial treatment to VN civilians brought to them and who are too sick to move to us. They have 8 surgeons and 4 trainees and have two operating rooms, each with four tables. Because of staff shortages and problems with supply of surgical materials, they rarely work more than four tables at once. They average 500–600 cases per month (we do just over 500) and have almost every facility that you could ask for in a major hospital anywhere. I saw an excellent little cardiac monitor and a separate pacemaker, image intensifier [for heightening quality of X-rays, then only slowly coming into general use in Australian teaching hospitals] and a big battery of diagnostic equipment, including gastroscopes and cystoscopes. [Flexible fiber-optic equipment had not long arrived, and I don't know whether the gastroscopes were rigid or flexible. I had a lot of experience in rigid gastroscopy, but I never did learn how to use the exciting new flexible instruments. By then I had gone on to other things.] They accept patients from all over Region III, rarely more than 150 km away, and maximum flying time about an hour from being wounded, including the time to summon and load the chopper. Their greatest influx in the last few months has been 70 cases, who in fact came all together at the end of what had been a slack day.

After a brief call at the Pharmacy to scrounge a few drugs, Graham took the wheel and drove back to the Air Base PX. Towards Bien Hoa we met heavy rain, which is beastly in the jeep, for there is no protection from the side and the body leaks muddy water on our socks and shoes. I guarded the things in the car while Graham left a film to be developed. There are two gates into the Air Base, a military one — which we can use in the jeep, for it has a Region III sticker — and the civilian one. Through the latter runs the road straight back to the hospital, along which I had my little accident. (By the way I have still heard nothing further about this.) Graham turned the other way, and with the stubbornness in small things that marks the temperament of one indecisive in big things, he rejected my suggestion that we take the other road. So we went an extra couple of miles, including a slow crawl along the main street, to reach the hospital.

Here we found only one patient, a man with a pulping injury to his thumb from an accident while mending a Lambretta, with an anxious, pretty and very pregnant wife. It would only take ten minutes — would I mind waiting? Actually there seemed a lot of dithery things to do, and just as we were about to go he decided to put a plaster on the thumb, and that took a while, for we had to hunt for a bowl to soak the plaster in. I thought we really were off, but, no, Graham had forgotten to add a note about the plaster. As we drove out there was a sudden pause as he remembered a woman with swollen toes that he needed to check. So my afternoon off ended at 6 pm, and the sole consolation was finding your letters of 9 & 10 August.

... I wrote to Albert Conomy [senior Repatriation physician] about the Repat Team on 5 July. Albert has never replied, but I had today a letter from the Chief Director, rejecting my offer of compiling a report for the Team going to Vung Tau. They are in close touch with officers of the Department of External Affairs and Commonwealth Department of Health and need nothing further. ...

Drive carefully,

All my love,

Peter

[Graham Wilson was a warm and generous-hearted man, but a dithering and insecure surgeon, not particularly good with his hands — a great contrast to Doug Townsend, who was firm and decisive, with good surgical technique. Doug was coming to the end of a six-month appointment and showing signs of burn-out. Rod White the orthopaedic surgeon was quite outstanding. He was always cheerful, considerate and a very warm doctor to the patients and their families. He

meticulously recorded what he had done and what his treatment plans were, so that another surgeon could carry on. Rod was an engaging companion off duty, and I can speak of him only in the highest terms. I treasure his memory, as I am sure do all who worked with him. Tom Allen was a bit of a loner, with strong ideas on many topics, including the justification for the Vietnam conflict. To my embarrassment that evening I came into the mess while he was berating poor Graham in front of the others for risking me in demanding the journey for blood, which should have waited for daylight. I refused to comment, which I think upset Graham, who probably thought my silence was disloyal.]

Bien Ho
16 Aug 67
R-58

We had two incredible near misses today. The first was at 4 am, when a man was brought in with an abdominal GSW (gunshot wound). A bullet entered his abdomen and exited a few millimetres from the anus, entered again in the bulge of the buttock, missed the femur and all adjacent vessels and nerves, and finally left through a ragged wound in the leg. No major damage was done to anything, which seems anatomically almost impossible.

The second case came just after lunch and I missed seeing it. A girl of 18 was involved in an accident with a Lambretta bus. One of the beams that supports the canopy transfixes her, entering at the neck and passing right down under the skin of the arm to exit just above the wrist. The total length of timber was about five feet, and it measures about 2 in x 1 in. The amount protruding at the neck was so long that some had to be sawn off before she could be brought up the narrow passage to the foyer. Although she did a lot of damage to skin and muscle, no bones were broken and nothing vital was injured, although she narrowly missed impaling the trachea. This must have been the sort of injury produced by wooden splinters in Nelson's day, and it was one of the most exotic any of us have seen. It has been a bad day for car accidents, and I have collected a six year-old with a fractured pelvis and another lad with a [fractured] femur. I also have a severe polio (or had, for I sent her to Saigon) and a nice little boy who was inoculated by the school health service a week ago and now has a complete right hemiplegia and aphasia, which came on abruptly last night. I can only guess at the pathology — acute demyelination perhaps — and I don't even know what the injection was or whether it had anything to do with it.

On the way to work this morning we stopped to photograph an unusually ornate funeral, complete with police escort. As well as the usual hearse there were two more, each consisting of an ornate gilded and painted framework on the body of a truck or bus. Wailing and suitable music came from a house where they were parked, and I wondered if this could have been for our VIP who died in coma a couple of days ago. By chance, we later saw the empty hearse returning past the hospital, laden with the bicycles of the mourners, who clung rather insecurely to it and grinned and waved as they went by.

One of the other teams had a registrar of whom some good stories are told. He apparently had the commercial instincts and racial background of a character in one of [a friend's] jokes from Flinders Lane. [The centre of the Australian rag-trade] On departing, for instance, he emptied the contents out of a dozen litre bottles of normal saline. He carefully refilled them all with Gordon's gin from PX sources and sent the lot home per RAAF Richmond (freight free) as intravenous fluids. On a visit to Saigon he prepared himself by taking antibiotics for 3 days. Then, true to his racial background, he went bargaining to find the best buy. He came home boasting that the average girl started at 1,000 P [piastres] and settled for 350 or 400, but he had found one prepared to accept 150. The chap sharing his room, who had heard this boast in the lounge downstairs, later described his reaction when he found that she had managed to take his wallet, with several hundred dollars and his ID card. At Nha Trang we heard another story about Sam. He failed to appear after a Saturday dinner at MACV until they were woken at 2 am by his importunate demands to be let in. He claimed that, due to language troubles and his compulsive bargaining, he had finished with two girls for the price of one. He couldn't bear not to get his money's worth, and leaped from one to the other until he could do no more. On Sunday, said Harry Nicholas, his big belly shaking with laughter at the recollection, Sam was too exhausted to move all the morning. He spent the afternoon at the beach as we did, and lay sleeping in the sun for the whole time. This gave him a bad attack of sunburn, which his unsympathetic colleagues would not allow him to use as an excuse to take time off work.

No mail for anybody today, but as I have scored so well in the last day or so, I can't complain. ...

I am starting to tackle some necessary correspondence to drug firms to thank them for supplies of drugs, etc. I enclose a few photographs that may interest you.

All my love,

Peter

Bien Hoa
17 Aug 67
R-51

It's late and I'm tired, angry and frustrated, but I have had a wonderful day and at least I shall have happy memories. I first suspected that there was something wrong with the camera after the weekend at Nha Trang. I now use Ektachrome, which I can get developed at the Air Base PX in a few days, but the only film they had was the very expensive fast one (160 ASA — Kodak II is 25). I had no alternative, so I bought a roll. Ever since the time with the first helicopter ride, I have been very careful to check that the film engages on the sprocket and I know that this one did so. When I came to the end of the film, to my concern, after only a couple of winds it was back in its cartridge, and I have grave doubts as to how well it will come out. I anticipate complete failure. Today, the most interesting photographic day that I have had since I have been here, and one which is very unlikely to be repeated, the film jammed inextricably, and I doubt if I will get any pictures at all.

In anticipation of an early start for the day, I raced through my essential work by 11 am and was ready to get home to work on a long letter to Dick Collins, the Repat DC [Deputy Commissioner] in SA. At this stage a chap appeared called Murray Elliott, originally from Adelaide — where he gave me vivas in anatomy as a second-year student — and now a gynaecologist in Queensland. He was visiting us on behalf of the Queensland Team [due to be our successors] and, as has become usual, Graham Wilson left me to show him around. Ordinarily I enjoy this — it is the sort of thing I have done ever since my artificial kidney days — but today I found it a bit of a chore. Quite reasonably, Murray questioned me closely about the detailed problems that their Team will face and I had to write out notes for him, all of which took a lot of time.

Then I raced home for a quick lunch, and with six of the others dashed down to Honor Smith Compound's chopper pad, about 150 yards away, for our 1230 date. Bob Williams — the sailor — was early with his Huey — a gunship with its guns dismantled — and was waiting for us with his rotor spinning, tossing all the trees in a local gale and flattening the nearby grass like the hair on a cringing dog. We are the last batch to have a conducted tour of the helicopter units, and I have never had a more interesting, exhausting and confusing time.

Bob took off at once and I was seated facing straight out the door in the position ordinarily occupied by one of the gunners. Almost at once we left familiar territory, and, after a short loop to avoid hostile territory, we travelled for about 45 miles roughly SE to Vung Tau, mostly at 80 knots at about 1,800 feet. The country was intensely interesting and gave a good idea of all the different geographical features of southern Vietnam.

We picked out the main Highway, almost deserted and with no military traffic, for this is Charlie country, and all that we could see was an occasional Lambretta or larger bus, an oxcart or two, and motorcyclists. (This, of course, was siesta time.) We saw the fascinating and beautiful checkerboard paddy fields, varying from the milk chocolate brown of those newly flooded, through darker brown (ploughed), vaguely mottled (springing rice), to odd patches of intensely vivid green — brittle, with a tinge of yellow — indicating ripening rice. Hamlets and villages could be picked out, including a couple with churches that indicated resettled escapees from the north. Here and there was a larger collection, embracing a town the size that Bien Hoa once was. In between were neat rectangular plantations of rubber trees, and then vast expanses of primeval jungle. With the huge population here we never fail to be amazed by the appalling crowding in the settled areas and the vast extent of uncleared land. Arising out of the plain with its winding rivers were abrupt steep hills, perhaps 3 or 4,000 feet high, and densely wooded. The Americans would like these for radio beacons, but, like the Mau Mau [in Kenya, currently at war with the British.], the VC take to the hills and deny them access. Then came a short tidal mangrove area of

swamp and trees, from our height strangely evocative of home. Many of the taller trees have bare white branches, just as many gums do, and at a glance the brown water could have been bare earth. The foliage here is duller green, and it was quite startling to see an occasional human figure far below, with no sign of human habitation, including sampans. Nearer the sea and in the wide bay we saw fish traps — crude V-shaped lines of stakes up to a hundred yards long, with a narrow gap at the apex, into which the fish are driven and netted.

From the air Vung Tau is a lovely place. Jutting out into the sea is the steep and densely wooded headland the French called Cap St Jacques, on top of which are radar reflectors and radio beacons. Scattered in and off the bay were about 20 ships, mostly LSTs [Landing Ships Tanks] and big lighters, and including a couple of frigates and freighters. We saw the fishing town near the Cape, with a big collection of junks and sampans, and the French/American town straggling across to meet the ocean beach to the north where the Australians hold their surfing carnivals. This makes a crude triangle, with the Cape at its apex and the air base forms a sort of hypotenuse, bulging a bit to the west.

As soon as we fluttered down we were treated like VIPs, and this went on all the afternoon, until our heads reeled and I for one felt unable to absorb any more. Forewarned, a couple of command jeeps awaited us and off we went to Battalion Headquarters for the first of many briefings. The Commanding Officer had ready for us his standard charts and, while we sat like students at a lecture, he launched into what was clearly a prepared discourse given on many similar occasions. In a hopelessly confusing proliferation of initials and Army slang and technical terms he related his battalion to the brigade from whence it came, stated its formal mission and its breakdown into three constituent companies. Like a footballer handing on a pass he tossed us to the regimental MO, who showed us his small but adequate dispensary.

Then on to our next briefing, the first company. The term does not quite have the connotation that your father might expect. [He was a Company Commander in the 2nd–3rd Pioneers during the Second World War.] The CO is a Lieutenant-Colonel with about 30 officers and NCOs and 250 enlisted men. They fly Otters — a Canadian fixed-wing single-engined aircraft — which can fly very economically, if necessary very slowly (40 knots) and need only tiny airstrips. They are general carriers for the Army, MACV and Vietnamese service needs, occasionally an aerial ambulance or freight craft. Recently they had been transporting television sets to country areas in anticipation of the coming election. I suppose that the set installed at the back of our Casualty room comes from this source and with the same motive. They are not often shot at, but recently a plane was lost from a single bullet which chanced to shatter the oil tank.

From there to the next company, helicopters this time. The profusion of facts and figures was again overwhelming, but before I could nod off we were out to see the machines. By now we were familiar with the bubbles (like Rick's — two types). Now we had a good look at the Chinooks and the giant cranes. The Chinook has double rotors and can take 33 fully-armed US or Australian troops (This is the air support for the Australians.); and up to 70 ARVN troops (Regulation maximum 45, but they can pack them in just as they do in the Lambretta buses.) They have the new cranes, which can lift 9 tons, only one platoon (3 ships) and not the slightly smaller ones I have seen around here. A few figures stuck. Region III (there are four) has 450 Army helicopters and 590 fixed-wing aircraft, not counting what the Air Force has. By the way the Army has more aircraft in this country than the Air Force has and more ships than the Navy. A Huey costs about \$250,000 and needs about 8 hours service for each hour of flying time. A Chinook costs nearly \$1,000,000 and a Crane twice as much, and needs 25 hours service per hour. Since January, of all the helicopters in Region III 25% have been hit at least once by enemy fire.

The third company was by far the most interesting, and here the camera failed utterly. The CO was a huge cigar-smoking Southerner with all sorts of odd pronunciations, such as oblique to rhyme with like. He began by stating flatly that his unit was the best aerial group in the world, to which Rod White at once quipped that we were the best surgical Team in the world — which set him back a little and his 2IC's face was a study. This company flies Mohawks, the short square-winged two-engined turboprop specialised reconnaissance planes.

The first of these are photographic craft mounting two cameras. One points down and takes conventional pictures. The other is mounted in the nose and faces forward. This has a rotating prism and can take pictures set obliquely — to rhyme with not bloody likely — at 15° & 30° or else over 180° to give a panoramic effect. In this, as with the other two, much of the information is classified, but he said guardedly that with this technique they could measure the height of trees, the depth of foxholes and whether or not grass had been trodden on.

The second group have a long cigar-like protrusion below and parallel with the fuselage. This is SLAR — side-looking aerial radar — and he said very little about it, refusing even to say at what height the planes fly. Apparently this can detect a still from a moving target and can be used in actual combat direction.

Finally came the infra-red probes, whose equipment we were not allowed to see. This picks sensitive temperature differences, as well as finding cooking fires and engines. It can tell which of a group of aircraft has stood on the runway all day and which has flown. From the temperature of their water it can pick new from old shell-holes, and he hinted at still other uses not to be named.

17 Aug 67 (Now early am 18 Aug)

In the middle of the afternoon, when we might have had iced coffee, the Americans take iced tea and we had this in a large well-equipped mess hall — the best in the American Army — “What, not the world?” said Rod, but very quietly. The Colonel's biggest worry is venereal disease — 15 cases out of 250 enlisted men, and probably as many again unreported. He had had a report that day saying that of the 16 strains of Gonococci 8 are resistant to Penicillin, and he intended to publish this as a deterrent in the Company newsletter.

Before leaving we saw a couple of the caravans which truly are a nerve centre in this highly sophisticated facet of the war. We were not allowed into the photographic one, but we saw an electronic workshop for maintenance in charge of a young lieutenant with a PhD in electronics, who said that his equipment within that small space cost nearly \$1,000,000.

Several hints were dropped that made me wonder whether the air war will be stepped up. It does seem odd that this sort of thing should be run by the Army, although, knowing the American services as I do, I wouldn't be surprised to hear that the Air Force had developed something similar and quite independently.

On the way down Tom Allen had had the co-pilot's seat, and a sudden change to a turbulent motion had indicated when he had tried his hand at flying. [Tom flew Spitfires over Europe in the Second World War.] Now it was Doug Townsend's turn, and he didn't do much better. Bob took over and brought us in low over an area where the ground was marked by many shell holes, and he detoured over Bien Hoa for those who wanted to photograph our house and the hospital. A nasty sight at the Air Base was a huge column of black smoke arising above belching flames, but we were too far off to see what lay beneath that.

Then back to Long Binh to a huge area adjacent to 93 Evac Hospital and extending for several miles of uninterrupted installations. Bob took us to his lecture room, which on Sundays is a chapel, and here we had our last, most interesting, and most complex briefing. At a speed which made comprehension almost impossible he related the Battalion we had seen to the whole of

Region III/Region IV (the Delta to the south). We were presented with every possible statistic, and could have had any more that we asked for. Only a few stick. Since January helicopters have killed about 900 VC (by body count) and destroyed 2,000 sampans — proven hostile. There have been only three mid-air accidents (one fatal). Individual pilots and helicopters average 100 hours per month, the optimum being 60, and their productivity is 134% of demand. It went on and on and I just couldn't take in any more, just as I'm too tired to write any more of this. If I can't finish in the morning I will try tomorrow afternoon.

All my love,

Peter

Bien Hoa
18 Aug 67
R-56

After we finished our final briefing from Bob Williams, who is an Administrative Officer at Regional Air Control HQ, we had a fairly complete, if sketchy, idea of the Army air services. What would now be fascinating would be to do the same thing at the Air Base to hear the Air Force version. At this stage Bob had wanted to show us some slides, but transport is short from Long Binh to Bien Hoa, so we missed the chance. He set off first, driving very fast in a jeep, and I came in the second car, an air-conditioned Fordamatic with a carbine hanging on a sling along the back of the front seat. We were delayed at first by a convoy of tanks, grimy and weary troops poking out of all available orifices. It must be horrible to be cooped up in one in this climate. In fact they have very limited application and are really used for combat training of their crews.

The direct road is still closed, so we took the long way round through Ho Nai along the street full of churches, past the VC prison, through the rubber plantation, and past the Mental Hospital and Region III HQ to Bien Hoa main street. Here we were held up by a runaway steer trotting aggressively along the centre of the road and easily outstripping the panting grinning lad from whom it escaped. At last it turned aside to snatch a mouthful of grass and we sped past.

We had dinner in Bob's mess in an elegant house in Honor Smith Compound, most of which is occupied by the general in command of the Air Base. There is a large garden with a profusion of little ponds with little concrete bridges leading up to them, but no pink flamingos — instead two honking geese, who rushed up to us aggressively and had to be shooed away. First we had drinks, and as the senior colonel was late this went on for a very long time, while I contemplated advancing hunger, my greatly reduced taste for and tolerance of alcohol, and a burgeoning bladder. Except for the Chaplain and Flight Surgeon, all of these officers were regulars, majors and lieutenant-colonels, and they chatted the sort of professional shop that we do. There had been a model helicopter operation that day, and the organisers were congratulated and the techniques discussed, exactly as Doug Townsend and Graham Wilson might talk to Rod White about how well he had managed a difficult fracture. From this conversation I discovered the significance of the crocodiles of helicopters, with a couple lagging behind like school mistresses keeping an eye on the girls coming back from chapel. These are Hueys — gunships carrying up to eight heavily-armed men, bursting with carbines, pistols, ammunition, and dangling with grenades like baubles on a Christmas tree. A helicopter is totally vulnerable as it comes in to land and presents Charlie with its indefensible belly. At the predicted site the line divides, and the two or three leading gunships lay a heavy fire across the area. The Fire Control Officer lags behind to direct, and the last ship of all protects him as he does so, for Charlie appreciates his significance and he is a favourite target. The middle ships drop their crews and dart off to relieve the first two so that they can do the same, while the CO is dropped at the end.

High praise — I am sure genuinely sincere — was paid to the Australian jungle technique, for these are the chaps who organise and often fly their aerial transport. Three or four men only are dropped, with no preliminary raking of the site, usually late in the afternoon. They stay in the jungle for 3 or 4 days, occasionally up to a week, stalking and killing VC on their own ground. The favourite technique is to attack from only a few yards away while Charlie is doing his cooking, and so far the Aussies haven't lost a man. The technique is very successful at clearing an area, and the Americans have nothing which quite matches it.

At last we assembled around the long table to eat, the chair at the head still significantly empty. The tall and tense chaplain uttered a long prayer — this seems to be standard, at least among the Protestants — and we ticked off our choices from the numbered menu. In the American fashion there was lots of alcohol before and after the meal, but with it we had only iced water and iced

tea. My immediate companion was a charming and interesting fellow. He is a Southerner from Alabama, basically an infantryman, but a qualified pilot — hence his current assignment flying Hueys — also a qualified parachutist and skin diver. He would be about 40, like 90% of these chaps in peak physical condition, married to a Canadian and with two children of ten and five. Return home will probably produce another one, he said with an engaging grin. He and his wife love travel, and he hopes to go to Germany next, although they are very sick of a disjointed social life and repeated interruptions to schooling. On entry into the Army he had a 2% chance of finishing up as a general and now he can't make it, but he hopes to be a full colonel. This will give him a pension of nearly US\$10,000 a year, and he and his wife will see the world — with Australia high on the priority list.

For a professional soldier this is an intensely frustrating war, he said. The worst single feature is to be restricted by the ARVN officers, who, like all Vietnamese evade a direct yes/no decision as long as possible. Next comes inability to use their weapons to best advantage. He didn't mean exploiting horrible things like napalm and phosphorus — but the terrible problem of picking friend from foe. If there is one thing that I have learned here it is that more than reasonable precautions are taken to avoid damage to “innocent” bystanders. Fire control is obsessively strict, as described, for example, by Bob Williams earlier. Every Vietnamese knows about the impending elections, and every Vietnamese knows that it is death to move a sampan on the river at night. One of the methods of hunting is to send helicopters in threes. At 1,500 feet flies Fire Control — always Vietnamese. At 500 feet flies the lightship, mounted with two circular banks of spotlights, which can be rotated and focussed. At 100 feet or less flies the scout. He either directs the light or picks up boats caught in its beam. Only when Fire Control gives the order can they fire, even if they themselves are fired on, and I have seen enough of this army to know that their discipline is very strict.

To return to the frustrations of this war, another outstanding one is political restriction on attacking the North. So far I have met only Hawks here, which is hardly surprising. It is hard not to sympathise with men who live dangerously and see their friends killed and wounded and who know that their enemy is directed and supplied from the North, where the current air strikes can only be of limited value. Once again I thought of Canning's remark that all of [Swedish] Pomerania was not worth the bones of one dead British grenadier, and I find it hard to disagree.

At the end of the meal in came Colonel Psarki, a grizzled little man looking a bit like a South American dictator, who had on his belt, in addition to the regulation pistol a knife. He ate briefly and aggressively, then moved about the room, questioning each man in turn about the day's affairs. I was just settling down to enjoy myself and clasping a large tumbler of Drambuie when Graham came to collect me. I was needed for a sick baby, so I swallowed my glass at a gulp and set off. At first I was furious to have my evening cut short, but actually these cut-downs in babies do call for a special technique and it was as reasonable for Graham Wilson to get me as for me to get Rod White to deal with a fractured clavicle. By the time I got there I was regretting the quick gulp, but fortunately all went well, and my slightly fuddled state entertained the nurses, even if it didn't reassure the relatives.

Today has been interesting and it would take another three pages to do it justice. [Writing at the bottom of page 3 of the original] Surgically it has been an appalling day, with six major cases not counting George Gunter and his plastics — crowded out for most of the afternoon by emergencies. Down near the bridges, along our usual road to Saigon, a girl of six was shot in the abdomen by VC. This took an hour and was at once followed by a man with a similar injury, origin unknown. I peered over Doug Townsend's shoulder after he had taken out a pulped kidney, and the liver was split exactly like an over-ripe orange dropped from a height. This morning we had 57 units of [American time-expired] blood, and these two took ten, while the next consumed several more.

[Nearly all Vietnamese were Rh positive and we used only Group O blood, so we didn't bother about cross-matching; we just poured it in. I remember a bad haemolytic incompatibility reaction (fortunately in a boy), which greatly disconcerted the surgeon concerned. He said it was the first he had seen, but I think that less severe reactions probably occurred from time to time and were missed under the hectic pressures of the never-ending work.]

I had a few minutes to spare and I got the story from Quoc, the sensitive and intelligent dental student. Doing so took a lot of patience and good humour, and made the poor little chap go scarlet with embarrassment.

The patient was a man at the Air Base, who has been to America and who speaks good English. He has a wife and two children, and the wife told me, through Quoc, that she had long known that he had a mistress. Today she discovered that the other wife has had a child, so she tried to castrate her husband. In the struggle the knife entered his buttock and lacerated a major artery there. Then it passed into the pelvis and its point knicked the profunda femoris of the opposite thigh, slicing off sigmoid colon en route. Poor Graham had terrible trouble with two major arteries going at once, but he managed in the end. The wife is now terribly solicitous — and she should be facing a murder charge if he dies. Quoc told me that divorce is almost impossible in this country — it must be like Italy or eighteenth century England — and I have seen several allusions to women involved in one way or another in a triangle situation like this one. Illegitimacy is also a dreadful scandal, and problems from this source are one consequence of the American “presence”.

On a similar vein I had a case today that is fairly typical. My afternoon OP clinic, a long and busy one, was punctuated by two substantial Americans carrying in a stretcher. Sitting on it was a woman, stated age 39, grossly bloated with oedema, deathly pale, and looking 70. With her were two girls: one a blowsy slut, and the other sporting a crystal necklace and painted nails. She couldn't stay to look after mother, because she was the sole support of the family. But she was an only child and there was no mention of father. She had a strongly European cast of features, much less waist than the average Vietnamese, and one of the GIs seemed more anxious for her welfare than the patient's. I suppose that she was the product of her own mother's involvement with a *poilu*, and now in the next generation it was a GI. Next time would it be a Chinese? The whole thing became a bit tedious. The GIs were appalled as the full realisation came to them of what it meant to be a patient in this hospital. If they took the girl back with them to keep working — in a bar, she said, speaking good English — could they not pay a nurse to stay to care for the woman after hours? — groping for money. Could they take the girl back and send one of the villagers tomorrow? If there were Australian nurses, why couldn't they care for her? At last I had to be firm to get back to my clinic, saying that if she stayed I would look after her, that in my opinion the daughter had a clear responsibility to stay — and from the look on her face she clearly understood what I said, and the terrible conflict that she faced was very apparent — or what about the other girl, whose relationship was never defined? As time dragged by they looked a bit restive, for it was 20 km back to the village in VC country, and I wondered if the journey were ever authorised. In the end I left them to it, muttering disconsolately to each other, and the principal GI had an anguished look at the prospect of driving off and leaving the rather pretty girl with her dying mother.

Developmentally it has been a major day. Chang triumphantly produced the first blood agar plates and I made the first culture — tomorrow will see what, if anything, grows. And Fairy Godfather has appeared, complete with a rather pretty Cinderella. In some letters I may have referred to Phuto, the enigmatic and arbitrary supply authority, from whence may or may not come items ordered from the USAID Logistics Catalog. Not unreasonably I had thought that this referred to yet another multi-initialled agency — perhaps FUTO for Futile Utilisation Tactical Organization or some such. It now transpires that Phuto is just the suburb in Saigon where the warehouses are, just as we might refer to the Repat hospital as Springbank [This was before the name was

changed to Daw Park.] Out of Phuto have come Lou and Maureen, and if they do what they say they can do, many of our supply problems are resolved.

That was a bad moment to run out of ink. We are having a minor drought, with almost no rain all the week, and it is so hot and sweaty that I have had the utmost difficulty working the screw fill of my pen.

Lout has not long retired from the post of Personnel Officer at the US Naval Medical Training School, Bethesda Maryland. He likes the East, intends to remain here indefinitely, and has obtained permission to bring out his family. He works for USAID and his current assignment is setting up supply services at Vietnamese hospitals. He has just finished at Cho Ray [The only significant teaching hospital of the Saigon medical school, where we went each week to give lectures.] and intends to stay here [ie Bien Hoa] from 4 to 6 weeks. If we put up a case we could order what we liked from the USAID Catalog, and where it was deficient — as in parenteral iron for instance — he would welcome suggestions. So there was no cancer chemotherapeutic agent on it? — a bad mistake; which ones did I recommend? Maureen's pen raced and there was the omission rectified.

Maureen is a registered nurse, a dumpy slightly naïve little blonde, who has only been in the country two weeks, and is tense and scared. She is also briskly efficient and keenly intelligent. Yesterday afternoon she listed every item in the laboratory, including even the microscopic slides. What do we have? What do we want now? What expendables will we need to arrange steady supplies of?

Lou still has a lot to learn. “Syringes, of course, will be issued from Central Sterile Supply.”

“There is none,” I said.

“Well,” said Lou, “We'll just have to get you one.”

“There's neither space nor staff,” I objected, “And for the Vietnamese, the present system of wards making up their own bundles for autoclaving would reduce the risk of petty thieving.”

He remained unconvinced, and our successors may be confronted with a curious attempt to impose modern administrative procedures and hierarchical structures on this amorphous and corruption-ridden place. Still, they have promised everything I want. — an ECG (Is one enough? Shouldn't a hospital of this size have two or three?) All the laboratory equipment we want — Chang licked his lips at that one and gaily launched into a totally unrealistic list, so that we would have no prospect of storing what he wants. I am glad to have had an insight into American largesse at the fountainhead — “Just tell me how many airconditioners you want for the wards, and don't forget to allow for maintenance.” The sad part is that Lou had a quick look in the wards, but he still clearly has no concept of how the place actually functions.

[Looking back, the extraordinary aspect of these transactions is that Dr Tho, the “Medical Superintendent” of the hospital was not involved in any way, and I retrospectively reproach myself for my arrogance in not including him from the outset.]

No mail at all today, but a lovely letter from you yesterday, and the slides have come, disappointingly under-exposed. With my doubts about the camera, I am now in a bit of a quandary, being reluctant to pop off too many more if it is all going to be a waste of money. I remember Robinvale very well as our return to the bitumen after the shattering corrugations of the Sturt Highway. I suppose that this time you won't have to deviate for floods as we did [in October 1955, the Great Flood being in 1956.] ...

Today [Mis Nga] gave me an abacus for Billy [aged four] — plastic and made in Vietnam.

“What is 72 x 375?” I asked.

The little beads rattled back and forth. “27,240,” she said, and it took her about as long as [a mathematician yachting friend] would on a slide rule. [These were the days before electronic calculators, of course.] Children’s toys here are so few and of such poor quality that I think that the best and simplest thing would be three Corgi toys, all different, plus three Matchbox cars...

All my love,

Peter

This letter carries the last of my \$5 worth of 5c stamps brought from Australia. This has made me realise just how many letters I must have written in the last 44 days.

[At seven closely written pages, this was one of my longest letters.]

Bien Hoa
19 Aug 67
R-55

Only a short and hasty note today to catch the mail. ...[Chit chat, including Jenny's journey to Queensland with the three elder children]

This morning Morris Peacock turned up from Vung Tau. He was one of the medical students I tutored at Lincoln [University College]. After a year in New Guinea, he is now on a 12/12 short-term CMF [Citizen Military Forces] commission and on his way to R&R in Formosa. Graham Wilson, John Quirk and Phil Nurcombe are camping for the weekend with Second Field Ambulance [at Vung Tau], so it was only fair to offer hospitality to one of their chaps. We showed him around the hospital and then I took him out to the Air Base & Train Compound PXs to buy film for me and Doug; deposit a film for Tom; and to buy cigarettes for Beth Harvey. As soon as you mention that you are off to a PX, heads bob out with requests like this.

On the way I stopped to buy three campaign medals and ribbons for [my son] Rob's uniform. These are all sold openly in the little VN booths, as well as in the PXs, where I feel a little diffident about asking for them. These are perfectly genuine campaign medals, issued to every man in uniform in this country, including our own. If I had wanted to I could have bought a Purple Heart [awarded for having been wounded] or any one of the common decorations for bravery, such as Rick's Air Force Cross, but I thought that this was impertinent. I shall also get a collection of shoulder patches and such like, which will be an addition to his uniform and also can be kept against the ski jacket type of craze in due course.

In yesterday's letter I mentioned the girl with abdominal GSW from down near the bridges, who died during the night. A second case came from the same area, a man with a gaping wound in his buttock and flank, who kept Rod going until late last night. In future we will take the longer and rougher road through Long Binh, which just at present is pleasanter, because it is still closed to military traffic. I am going in with Rod White and Morris Peacock to collect Olga Nicholls and Aileen Monck, who have been to Saigon to check on their air bookings. You are quite right that accidents on the roads are our major hazard, and I can assure you that I certainly take no undue risks. The problem is that the crowding and appalling road sense of the Vietnamese are unavoidable hazards.

The election is obviously creating a lot of interest. As I wrote up my records today, including my own daily diary of all the patients I see [since lost, unfortunately] Mrs Hai and Miss Nga were clickety-clacking away in animated conversation. Clearly there was dispute between them, and when I asked what about they just laughed and said that they were discussing the election, but they wouldn't say what the argument was about. In the streets we see people standing and reading the posters and often little groups will obviously be discussing them. Mrs Hai doesn't think that the VC will cause trouble in Bien Hoa on election day — two weeks today (and eight weeks to Squadron Opening Day.) Rod and I are off duty that day, and we may go to Vung Tau to stay with the Field Ambulance, or else just stay here. I would like to go to Dalat [a resort in the mountains] before we leave, but we certainly can't go on that particular weekend.

On Friday week (11 Aug) I asked Phil Nurcombe to arrange urgently for an electrician to fix the water bath in the laboratory, which had failed to work, so we could not do prothrombins [for anticoagulant therapy]. I asked again Monday, Tuesday and Thursday, and one finally came today and did the job in two minutes. Reasons why we love our Administrator! Incidents like this occur daily.

It's time to leave for Saigon.

All my love,

Peter

A plane crashed at Tan Son Nhut [Saigon Airport] and some Australian mail was burnt. I hope none of it was ours.

[I well recall Morris Peacock's departure after his weekend with us. I drove him to the helipad, which functioned like a taxi rank, and we chatted waiting for one bound for Vung Tau or at least Saigon. He was smartly dressed in the uniform of a captain in the Royal Australian Army Medical Corps, with the three ribbons of Vietnam service. Several slack Americans were lounging about, taking no notice of us. An officer appeared, a major as I remember it, who goggled at a young man with three stars on his epaulettes. He snapped to attention and saluted, as he called on the others to do the same. Morris acknowledged in kind, and explained that he was really a humble captain, not a three-star general. He went on to become a thoracic surgeon appointed to Flinders Medical Centre.]

Bien Hoa
20 Aug 67
R-54

Yesterday afternoon I took Morris Peacock with me to Saigon via Long Binh to collect Olga Nicholls and Aileen Monck. Apart from some delay in the main street of Vin Cuu, the last village before the main highway, we had a good run. We called in at 946 Mobile [Laboratory] to ask the catalogue number of a hand refractometer, so that I could order one to replace the RAH one. The happy-go-lucky young technician, Jim Carter, poked around in his cupboard, and then quietly slipped his hand into my pocket. I was deeply engrossed in conversation with Morris and the other lad on duty, and for one horrible moment I thought he had a bizarre attraction to flabby middle-aged men. [I was 37.] Then I suddenly realised that he had actually given me one! In looking for the case of their instrument, he had come across a second one, and tomorrow I can indoctrinate Chang and Hung into the technique of using it. One more step in the evolution of the Laboratory, and resolution of my personal problem of how I could possibly take our instrument back if there were no replacement.

The run into Saigon was uneventful, the traffic being not as heavy as usual. We collected the girls, only half-an-hour late, and called at Free World to see if any mail had come in. (It hadn't.) Then to the Chowlon PX, biggest in the country, but basically similar to all the others. There were far more watches and cameras, but the gift shop was inferior to that at the Air Base, as was the radio shop. It's pay day on Monday and I have no MPC (=dollars) left, so I confined myself to four items for the kids at 5 c each. One thing that they do have there is a big selection of dress materials, and I saw Thai silk at \$16–\$20 per dress length. I trust that it may be a bit cheaper in Bangkok.

The girls had had some minor excitement on the way in, which has served to discourage me even more from taking the road over the bridges. They were taken in by Lieng, the VN driver, and, instead of turning back to the main highway as we usually do, he went all the way along the original French road, vintage 1880, which I think I described in a letter to one of the children. For much of the way it runs a few yards from the little narrow train line, and they came upon a train that had just been mined. The engine and several trucks, including those pushed in front of the engine to safeguard against this sort of thing, were all over on one side. Lieng just put his foot down and drove like blazes, and they were very relieved to hit the big smoke. This is the extraordinary thing about this war. Many of the potholes in the roads derive from mine blasts and every day brings us casualties. Yet I have still not seen any actual hostile activity — only the results. [Neither did I in the time left to me.] Flying back from Vung Tau with Bob Williams, we passed a park-like area of about three miles extent. Here there were shell holes scattered like dandelions on a summer lawn — hundreds and hundreds of them, with no signs of human habitation anywhere. I am certainly not asking for mortar bombs to start landing nearby, but it is extraordinary to find ourselves so detached from manifest activity when we know that it is all about us.

Doug Townsend gave me an interesting souvenir last night — an 0.45 calibre bullet flattened on one side when it glanced off a chap's humerus and came to lie just under the skin.

[My memory is that it was fired as part of a feud between a local policeman and another man. The pathology technician at RGH (Springbank — later Daw Park) mounted it in a Perspex pyramid for me. His name was Bert Anderson and he died miserably of cancer of the male breast, a distinctly uncommon tumour. Over the space of nearly forty years it has slowly settled lower from its original position and the Perspex has darkened.]

He and Rod White had a steady trickle of cases last night, although I was not myself disturbed. Two of the Long Xuyen sisters turned up to spend the night, having been in Saigon shopping all

day. By happy chance — or, more likely, contrivance — two personable helicopter pilots appeared after dinner. So I stole away ...

I enclose a little slip that caught my eye in the Pharmacy and which may interest you. ...

All my love,

Peter

[The slip has been scanned as Election bill. Apr 67. Pharmacy. The bullet in Perspex has also been scanned, but I hope to do better.]

Bien Hoa
21 Aug 67
R-53

Lord Nelson remarked that he first achieved promotion when a cannon-ball carried off a post-captain and he hoped that in his turn he could perform a like service for some deserving fellow. Yesterday afternoon Rick Roll had arranged to take Beth Harvey and Doug Townsend to Vung Tau for a swim. Rod White was on duty, and two difficult abdominal and chest case appeared. The first was a baby with intestinal obstruction, which turned out to be a paralytic ileus secondary to a retroperitoneal abscess. The Vietnamese [nurse] anaesthetist failed to use a cuffed endotracheal tube — although one was available — and it died on the table from aspirated vomitus. The second was a girl of six struck on the chest by a mortar fragment, and she also died on the table. The irregular piece of metal had sliced off her right atrium, then passed right through liver to land at the apex of the right kidney. While poor old Doug was dealing with these — and also a long craniotomy for a VA with a pond [*sic* ?compound intended] fracture of skull — I took his place for the chopper ride, and what an exhilarating experience it was!

In contrast to Thursday, we had a true monsoon day. In the morning it teemed with rain for nearly two hours, and the place was nearly awash by the time we left. The sky was heavily overcast, with promise of more rain, which was amply fulfilled. With its clear Perspex dome and no door and narrow little seat, the bubble is a very exciting craft to fly in, for you look straight down on the world below you. We travelled at first over the same route that Bob Williams had taken us, across the huge dumps, encampments and hospitals of Bear Cat, over variegated paddy fields, neat rubber plantations, virgin jungle, and along the main road for several miles. As we passed a little range of steep tree-clad hills, Rick bore off to the North to avoid a rain storm. We passed across the edge of it, which was unpleasantly cold but not terribly wet, for the downdraft of the rotor blows the rain to one side. Instead of going straight across the big shallow bay, we followed the main road, which crossed a succession of rivers on vulnerable bridges of varying age and complexity.

Then across a narrow stretch of sandy scrub and a low hill to the beach. This reminded me strongly of American Beach [in Eastern Cove, Nepean Bay on Kangaroo Island], with a long low sandhill covered in low scrub of fairly uniform height marking the margin of a narrow grey beach with a low surf rolling in, average wave height about 3 or 4 feet. No ocean swell was visible, which was interesting, for this is the South China Sea, without the protection provided by the islands at Nha Trang.

If contour flying over jungle is fun, it is nothing to the thrill of scooting low over water. He took us down to 3 or 4 feet, so that we were actually looking up at the low sandhills — hardly more than 15 feet high — charging along at 80 knots. It was a wonderful sensation, akin to a long plane under spinnaker in heavy sea. There was the same feeling of instability and possible disaster, the tremendous sensation of speed, and growing confidence in the machine and its pilot. At times we sped across the sand, putting up an occasional black-capped tern (I have yet to see a gull), then back over the water again, lower than ever if that were possible.

We came to the swimming beach and rose to a discreet thirty feet, while gay laughing soldiers, catching a glimpse of Beth, grinned and waved. Then a steep and exciting turn, and back across the beach to land at the Australian chopper pad. Rick peeled out of his flying suit to reveal his bathers, but he was worried for the security of his carbine, which by regulation he must carry. A tattooed young corporal came along. Would he keep an eye on it?

“Sure, mate,” and we knew we were with the Aussies all right.

The Americans are friendly, relaxed and charming, and the somewhat loutish element in our national character was soon apparent, but it was certainly pleasant to hear the native idiom again.

We skirted a rather pointless barbed-wire fence and crossed a road into low scrub exactly like some of the Bay beaches in Melbourne. On 44-gallon drums turned on to their sides on stands, Australian chaps clad in bathers were barbecuing steaks, drinking beer and listening to transistor [radios]. Beth got some whistles and comments as we passed though on the way to the beach. There is a strong undertow here, and swimming is permitted only between flags, policed by bronzed giants with whistles. Vung Tau is an in-country R&R centre for American enlisted men, and Australians, Americans, Koreans, and a few privileged Vietnamese (mostly female) all shared common facilities, which are far inferior to those at Nha Trang. This also made security a problem, so I watched the gear while the other two had a swim.

Ugly clouds were building up to the South and Rick was nervous for our return journey. He has no instruments for blind flying, not even a bank indicator, and in very heavy rain has once or twice been grounded or forced to deviate from his original destination. He had promised to take me around the headland to see the native town — off limits to all troops because the VD rate is 98% (confirmed by survey). Once again I missed the chance to photograph this attractive place — from the air, that is. We hurried back to the chopper and set off for home. On the way we ran into very heavy rain and I was very cold. Bien Hoa was totally invisible and I thought that he might settle for Bear Cat or Long Binh, which would make transport home a major problem.

Mercifully the gloom lightened sufficiently for us to press on and return to our original chopper pad. Once on the ground, even though the rotors were still revolving, for some aerodynamic reason we lost our protection from the rain and at once we were wet through. I was changing the zoom lens of the camera, and I hope that no spray found its way into the works. I dashed to the car, becoming thoroughly wet in the process, and drove it up for the others. Rick had to stand in the rain to tie down the blade of his rotor, so he was as wet as I, and only Beth was relatively dry. Once we were home a hot shower soon restored us, and truly it was a wonderful afternoon.

Last night was a Buddhist night of invocation to the gods for peaceful repose for the souls of the faithful departed. I was called to the hospital twice, and passed lots of little open-air altars with a bowl, some burning joss-sticks, flowers, and what looked like little offerings of food. Somebody had set one up outside the Children's Ward, and parents were standing around chatting about it when I arrived. It was an attractive departure from our usual evenings, when we are ignored by all except the importunate relatives.

A couple of little incidents today may amuse you. We were all frantically busy. I had 25 children in my 21 cots, 5 discharges and 7 admissions, together with busy clinics and a lot of clinical administration. As I was dashing through my morning clinic, I looked up to see a pair of bare-footed yellow-robed Buddhists. The patient was a boy of 12 with headaches and a facial expression conveying great tension and apprehension. I said to Sergeant, my interpreter for the morning, pointing to the lad's companion, "How is this man related to him?"

There was a brief conversation, provoking gay laughter from the Sergeant and looks of distress from the other two.

"He say, he is patient's mother," said Sergeant through his chuckles.

With this hairless race, a shaven head and flowing yellow robes, the mistake was a natural one. I apologised profusely, receiving a grave acknowledgement, when they both pressed the palms of their hands together, bowed and muttered a short and unintelligible invocation.

The Surgical Suite was crowded all day, with people packed into the foyer, jamming the dark narrow passage and peering in the door. In this place a crowd attracts a crowd, and the hospital

children added their eager little bodies to the general press. As I pushed my way in to find an interpreter, one of the theatre porters came out carrying a newly amputated leg, partially concealed in a green paper sheet. At once there was general interest and mirth. As he passed out, bound I know not where, apathetic heads lifted, all faces were grinning, and there was an eager chatter of conversation.

I enclose a patient's receipt for a blood transfusion at Cho Ray Hospital [dated 18 December 1958!] 300 P being about AUS\$2.80. [Scanned as Blood receipt. 19581218.] This would be the sum paid to the donor, and was produced as proof that he had had a major operation. He didn't know what it was for. I do hope that you are careful to keep little things like this, for I intend to keep all of them, in my usual magpie fashion.

I must stop now, for I haven't yet prepared my lecture [to medical students of all six years] at Cho Ray [Hospital] tomorrow, and indeed I can't quite make up my mind what to talk about. Tonight I place you in Sydney, and I hope that the journey has been uneventful.

All my love,

Peter

Bien Hoa
22 Aug 67
R-52

A long, tiring, interesting day, and I am just about ready for bed, although it's not yet 10 pm. For once Phil Nurcombe got off on time to Saigon, for it was my day to lecture at Cho Ray Hospital and Jo Griffin had to do the Commissary shopping, laying in enough stocks to tide us over the elections. I refused to let Lieng [Team driver] take us over the bridges, although Phil produced the transparently fictitious statement that Graham [Wilson, Team Leader] had said that we should do so. I took the trouble to check with Graham and, of course, he hadn't — poor Phil slips so easily into evasion, buck-passing, and transparent lying. No mail at Freeworld — and none later either — and I was deposited at Cho Ray, actually ahead of time. Professor Chu, a neurosurgeon and Head of the Surgical Department, who was away last time, met me and put his hand affectionately on my shoulder as we walked around to the lecture theatre. To his chagrin it was locked and it took a long time to find the key. The audience numbered only twenty, all third years [in a six-year course] and I spoke on heart failure.

[At the time I had no idea of the significance of Professor Chu putting his hand on my shoulder. Long afterwards I realised that he was signalling to any Vietnamese who saw us together that he was superior and I was inferior. In the same way, I did not realise that a similar gesture on my part with Quoc, the dental student interpreter, was a patronising insult to him. I was quite oblivious of such subtleties until I reached Bangkok, after leaving Vietnam. There my host, Roger Holdich, Third Secretary of the Australian Embassy, explained some Asian cultural matters to me. We had no briefing on customary practices before leaving Australia or from the Embassy while we were in the country.]

Then at my request Professor Chu took me to see the laboratories. The hospital has 1,200 beds, 15 RMOs and is the main (?only) adult teaching hospital of the Medical School. To my surprise he said that they have not yet received any help from USAID, although they have had investigative teams and promises. The first laboratory was like that at Institut Pasteur — very old equipment, a pathetically meagre battery of tests and a handful of staff. Bacteriology can handle standard procedures, as can haematology. Biochemistry has no modern equipment — no flame photometer, no colorimeter, no gas. A trained nurse runs a small blood bank, the donors being paid 300P per pint, which is passed on to the patient. (118P = US\$1.)

There is a second laboratory in another building, and I am not clear how they are related, since their procedures clearly overlap. This was much more sophisticated, with spectrophotometers, pH meters, and isotope counters. Neither can do histology, although I was told that sections can be cut and sent to Institut Pasteur for reporting. This seems an extraordinary deficiency in a teaching hospital, but means I shall give up my scheme to devise a VN reporting service for our pathology and continue to rely on the Americans.

Next I met Professor Huy, Professor of Medicine and a cardiologist. He is a tired-looking man who looks 60, and he showed me a superb French machine for monitoring cardiac catheter studies and an adjacent small and obviously efficient cardiac laboratory. At my request Prof Chu and I went upstairs with a young sixth-year student to see the wards. We climbed two flights around a central lift well — ?lift not working — to a long ward subdivided into bays, each with 11 beds — maximum possible number — but only one patient to a bed. There was bed linen, no nurse in sight at any time, and no relatives.

A student was taking a history — in French, not Vietnamese — from a woman, and I picked up his notes and started to chat to him. In no time a dozen more had appeared, and I found myself conducting an impromptu ward round in all three languages amidst grins, whispers and a strong tendency to wilt under the gentlest of questions. The first patient had jaundice and ascites and was

receiving just the sort of awful polypharmacy that we see here — including Vitamin B12, plus liver extract, diamox (a useless and potentially dangerous diuretic in this clinical context.) Next came a thyrotoxic.

“How should she be treated?”

Much muttering — “Thiouracil,” said one at last.

“How else?” I asked, having just seen the isotope equipment downstairs and standing beside the Professor of Surgery.

Nobody would speak, so I gently suggested surgery.

“Too many complications,” said the boy — roars of laughter all round.

Finally there was a pretty girl of 18 with flagrant aortic incompetence and they proudly showed me ECG tracings and [cardiac] catheter figures. She is to go to Belgium or Switzerland for surgery — and I thought, why not Australia? But with only 45 days left in the country, not even I am prepared to try to organise that one, but it is worth bearing in mind for Ron [= later on].

They are on vacation for another month. So, on impulse, I asked whether a couple would like to come to Bien Hoa for a fortnight. There was an overwhelmingly eager response, so I carried the idea back to Graham and I hope that it will come to fruition. They would have to live with us, which may be something of a mutual strain. It will certainly be interesting to have them here during the elections.

A long hot journey home in the VW crammed with cartons of food. Phil had stayed behind to collect the Holden, and Lieng took us by an incredible confusing and circuitous route around the city to the main road. We had invited the chaps from 946 Mobile [Laboratory] for lunch, and as I was the main contact man I had to be there. On our return I exhausted myself running a shuttle service of heavy cartons up two flights of stairs to the kitchen and eagerly grabbed a beer — rare for me, especially in the middle of the day.

Unfortunately the presence of the Americans prevented me from seeing much of our other guest, Jonathan Mirsky. He will be visiting Australia to give lectures to universities and will be in Adelaide on 28 August. He also goes to Brisbane, and if you can see him he can tell you how I look — he didn't know his dates. Had it not been for Cho Ray I would have been showing him around.

Just as I sat down there was a call to the hospital for a baby with burns, so I dashed around to put in what turned out later to be rather a superfluous drip. I ate my late lunch alone, chatted for a little while with the [US] chaps — as always full of questions about Australia — then drove with them to the hospital. I showed them all of it, and I think that they were very impressed, especially by the appallingly crowded laboratory. Unfortunately Chang had gone to Saigon, but they met Hung. They told me that 93 Evac admitted 487 patients last month, not all of whom would have had surgery. We did 557 operations in that time, admittedly many of them pretty minor ones, but it is a remarkable achievement for three surgeons. [I don't think that my intravenous cut-downs, lumbar punctures and the like would have been included, although technically they should have been coded as operative procedures.]

By the end of the day I was very tired, having done my morning round at 4 pm, and for the first time I just lay down and read and dozed before dinner. Water troubles have recurred and I had none this morning and there was none this evening, so no shower tomorrow. Fortunately my plastic container and bucket are full, the latter with a nasty scum, so I shall confine it to flushing the toilet.

Things are hotting up in the area as the election draws close. Curfews have been tightened following the murder of two US airmen in a back street of Bien Hoa yesterday. From now on I shall confine myself to only essential travel, and no more snooping about on my own. We heard over the radio today, in the 5-minute summary of Australian news, that mail is banking up in Sydney because of a postal go-slow. This may affect our correspondence, and if it continues for more than a day or so, I may start sending letters straight home instead of risking Queensland. ...

All my love,

Peter

Bien Hoa
24 Aug 67
R-50

For once I slept badly and lay awake past 2 am, listening to the hum of the generator and the occasional sound of passing aircraft. I tried to recall my dream of the other night [omitted from the relevant copy of the letter] when we won next year's race to Port Lincoln, and I imagined the whole thing from start to finish – a lovely rich nautical fantasy, but unfortunately totally unsporific. Finally I drifted off, to wake with a start at 6:30. I hastily showered and heaved my bucket of water over myself – no water now for 24 hours and no rain to refill the bucket. I just caught the others as they drove to the hospital and we all arrived by 6:55.

We had missed the procession and the mass was just beginning as we got out of the cars. Frantic work yesterday had converted the dais into an altar. They had brought their Lourdes statue of the virgin and illuminated it by strips of fluorescent tubing and coloured light bulbs, several inoperative. In front of the dais were seats for key people like Dr Tuan (as Acting Medicin-Chef) and ourselves, although I declined to be confined there. Behind was a row of a dozen novitiates in white *ao-dais*, bridal veils and a couple even had white gloves. There was a minuscule choir and a few boy-scouts, then a long line of women stretching back to the long corridor between the ward buildings to the Surgical Suite, where it petered out. They each had a green neckerchief on their shoulders and carried a lighted candle. People crowded behind them and a little block of the faithful filled the space closest to the front.

The priest was delivering a sermon as we arrived, and the stage-managers were fussing about, the electrician with his lights and amplifiers; Mr Ba [Head Nurse] organising a group of patients in their beds into a small bloc over towards the women's medical ward; and the nuns fussing about doing nothing in particular in the background. The sermon finished and a second priest put on his vestments and climbed up, accompanied by servers in red cassocks, as was his cope.

Mass was said in Vietnamese (except for the Gospel and prayers of consecration, which were in Latin), facing the congregation, and with no notice taken of people wandering about, including ourselves taking photographs (not counting those trapped in the seats of honour in the front). The singing lacked numbers and was pretty quavery at times, but had an attractive driving rhythm.

At the appropriate time the priest came down and passed amongst the people, so that those who wished to take communion could take a wafer from the monstrance and place it on a salver. One woman took one and went to pop it in her mouth. The priest slapped her hand to prevent sacrilege, and all about her laughed gaily, while those further away craned their heads to see the cause of the commotion. The town and most of the hospital staff are predominantly Buddhist, so that in fact the number of communicants was hardly more than 50, including patients.

After the actual mass the nuns brought out cartons full of specially baked bread rolls and these were generally distributed. At first this began ceremonially with Dr Tuan, Graham Wilson [Team Leader], Olga Nicholls [our senior nurse] and Tom Allen [anaesthetist] solemnly handing them to the patients, the former with considerable dignity and good humour. Then the people crowded round and Sister Joseph [the nun who acted as social worker] led a few of us off to her room for cold omelette, bananas and sarsaparilla.

By now it was eight o'clock, and our chopper was due to take us to the Leprosarium. I had to fly home for the anaesthetic gear, and Doug Townsend then drove at a frantically alarming (or rather alarmingly frantic) pace to the chopper pad at III Corps, about 2½ miles away. Today we travelled in a gunship, a Slick, one size larger than a Huey and carrying cannon as well as 0.50 cal machine guns. I sat beside a big Negro, who at times kept his hand casually on his big weapon, with its large belts of ugly bullets.

Once airborne, we looped over the town and followed the far bank of the river at 500 feet and 100 knots. There was a moderate amount of sampan and barge traffic, and we saw a tiny collection of trees and a couple of houses on a sandbank in the middle of the stream. They must be very vulnerable to flooding. There is ribbon development along the river, rather like that along a road, with houses and small farms close together and paddy fields beyond. This area is not fully safe and we saw no military transport, in strong contrast to the similar road on the other side. Within ten minutes of take-off we left the river, passed over the big cleared [defoliated] area and were abruptly deposited at the Leprosarium.

Doug was the surgeon today and he picked seven cases, mostly minor ones. The first anaesthetic began badly, as I had terrible trouble with the induction, but Doug was very tolerant, and after that I had no trouble. He had finished by 1130, and our return flight was booked for 1430. We had all seen the place before, and the hypomanic Father Basset was busy with some Americans, so we were quite content to sit about and chat for half an hour. Then a very long lunch followed, and we sat talking of this and that for nearly two hours. Hernandez the Puerto Rican has been replaced by a stocky fair and intelligent lad called Cooper from California. He had volunteered for Vietnam and returns to go to engineering school. For once we didn't talk about the war, and after answering the usual questions about Australia, the Father launched into a historical monologue on the effects of the French Revolution on European economy, which I found quite interesting, but it clearly bored the others.

Then the two Americans showed us the little hut where they are condemned to spend the next eight weeks, with one of them always on duty at the radio. It is a dark, hot and cramped little place, with three stretchers and a little cooker for their food, some very bosomy pin-ups, and Cooper had a shelf of books. Directly below them is the bunker itself, to which they retire if attacked, and here are all their major weapons. The ARVN detachment is billeted in huts and bunkers with them, with women and children wandering everywhere. I must say that I would hate it, although for an infantryman it is a pretty soft posting — for a while at anyrate.

The hospital had been busy while we were away, and Mrs Hai had admitted several new patients, some of them very ill. One is a little baby with convulsions, last survivor of a family of five. The father is an ARVN paratrooper, who began by saluting me crisply and ended in tears when he began to realise that this might be yet another fatal illness.

It's now very late, and I have had no fewer than three separate calls back to the hospital, so I shall go to bed. I enclose some photographs [black-and-white prints, all scanned] and I have more to send in the next few days. Our news is that the postal situation is chaotic, but I shall risk sending this letter to Brisbane. ... I shall try to remember to tell you about the snakes tomorrow night.

All my love,

Peter

The pictures are —

AFPO1 at Saigon, at the back of Free World

Gum tree, Nha Trang

Chang, Calmette statue, Hung

Bac Si (Dr) Vuong Tu Toan (or Tuan)

PML, waiting to leave for work, Aug 1967

Variegated paddy fields, sinuous river & main road on way to Vung Tau

L Col Bob Williams & his chopper

Hospital is group of dark-roofed buildings lower right foreground, fronting on to main street (flaw in film). Church is at left, with school, convent, & Dr Tho's house. The building opposite the church to the left of the roundabout is the technical school (pottery). Surgical Suite has white triangle, and Children's Ward is the dark-roofed building opposite, with store to left.

Nha Trang beach

Biggest of the helicopters — the Crane. It can lift 9 tons. A pod for 50 troops can be fitted but is rarely used.

Radar & other installations at top of hill, Vung Tau, with Air Base to the right,

Nose of Mohawk raised to reveal prismatic camera. It can take up to 5 pictures per second.

Election poster

Chinook unit sign

Laboratory technicians Training School Institut Pasteur

Chinooks x 2 lift 8 tons, 33 US troops, 45 ARVN

Hai Mrs Nga Miss + their toddler sons

Huey cockpit

Long Binh Bearcat, HQ III Corps

Church, Catholic School & convent, orphanage behind (pale roofs). Hospital — Surgical Suite (white triangle) Children's Ward is dark roof this side of it. Water tower different from that built by the Australians.

VC prison on road to Ho Nai

Nha Trang, beachside café

Bien Hoa
25 Aug 67
R-49

No mail today, but the refractometer has at last come, together with some eagerly awaited drugs. I suppose that this is the effect of the mail stoppage in Sydney, and presumably last night's letter to Brisbane will not reach there before you leave. So I shall send this one straight home, even though ordinarily it would have plenty of time to reach you. Tonight you should be in Harrington, and I hope that the few days in Sydney went well and the kids were not too overpowering for Di and Peter [Francis. He was a contemporary at the Royal Postgraduate School in 1958, in 1967 a Visiting Specialist Physician to Sydney Hospital.]

After yesterday's mass all the specifically Catholic decorations were taken down, leaving the dais and the poles, still surmounted by the blue and white stars. It had drizzled with rain all day, unlike the usual teeming downpour, and as I write a soft rain is still falling. All day the Buddhists have been preparing for their ceremony, which is to go from 7 pm tonight until 11 am tomorrow. An arch has been built over the entrance to the male medical ward, elegantly and skilfully decorated with palm branches, with a banner above with three short Vietnamese words, which have been translated as "Buddhist prayers of sick people and departed loved ones — annual ceremony." It seems an awful lot to get out of so few words.

In the porch of the ward [ie Male Medical] has been set up an altar, with a scroll painting of the Buddha as a backdrop. On it have been set up a couple of bowls of mixed fruit, very well arranged, two large symmetrical brass ornaments and some ceremonial vessels. The whole area has been covered in straw mats, which was a source of dispute at one stage as to which way they should be placed. After prolonged and vivacious debate, the Head Nurse [Mr Ba] exerted his authority, and the whole thing was rearranged. The final effect was much simpler than the ornate and ostentatious Catholic arrangements.

My day began very early at 6:30 with a call to a baby with convulsions. It seems to be having decerebrate fits, of the kind that I have seen in people after partial recovery from severe head injury or a cardiac arrest incident, and has continued all day in spite of heavy sedation. Back for breakfast and a cold shave and a cascade from the bucket. Rick Roll, the young chopper pilot, sick of a return to a recurring drought, cheerfully knocked up his boss — John Vann, Director of CORDS in the whole of Region III — to ask for a shower. The expected result has followed, and three tanker loads of water should resolve our troubles for the time being.

The ward is half empty, with three dying children in Recovery, and for once I had a very small outpatient clinic. I was looking forward to catching up on my drug checking and doing a round with Toan, whom I haven't seen all the week, when along came Graham Wilson [Team Leader]. The blood refrigerator had broken down and all the blood was useless — could I go to Long Binh for replacement? So I jumped into the jeep and went first to the Air Base PX to collect my Vung Tau pictures — when the film split. To my delight the first half are excellent, although a couple have flaws. Almost none of the shots of the aircraft came out, but when I get home I shall borrow from Rod White and copy the best of his.

Then to Long Binh, the road repairs still keeping military traffic off the road. I went to the PX there, for they often have things that we don't see at any of the local stores. There was nothing exciting, so I set off to find my way back to the 93 Evac Hospital from behind. This led to me getting lost in the Long Binh complex, but I didn't mind, for it was quite interesting just driving around and clearly my morning was gone. I passed a park of completely new tracked personnel carriers, looking like surprisingly like a large version of the old bren gun carrier, with the addition of a small cannon on a vulnerable-looking platform set high in front. Then a large area, fenced, mined, patrolled by killer dogs and with classified security signs. I have no idea what is inside,

but whatever it is it must be underground, for all I could see was a bare dusty paddock, with a few common or garden trucks standing about. Eventually I found myself far to the north of where I wanted to go, and thus reached 93 Evac by the road which runs alongside the chopper pad. With the current slack tempo of military operations, it must have been a quiet day, for most of the choppers were parked — I suppose about twenty in all.

I collected the blood, and on the way back gave a lift to a taciturn Negro, whom I found impossible to draw into conversation. At lunch I discovered that John Quirk [Team radiographer, most of the films being taken and processed by the Vietnamese technicians he had trained, leaving him with a lot of spare time for doing I never knew what.] had told Graham yesterday of his intention of going to Long Binh this afternoon, so my journey was unnecessary all along.

The afternoon passed in routine hackwork — a quiet outpatient clinic, tidying up the ward for the weekend, and putting drips into a couple of new babies. Graham, in his boringly repetitive old-womanish way, has become fussed about a woman of his who might have tetanus. He has nagged me repeatedly about her all day, although I keep telling him that only time can allow the disease to declare itself, and that she should be left until the morning. In response to his repeated demands, I went back to see her for about the fourth time for the afternoon, to find her entire family around her bed while she was being given the last rites. All the ambulant patients in sight and the inevitable children crowded around the solemn priest, who paused in a long prayer and gravely gestured for me to carry on. Quoc, my interpreter, is a Buddhist and was intrigued by the ceremony and lingered to watch.

We all had an early dinner and drove back in steady light rain to see the Buddhist ceremony. Whether it was the rain or the fact that Buddhism is an amorphous and undemonstrative religion, there was only a tiny congregation, crowded into the porch of the ward to keep out of the rain. On the dais, using the same trestles as the Catholics, they had put up a small altar, with several candles stuck in old one-litre intravenous bottles. In addition were a couple of oblationary bowls and joss sticks, with smoke arising from them.

In the alcove were a few of the nurses, Miss Nga being particularly prominent and obviously fervent. There were two priests, one a typical yellow-robed chap, and the other obviously of greater sanctity, in purple. All had bare feet and I stood for a few moments in the rain to watch. At first they all stood with hands pressed palms together in the beatific attitude. Instead of a bell or gong, the lesser priest gently struck an oblationary bowl, and to this attractive sound they all kneeled in unison, bowing down until foreheads touched the floor. Meanwhile the senior priest was reading from a sacred scroll, pausing now and again to kiss it, while the little congregation muttered responses. At one stage, one of the male trainee nurses left the group and came out with a couple of pieces of gold paper to the outer altar. He lit these from the tall red candles, hissing and spitting in the rain, and dropped them into a battered aluminium hand bowl presumably left there for the purpose, but oblivious to the obvious risk of igniting the cotton sheet covering the altar. It was too dark for pictures, even with my expensive extra-fast film, so I hope that they are still going strong in the morning.

Earlier in the week Doug Townsend had a frantic call to a woman with snake bite, and the relatives had brought in two small snakes, one virtually intact. Remembering Ron Southcott's appeal for specimens, I urged Doug to put them in formalin. In the evening the only container that he [ie Doug Townsend] could find was one of the plastic bags that we get from 93 Evac with ice to keep the blood cool. Next morning this was handed to me and I took it with me to the Children's Ward to leave it there until I could make better arrangements. Both children and their parents were terrified of the snakes, even though they were clearly very dead. They all shrank back in horror, and Miss Nga wouldn't enter the little office for as long as they were there. When I got time I took the package to the laboratory to put the snakes into a glass jar. Here I evoked a

similar reaction, although Hung put on a brave front, and Chang, the Korean, in his usual cheerful way affected not to mind. Now they are sitting on my chest of drawers, which the maid never dusts, so I suppose that she hasn't noticed them yet.

...

All my love,

Peter

[Ronald Southcott MD DSc PhD was at that time Deputy Director of Medical Services in the South Australian Branch office of the Repatriation Commission. He was old enough to have been a medical officer during the Second World War, an earnest and industrious man, who wrote many scientific papers on a range of topics, mostly in natural history. He was an Honorary Curator of the South Australian Museum, and it was in that capacity that he asked me to keep my eye open for relevant specimens. I recall some trouble passing the formalinised snakes through Customs in Adelaide, and they turned out to be duplicates of others the Museum already had. I don't recall sending any other specimens home.]

Bien Hoa
26 Aug 67
R-48

When we got to the hospital at our usual time, the Buddhist altars were deserted and children played on the dais. On the outer altar had been placed several small bowls of rice, some eggs, a few cooked prawns — almost large enough to be small lobsters — and several glasses containing joss sticks. Many more candles had been lit. While we stood about taking photographs, members of the hospital staff appeared and busied themselves tidying up. A line had been stretched on each side of the dais and they hung upon this crude little manikins cut out of holy paper and printed prayers. Every time they fluttered in the wind this was another prayer for the souls of the loved ones. I tidied up the ward and outpatients, and by then last night's two priests had returned. The same little group of hospital staff had crowded into the porch and joined in the service. The priest muttered his prayers, pausing every now and again to tap a little gong that he held in his hand, and which gave out a clear bell-like sound. His companion tapped with a little wooden mallet on a hardwood offertory bowl or similar vessel, and produced an attractive deep clicking sound. All were bare-footed, and the congregation stood with palms together, until at intervals they fell to their knees, making a series of staccato little bows as they did so. At particularly profound moments, in silence they bowed until the forehead touched the ground.

Meanwhile, with no apparent sense of incongruity, the hospital porters carried on with their business on the dais. Two or three joss-sticks were taken together and set alight, then stuck about on the altar, its steps and the rush matting, adding the pleasant smell of incense and wisps of smoke to the occasion. Once one of them paused for a moment and casually put his cigarette to the altar candle, shielding it with his hand from the fresh little breeze. Others brought out the ceremonial food to be distributed to the patients. Whereas the Catholics had produced bread rolls cooked in the fashion learned from the French, the Buddhists had what looked like a slab of cold fish flesh — although it could have been anything — wrapped in a banana leaf.

This went on at intervals throughout the morning, not deterred by a little soft rain, until at about 1030 the ceremony came to a climax. Quite a crowd gathered, but really very few compared with the congregation at the mass, and there were very few patients. The two priests came down to bless the lower altar. A sacred scroll was produced and solemnly chanted, while all bowed low. At all times the priest spoke very quietly, so that even standing close we could just hear the tone of his voice and not distinguish individual words. As it ended all the paper cut-outs were gathered up and burned ceremonially, the only dissonance being that they used a rusty old 44-gallon drum for the purpose. The minor priest ceremonially scattered rice, while the senior one, with his gaunt face and phthisical cough, casually slipped out of his yellow robe — and there was just an ordinary black-pyjamaed peasant. The little bundles of food were taken off to the wards; the ceremonial ornaments were carried off to the joss-house across the road, and in no time all that was left was a little cluster of the zinc-topped tables constituting the dais and the ceremonial arch, its greenery now pretty limp.

The other event of the day was the visit from the Ambassador, Mr Border. He came with his very pleasant wife and the Belgian Ambassador, Mr Schumacher. Graham Wilson [Team Leader] and I showed them around between us, in a rather muddly way, interrupted by rain and calls to patients. They showed polite interest in it all, remarked on the improvements since they were last here, and clearly had little desire to find out where our real problems lay and how we could be helped in our work. I found myself the guide back here for lunch and sat in unaccustomed ease in the big Buick, with the Australian flag fluttering from the mudguard and American soldiers turning to gape after us.

We sat about chatting and sipping, waiting for a couple of girls from the British Embassy who had chosen this somewhat inappropriate day to come up in their [Morris] Miniminor in answer to the usual standing invitation, “You must come and see us sometime.” At lunch I found myself between the two ambassadors with Rod White on one side and Graham on the other. The Belgian has been here three years and is a relaxed and friendly fellow. He arrived in chaos, with no water or power, casual murders commonplace and a situation, as he wryly said, very familiar to a Belgian after what happened in the Congo. He feels that slowly but steadily things are improving, and that if a stable and reasonably popular government could be established after the election there is real hope of eventual security in the South.

Rod told a good story of Vietnamese wit, relating to the delightful little interpreter, Sergeant Nien, whose photograph was taken with me at the Leprosarium. A woman came in who had been stabbed.

“Who stabbed her,” asked Rod.

“Another woman,” said Sergeant [as we invariably called him].

“Why had she done that?”

“She didn’t like the husband to see her.”

“Had she been playing up?” asked Rod.

“By that do you mean lying down?” said Sergeant, convulsed by his own wit.

The story went down well, as Rod’s ready wit so often enlivens occasions like this, relieving Graham’s earnest pomposity and my garrulous chatter. We sat long after lunch chatting on, Mr Border pleasant, alert and interested, but very guarded in response to any attempt to find out his own views.

During the morning a fine new blood-bank refrigerator arrived from USAID, and once again I was stuck with the job of driving to Long Binh for more blood. I had a short doze over a book first, then had a quick and easy passage in one of the Landrovers. At Vien Cuu, the last village before the Highway, a team of American engineers is working to improve the main street. As the Vietnamese casually watch, and under the eyes of a couple of guards with carbines, a big group of men are tearing up the old pavement with jack hammers, surveying and laying down drainage gutters and mixing concrete. A small road grader with an aggressive blade moves briskly up and down, and all traffic hastily dodges out of its way. 93 Evac Hospital is disconcertingly quiet, and the bored lads in the laboratory were pleased to see me, for they had no work to do. I stayed briefly chatting while one of them casually chucked the blood into one of the big Coolite boxes.

One is off duty tomorrow, but he doesn’t know what to do with himself, for their facilities in the hospital are pretty meagre and Bien Hoa holds out no attractions. He doesn’t read, but likes to play chess, if he can find a partner. He is a gangling narrow-faced Southerner with big glasses and an earnest demeanour, and he must hate every aspect of the war. As always I am impressed by their steady good humour, and it’s easy to see why they count the days to the end of their posting. On their very last day, like British sailors of old after a successful battle cruise, they are given a card allowing them unlimited drinks at service bars. The MPs at clearing battalions must have a heavy job at times.

The girls have brought around some of the orphans, and they have been rushing up and down the passage making a great din. Jenny Leak is usually the instigator of this sort of excursion, with Jo Griffin and Aileen Monck to support her, but not much interest is taken by Margaret Bolton and Beth Harvey.

[Jenny Leak either stayed on at the end of her contract or soon returned to Vietnam. She devoted herself to the orphans, for which work she was in due course awarded the AM.]

As the time approached when the end is in sight, the girls have become even more openly demonstrative, and I only hope that the next Team will accept some of the responsibility. Otherwise the poor little kids will face a sad let-down, especially the small group of true orphans, whose sole home is the hospital.

Surprisingly, Phil Nurcombe [Team Administrator] went to Saigon this afternoon, and hence I have your letters from West Wyalong and Sydney. ... I hope that this means that the mails are returning to normal. Apart from occasional out-of-date newspapers, all that we can hear of home is the five-minute service at 2105 each evening, and this is pretty limited by its preoccupation with sport and Army news, such as details of new senior officer postings. ...

All my love,

Peter

Picture captions:

VN urologist newspaper ad

VN heroine statue, Nha Trang

Zinc-covered table, Casualty room, where we did minor procedures, washed out stomachs for overdose, etc, and hence hole and funnel for the vomitus.

Chang, Calmette bust, Hung, Pasteur Institute

PML, Calmette bust, Hung, Pasteur Institute

Doug Townsend, Nha Trang

Doug Townsend, close-up

L-Col Bob Williams & his Huey

Tom Allen

Jack Pettet, Bill Adams, Harry Nicholls, Ted Rawlinson, Nha Trang

Denis Smith, Nha Trang, once one of JFK's campaign aides

Gum tree at Nha Trang

946 Mobile Laboratory staff: Lt Camp (Bacteriologist), Lt Sherman (Biochemist), & Captain Scherer (CO) [The lieutenants were probably not medical graduates.]

Bien Hoa
27 Aug 67
R-47

I am feeling very virtuous and quite written out, for I have just finished my sixth letter. Most were acknowledgements of gifts which have arrived or been promised, and I also wrote to my father [long separated and divorced from my Mother, who brought up her two sons unaided] feeling a dutiful son's obligation to a remote parent. [He was a professor of Anatomy, living in London.] I wonder if I will get a reply.

I haven't really any news for you today, for nothing much has happened. Last night I went to bed early and slept like a top, feeling vastly refreshed on waking. I declined an invitation to dine at the Air Base Officers' Mess, just as I declined the chance this afternoon to visit a refugee camp. I am just not going to travel in the next week, particularly on Sundays or at night, unless it is really necessary. I haven't heard any news of the war for a day or so, but today aerial activity is much more vigorous than usual. This morning there has been a great deal of helicopter traffic, and I must say that the penetrating intermittent fluttering sound can be rather tedious. I miss the regular thump and splash of the ice works.

My trip to the hospital today was the shortest on record. Mrs Hai had been and gone and no interpreter had appeared. All that I could do was to grin at the children, go through the motions of listening to the chest of a baby with pneumonia, get in the car and drive home.

I have been reading a historical novel on Thomas A'Becket, and I finished that before taking a deep breath and tackling my correspondence. There are still about four letters to answer, but I think that I will have a sleep before I deal with them. Unfortunately this letter will miss today's mail, since Phil Nurcombe [Team Administrator] abruptly departed just before lunch, with the intention of collecting two doctors and one of the sisters from Long Xuyen, who want to stay the night before they return in the morning.

Somebody in Australia has sent us a large consignment of Gypsona plaster rolls [for fractures, etc] and the Volkswagen is loaded to the roof with big heavy cartons. The Holden is once again back in Saigon being repaired, and the VW is really the only other suitable vehicle for the journey. Phil is a very lazy fellow — this and sheer stupidity are his basic weaknesses, plus the easy tendency to fall into a casual lie — and we are determined not to help him unload the VW. He has hinted a couple of times that we should take it to the hospital, and yesterday I did so. I am sure that he hoped I would organise with Mr Ba (Head Nurse) and Mr My (Storeman) to have it unloaded, but I did nothing, and he scowled when it came back still loaded to the roof. Last night he said ostentatiously to Graham Wilson [Team Leader], so that we would all hear, that on Monday he would be busy at CORDS all day and that the VW would have to be organised. Nobody said a word. Graham, as usual, was quiet and shrinking from any unpleasant confrontation, especially in public, Phil glowering and clearly determined not to have any personal part in the heavy physical work involved.

So do we find little comedies in the small clashes of personality in this disparate group here; poor Phil a Melbourne foreigner, never in touch with the hospital here — I don't think he knows My from Ba and which functions they have — and ostentatiously disliked by several. I was pleased that Doug Townsend wasn't here last night, for he might have been flagrantly provocative.

The weeks are really slipping away now and we can all see the end in sight. Just as on the sea journey to England in MV *Simba* [in 1958] we are all becoming preoccupied with what happens next and the mechanics of how we will extricate ourselves and our gear. One or two of the girls are starting to look a bit jaded, and Aileen Monck clearly gets on Jo Griffin's nerves rather badly. They are the only Catholic sisters — as Phil is the only Catholic male — and Aileen's piety rather

grates on Jo's easier faith. Just now at lunch Aileen said primly that next Sunday, election or no, she intended to go to church — which I regard as an act of arrant stupidity — and Jo looked grim and said nothing.

Olga remains urbane, obsessively dedicated to her work, and concealing her worry about her old father, ill in a little private hospital after some sort of abdominal operation. Beth Harvey is seeing a lot of Rick Roll [John Vann's personal chopper pilot]. The two of them sit chatting in the mess after the rest of us have gone to our rooms, and I think that she rather dreads the whole thing breaking up. Of all the girls she is probably the one who would most like to stay. In fact she and Jenny Leak volunteered to do so a week or so after their arrival 5½ months ago. On Friday came a curt telephone call from the Embassy — only one of them could stay, for six months, and in a strictly supernumerary character to the Brisbane Team. This is the first acknowledgement that they have had to their original letters and only verbal at that. It is the sort of thing which shows so clearly that something is vitally wrong in the Department of External Affairs. Yesterday Mr Border [Australian Ambassador] said that he had recommended that staff posted to Saigon be rotated first through an appropriate office in Canberra, and then come for only eighteen months instead of the usual two years. He made the suggestion fourteen months ago, but no decision has been made. It was on the tip of my tongue to ask if it had even been acknowledged, but I had the sense to see what a provocative question that would have been.

Home is closer than ever, for I have just written to [friends in Bangkok and Kuala Lumpur.] ...

All my love,

Peter

Bien Hoa
28 Aug 67
R-46

A silly action of mine precipitated a minor crisis this morning, which I fervently hope is finally resolved. When I entered the Surgical Suite on arrival, there was a little man with a cigarette dangling from his mouth in spite of the no-smoking signs. I spoke to him to tell him to put his cigarette out, but he took no notice, so I took him by the sleeve to show him a sign and he complied. I went on to do my usual ward work and thought no more of the incident, until Tom Allen [our anaesthetist] came over in great distress. For this was Mr Fuc, the senior nurse anaesthetist, and he had lost face in front of the inferior nurses in the so-called Supply Room, where the incident took place. Now he had walked out and his two assistants with him, leaving Tom alone.

Full of chagrin, I hastened back to apologise through an interpreter and in the presence of the junior staff who had witnessed the original incident. Still the matter was not resolved; Mr Fuc would not work until the return of Dr Tho, the Medicin Chef, perhaps next week. This, of course, would wreck the delicately balanced rosters, and Tom and I would have had to share Mr Fuc's night work. [I would barely have been competent to do this, as I could give only open ether anaesthetics by face mask and did not know how to work a Boyle's or other anaesthetic machine. Neither was I confident at endotracheal intubation. In brief, I was a minimally competent anaesthetist, nowhere near the standard of Mr Fuc and others like him.] Tom went off to see Mr Ba, the Head Nurse, and I had to leave him to it, for I was very busy.

At last a conference was arranged in the office of the Medicin Chef to discuss the matter. It transpired that the main offence was that I actually touched him — to speak at all in the presence of the juniors was bad enough, but this made it a deadly insult. Furthermore, we all, and I in particular, all unknowing, had caused repeated offence by the way we beckoned to people. We do this in what is for us the natural way, palm facing upward, but in this country such a gesture is reserved for dogs and people to whom one wishes to convey offence. [Vietnamese and Chinese beckon by presenting the dorsum of the hand and fluttering their fingers, palms down.] Thus had such a small incident brought to a head many little incidents that rankled deeply, and clearly major diplomacy was needed to patch it over.

So Graham Wilson [our Team Leader] and I, with Mr Su, the original interpreter — very diffident at finding himself in such a situation — went to the Medicin Chef's office. Here was Dr Toan, urbane, smiling and speaking very quietly, just as usual; Mr Ba; the aggrieved Fuc; and two of the nurses from the Supply Room, who had been the original witnesses. Graham apologised and so did I, and I solemnly shook Mr Fuc's hand. The insult, he relayed, was not to himself but from the Australian nation to the Vietnamese nation. A man of my education should never have spoken and acted in such a way. Mr Ba broke in — Doctor Last should work only in the Kid's Ward — he should not be in the Surgical Suite.

Toan, to do him justice, presenting a demeanour of great dignity, rejected this flatly. The whole hospital had benefited from Dr Last's help, and he was free to go anywhere.

Ba looked sour, and tried another approach, quite a reasonable one really. Dr Last was here for only a few weeks, but Mr Fuc had to keep working after such a gross humiliation.

So I apologised again.

Mr Fuc finally agreed to resume, but he was too shy to face any of the Australians — especially myself — for several days. Toan, Ba, and the interpreter Su all talked to him at once. Clearly he was carrying his wounded pride too far. So he broke down and said that he might work tomorrow.

At once all was smiling harmony. Everybody shook hands with everybody else, with general good fellowship: Ba and Toan gay; the nurses giggling; Su diffident; Graham and I looking embarrassed; and Fuc, a cigarette between his lips, grimly satisfied.

During the discussion Toan had made one revealing remark. The Vietnamese people used to be treated in this way by the French. Now that they were free of the French, this incident reminded them of how things used to be, and this made it worse still.

The whole thing gave me a good insight into the problems of native pride and the matter of losing face. I have learned a valuable lesson, and in a way I am glad for the chance to have had the experience. I must say that I hope not to repeat it.

[I have retained a memory that Fuc or one of the junior nurses was carrying a big brown Winchester bottle of ether, which is potentially explosive and, being heavier than air, if ignited can precipitate serious burns to the feet and lower legs. It was this, as well as my shock at somebody casually smoking in an operating theatre, which precipitated my action. It was foolish, insensitive and impulsive, and Fuc squeezed the last drop from the pip of the lemon to ensure that I and Graham lost as much face as possible. For a time I kept away from the Surgical Suite, but it wasn't long before I was called there and we returned to *status quo ante*. It was fortunate that Dr Tho, the Medicin-Chef, was away, for I got on much better with Toan. I didn't have much to do with Dr Tho, who did not call me in consultation over his problem cases as Toan did.]

In the male medical ward today I found a gaunt and bloated German, who speaks the language, has adopted a Vietnamese name, and looks to have florid alcoholic cirrhosis. He speaks good English, says he has been here twenty years, working on the plantations, and now wants to go to the *Helgoland* [the German hospital shipped permanently moored in Saigon and which we had visited a couple of times]. It was a pretty reasonable request. The poor chap had gross oedema and ascites, and I would love to hold him to do a liver biopsy, but I shall send him on tomorrow. It must be terrible to fall to the level of a charity patient in that awful ward, without even a relative to offer help. Later he said that he was a former Legionnaire.

[He was actually starving, because none of the Vietnamese would give him food or help him to eat. Rapidly developing pressure sores from neglected incontinence added to his bad status. I had to hope that his compatriots on the *Helgoland* would be able to do something for him.]

The other event of the morning was the arrival of the two VN sixth-year medical students to stay for a fortnight. As this has arisen from my own initiative, I hope earnestly that the experiment will be a success. Mr Hung, who comes from Hanoi, is deaf in one ear and turns his head to one side to catch what people say to him. He has two sisters there, whom he left behind in 1954, and there is no means of mutual contact. Mr Duc, less secure in his English, comes from Saigon.

In their final year they really act as residents, and Duc claims to have done an appendicectomy on his own. Their examinations are in two months' time, and then they face a minimum period of four years in the Army. [Dr Toan served ten compulsory years in the VN Air Force.] They share the room next to mine, and are to take their meals with us from Monday to Friday this week, returning to Saigon for the weekend. Two Vietnamese at every meal at this stage in the tour of duty will impose an additional strain on the mess, but I hope that there will be no friction. One of them will come with me on my rounds and clinics, and the other will help in the Surgical Suite. Inevitably they will be drawn in as interpreters, and Quoc the young dental student will probably be a bit put out. It is certainly going to be interesting to see how much they know, compared with their peers at home.

No mail yesterday or today, which I suppose is a reflection of the postal trouble in Sydney. I haven't heard any domestic Australian news for a couple of days, so I don't know whether or not

the dispute has been settled. I hope that this doesn't mean that my letters to you have been unduly delayed.

I have been giving some thought to the boat [*Kareelah*] ...

I have your *ao-dai* [Vietnamese traditional female dress] — white satin trousers and a soft grey Thai silk tunic. It costs 2,050 P — a bit less than \$20 — and I hope that it will fit. There seems no spare material to let it out if it is too small.

Sergeant Nien [probably Nguyen, one of our favourite interpreters, a lovely tiny man] also got me a small Vietnamese flag to fly on [Royal South Australian Yacht Squadron] Opening Day, and characteristically refused to accept payment for it. When you send up the four cars for the little boys — I think I originally asked for three, but I left one out — would you put in something for him — an Adelaide silver spoon perhaps, plus half-a-dozen similar small things for the other interpreters. John Barker [anaesthetist with the preceding Team] gave mulga rulers, but I must say that I thought that they looked pretty awful.

All my love,

Peter

[Subsequently I learnt a great deal from our involvement with the AFS international student exchange scheme. Two of our children went away and we hosted eight foreigners for periods ranging from three to twelve months. An excellent AFS publication was *When do you bow in Australia?* As an example, from this I realised why Vietnamese (and Japanese likewise) were reluctant to use handkerchiefs, which offended us when we first struck that pattern of behaviour. Similarly I retrospectively reproached myself for placing an arm across the shoulders of the much shorter young interpreters. To me this was a mark of affection: to them it was degrading, but they were too polite to say so. I discovered this in Bangkok after I left Vietnam, staying with Roger Holdich, at that time Third Secretary in our Embassy there, subsequently head of ASIO (Australian Security Intelligence Organisation) and AO. I wish I could have read the AFS material or something similar before we went to Vietnam, for the Department of External Affairs made no attempt to prepare us. I wrote a report covering these issues, but I doubt if it went beyond somebody's filing cabinet. Members of later teams told me that they made similar complaints, with no apparent response.

In my report to the Department of External Affairs dated 7 December 1967. I wrote,

“2.3 National temperament and prejudices

“We had no preparation whatever for learning how to deal with the Vietnamese, and this was a grave omission which should be remedied as a matter of urgency for all future teams. The Vietnamese will respond to a situation of difficulty or embarrassment with laughter, and will tend to produce the reaction or answer that they feel the interlocutor desires. They are very sensitive to loss of face and a person of any standing must not be reproached in the presence of an inferior or outsider. It is an insult to point or beckon with one finger, place an arm upon the back, or pull at their clothing.

“Through failure to appreciate these prejudices, and certainly others of which I still have no inkling, I inadvertently precipitated an incident leading to a public apology to the Acting Medicin Chief and loss of face for the Team and our country. Prior knowledge of national prejudices would have prevented this.

“If this sort of information is not known to the Department, it certainly should be, and it should be promulgated to all Team members — and all others working with the Vietnamese — before departure.”]

Bien Hoa
29 Aug 67
R-45

My first impression of the VN students has been very favourable. I had Hung (it might be Đung) who is a little deaf in one ear and has a squint, so that he approaches everything crab-wise, from the side. After due courtesy calls on Mr Ba and Dr Toan, I took him to see the new cases admitted to the Children's Ward. He is on the ball, shrewd with his diagnoses, appropriate in suggesting simple investigations, and, as expected, woefully weak on therapeutics. From there I took him to Outpatients, where he acted as interpreter and was invaluable.

The very first patient was one whom I couldn't have got to the bottom of with any of the other interpreters. She was a girl of 20 complaining of chest pain and insomnia since the birth of her last child ten months ago — also her first, incidentally. She denied specific stress. Her mother-in-law had just died, but this was expected and her symptoms preceded the illness. She got on well with her husband, had plenty of money and no worries. Did she want more children? Her eyes filled with tears, her lips trembled, and she said, "Yes" — but not convincingly so.

So I said gently, through Đung, would she like supplies of the contraceptive pill? We have about a dozen packs, mostly samples. After simple reassurance she eagerly accepted the offer and left, the most grateful patient that I have had since I have been here. Rather an interesting little episode, and this could have been my outpatient clinic at RAH [Royal Adelaide Hospital].

Our departure last night was delayed by a little rash of war casualties. Americans were advancing to attack VC about 10 km away, and these poor souls were the ham in the sandwich when some grenades exploded in their midst. A woman had her mouth blown in and jaw shattered; a man had a chest full of blood and a fragment in his liver; and a poor little lad had a fragment deep in the brain, producing profound stupor — We sent him to Saigon. Fortunately the rest were only minor cases, but with the press of tearful relatives the foyer was packed for a short time. I made myself useful by writing X-ray requests, before extracting myself and Jenny Leak, who had stayed late with her devoted orphans.

After tea I gave the anaesthetic while Graham Wilson dug out this piece of mortar fragment from the skull of a Montagnard child of six. [Attached to the sheet with transparent adhesive tape is a fragment 4 mm x 1–1.5 mm.] He was very lucky, because the inner table [of the cranium] was intact, and he had no brain damage. It took a surprising amount of physical effort to lever it out of the bone, into which it was wedged very tightly.

Today I had Đung with me all the morning, which brought my work back to a slower tempo. We did the ward together, Mrs Hai [ward sister] joining in and the two of them clacking away across me, with much grinning and general interest from the relatives. He is keen to quote what is general practice at Cho Ray Hospital, and, I suppose much as I would be myself, he is reluctant to accept relatively strange ideas from foreigners.

The morning was enlivened by my first interview by a drug detailer since I have been here, representing the American firm of Pfizers. She was a very charming Vietnamese, with the same sort of flashing smile as Chang the Korean. She knew Mrs Hai, who had trained with her at Saigon Children's Hospital, and she spoke excellent English. She had been to America and had visited New Zealand, Sydney for two days, and Canada. It was quite like home to hear somebody extolling the virtues of their firm's products, complete with brochures and samples. There was one difference, however. All the sample bottles had only two or three tablets, whereas at home there would have been 20 or even 50. Anyway I extracted 4 samples of the expensive antituberculous drug Viomycin and a promise of baby food, so her visit was well worth-while.

We have a boy of about eleven with diarrhoea and secondary malnutrition, which I think must be tropical sprue, for he has not responded to deworming. He is desperately ill, with as severe an anaemia as I have ever seen — haematocrit of 7%, equivalent to a haemoglobin of less than 20%. I checked his blood group and it was B Positive, so this afternoon I went over to Long Binh to try to get blood for him from 946 Mobile Laboratory. They didn't have any B at all, either for us or any of their own, so I shall give him O tomorrow and hope for the best. The journey wasn't wasted, for I called in at Train Compound PX, and there were a few electronic flash units. You have to be careful with these, for they can run off either four little pen-torch batteries or AC current, and most have been 110 v. I found one that was 220–240 v and paid my \$14.50. The girl was a long time wrapping it up and my attention wandered. I went on back to the hospital, got caught up by a child dying from dehydration from gastro-enteritis and in oligoemic shock, and put up a drip. At last I got home, and when I looked at my new toy it was a 110 v model after all. It was close to closing time at the PX (1800 — 6 pm) and these flash units are in such short supply that they sell very quickly. So I flew out to Train, and was only just in time, for only the display model was left — and it was 220–240 v, the only frustration being that none of the PX stores have any batteries at present, so I can't use it for a while.

On Sunday Rick Roll flew his boss, John Vann, to Nha Trang for the day. This turned out to be for a key conference between General Westmoreland [US Commander-in-Chief in VN] and all his generals. In all matters not strictly military, policy is determined by two independent but inter-related agencies: CORDS (Civil Organization Regional Development or some such) and MACV (Military Advisory Command, Vietnam). John Vann is Deputy CORDS for Region III — above him is a two-star general, then Westmoreland, who is the titular head of the Army and both agencies. Rick said that he had never seen so many generals together, and he was congratulated briefly by Westmoreland on his two gallantry awards. Naturally such a conference at this time so close to the election and with the marines in trouble in the DMZ [Demilitarized Zone at 17° N latitude] has caused us to speculate on the possibilities, but equally naturally nobody has said a word on any possible outcome.

Your two letters from Sydney have arrived, including the one from Bob Newman [An American acquaintance, who had just completed his national service in the USAF in Japan. He became a close and continuing friend, who made a distinguished career in the treatment of narcotic dependency and in hospital administration.] Graham Wilson [Team Leader] is happy to put him up ...

After several days without rain it is suddenly teeming again: one of those really torrential downpours which cut visibility to a few yards and fill the room with fine spray. Even though it is a little cooler from the rain, I still feel quite comfortable with nothing on but a pair of underpants. The family of geckos in my bathroom have been quite excited by it, and have come scampering out from behind the hot-water service. We are rather fond of them, in spite of their curious cry, which occasionally sounds like our telephone, and their little dark turds are just like those of rats. One creature here that you would not like is the local cockroach, at least twice the size of ours and even more repulsive. Actually there have been surprisingly few creepie-crawlies here, and, like the weather, this is another thing that is not as bad as I expected.

Marg Bolton has suddenly come down with a rigor and bone pains, which sounds like dengue. Like all of us she has been religiously taking anti-malarials, and it doesn't sound like anything specific. Graham has gone into quite a flap, talking of blasting her with antibiotics, and it took some persuading to confine therapy to aspirin and pentobarb [the standard hypnotic of the day]. The other girls have rallied round, and a small deputation has just taken in tea and a thermos of iced fruit juice for the night.

Did you hear about the man who went to a mini-brothel?

He got smallpox.

All my love, Peter

Bien Hoa
30 Aug 67
R-44

A quiet day today and not much to report. It seemed to rain a great deal during the night and H&I [Harassment and Interdiction] fire from the Air Base was louder than usual. With the elections now so imminent, everybody is growing a little tense. The Air Base expects to be attacked again, as they were recently at Dha Nang, and the parachute flares have been used much more liberally than usual and closer to us than before, just across the river about a mile or less upstream. However, nothing seems to have happened, and in fact we have had one of the quietest days on record, with almost no road or war casualties all day.

Marg Bolton is still very feverish and miserable, and I came back from the hospital for a short time to examine her again and take blood. This eliminated malaria, but hasn't helped much in other ways. I think that she has probably got dengue fever, an unpleasant but usually harmless and self-limiting viral infection spread by mosquitoes. [Margaret was a champion theatre sister.] As a result of her absence, Jo Griffin has gone into theatre and Aileen Monck is left alone in the Recovery Ward, with the lazy and slipshod Vietnamese nurses.

Actually I have given her most of her work today, with a baby with pneumonia and convulsions needing oxygen, a blood transfusion that is very reluctant to run, a lumbar puncture, and a baby with intussusception. This was the first that I had seen since I was a student, with classical signs straight out of a textbook and confirmed by laparotomy.

Once again I had Đung shadowing me all day, and I have found him a cheerful companion, growing more anxious to learn, and the best interpreter that I have had. He seems to get on well with Mrs Hai, and the two of them digress into long discussions with much laughter and giggling. The morning was slack and the afternoon even more so. A day or so ago I had a child with encephalitis and fits, which seemed to recover. Today the poor little thing had the most extreme neck retraction that I have ever seen, with its whole body arched back like a bow. I thought that I must have infected it with the lumbar puncture and given it a septic meningitis, so I repeated the lumbar puncture again. Technically this was very difficult, but I got in at only the second attempt and the csf was gratifyingly clear.

After a short outpatient clinic with rather dull cases, I took Đung off to see a boy with rheumatic mitral and aortic valve disease. He had no clear idea how to set about examining a patient's heart, so I launched into the tutorial that I give fourth-year students [in Adelaide.] He was obviously quite fascinated, plying me with questions and tumbling out a mixture of French and English terms. Nobody before had ever shown him how to use a stethoscope properly and I allowed him to listen with mine, which is much better than his. He kept me going for an hour, and I enjoyed it as much as he did. We began with the usual little audience that always collects in a ward when any of us appears, but they soon grew bored and drifted away, leaving us to our animated discussion.

Across the way was an old man, who might be Chinese, with one of their odd little pillows, with a hollow cut out of a block of sponge rubber just the size of his head, and the whole covered in a gay blue and yellow cotton material. With him was a young boy of about 11, obviously his grandson, and with an obviously Caucasian cast of features. The old man was giving the boy notes from a surprisingly large roll, counting them over one by one, with querulous instructions and pauses for repetition and emphasis. The boy looked as though he had never handled so much money in his life before, and looked very dubious about the transactions that he had to undertake.

I was intrigued to see somebody bring so much money into hospital and display it so openly. Petty thieving is rife, not only from us — for naturally we are fair game and by their standards

very wealthy — but from each other. One of the orphan boys had been given a transistor radio by an Australian woman who had befriended him, and it was his only personal possession. It was stolen from him one night, but the culprit was identified and it was returned. The next night he went to bed with it stuck in his belt, and as he slept it was stolen again, this time for good.

For the critical weekend Rod White and I, with Beth Harvey and Jo Griffin, will probably go to Vung Tau to stay with 8 Field Ambulance. They have asked particularly for us, as they have both orthopaedic and medical problems that they want us to help them sort out. Apparently the whole Australian Army Medical Service has only one qualified surgeon, who is at Vung Tau. When he goes on leave they have to send bad casualties to the Americans at 36 Evac Hospital. He has either left or is about to do so, and is to be replaced by a CMF [Citizen's Military Force] surgeon on a six-month commission. This is an appointment very similar to our own, with all the advantages of war service benefits thrown in. If they need a physician next year, I would almost be tempted, were it not for the intolerable added burden on you. Actually I would be safer there than here, for the compound is right on the beach and the town is off limits. Bien Hoa has a total curfew from Friday to Sunday and only essential traffic — such as ours to the hospital — is permitted. Even though I am off duty, I could hardly refuse a call, and I am keen to escape to Vung Tau.

Poor Tom Allen [our anaesthetist] had a cable today to say that his father had unexpectedly died. He is very shocked and has become restless and reticent, brusquely turning aside my offers of sympathy. Mr Fuc — or actually it is spelt Phuoc — still hasn't reappeared, and this has been an added burden. It now transpires that he has always been a difficult and moody little man, quick to take offence, especially when the surgeons so obviously prefer Mr Kwy, who is younger, but much more efficient and much pleasanter to work with. Otherwise there have been no further repercussions. Dr Tho is due back in a day or so, and probably Phuoc wants to stage a repetition of the apology scene to have another chance to bask in the limelight.

No more news,

All my love,

Peter

Bien Hoa
31 Aug 67
R-43

I am feeling tired but virtuous tonight and I hope that you don't mind another short letter, for I have very little news. I have settled down and edited all of my slides — about 300 in all — putting a note of the subject on every one. There are only 3 or 4 total failures, and very few with bad focus or camera movement. Many are under-exposed, and I shall repeat a few, and it is intensely frustrating to have such major gaps — all of Nha Trang and nearly all of the visit to the air battalion at Vung Tau. It is now very late, but as soon as I can muster the energy I shall parcel up and post back to you the nine boxes, not all in one parcel in case it goes astray.

Talking of parcels, the little cars arrived safely, and since then you will have had my letter asking for another one and a spoon for Sergeant. If you haven't sent that, please put in three more spoons, as well as some sort of Australian gifts — ? tea towels, ? little koalas — totalling six in all. These are for Mrs Hai, Miss Nga & the interpreters. Hugh Douglas [my predecessor] scored gifts from most of them and I want to reciprocate if they do the same to me.

... [Discussion on finances and anticipated expenses.]

For the last few days the hospital has been unnaturally quiet, with tiny clinics and elective surgery has fallen almost to vanishing point. Tensions, I suppose, are mounting for the elections, and people don't want to be away from their homes at such a time or put their relatives to the hazard of travelling to and fro. I think that I mentioned before that the hospital has taken the unprecedented step of mounting all of the staff on duty on Sunday. Bien Hoa town is now off limits to all except duty personnel until Monday, and we are confining our journeys to the minimum needed between here and hospital. Last night John Quirk [our radiographer] saw tanks and heavy artillery passing along our road, and H & I [harassment and interdiction] fire is more prominent than ever before. Somebody said that the far side of the Air Base was mortared a couple of nights ago, with a sprinkling of casualties. Although the Control Tower is only about 2½ miles from here, all the attacks come from the far side, where the rubber plantations, jungle and paddy [fields] encroach on its margins. That is at least five miles from here, and our only real hazard is a stray shot in the town itself or a booby trap. We can't really do anything about either of these, except not take risks — and I certainly won't.

My plans for the weekend are dependent on Air America.

[Air America was an air service conducted by the CIA. Their planes were in civilian 'Air America' livery. I recall classical old DC3s, with seats running fore-and-aft and not amidships, rendering them lethal in case of an abrupt stop in even a minor crash, but providing the flexibility for use as cargo planes. There were also Canadian Otters, first developed as float planes for lakes and other still water, and now fitted with wheels. They carried up to eight passengers, with excellent visibility below their fixed high wings. Otters were used for spotting, so there was always an edge of anxiety at being shot at, and for this reason the pilots took them high as quickly as they could and descended equally abruptly. They needed only very short runways.]

We are booked to fly to Vung Tau at 0900 on Saturday and to return on Monday morning, and will almost certainly spend the whole time in 8 Field Ambulance or on the adjacent beach. If not we will stay here, and I suppose that I shall take calls as usual; I can hardly refuse.

So far as the day's activities are concerned, I have little to report. Dung (the VN medical student) and I did the ward work and 3 or 4 outpatients. Then I spent 1½ hours trying to telephone Saigon about the unfortunate German ex-legionnaire in the male medical ward. First I couldn't get Bien Hoa exchange, then I got stuck at Long Binh. Finally I got Saigon and actually raised the *Helgoland*, but the connection was so weak that we couldn't hear each other, and anyway we

were cut off. So I went up to the front of the hospital to see if the Vietnamese exchange could improve on US Army. The wait would be an hour — so I gave up, and on Đung's advice sent the poor chap to Cho Ray. [The main teaching hospital for the medical school.] The *Helgoland* goes to Singapore next week and its fate has not yet been decided. Originally the German government had intended that it go to Hanoi, but now they have decided against that and it may go to Da Nang. Other than memories it will have made even less of a mark than we have.

I gave a lecture today, with Đung to translate, on tuberculosis, but the audience had shrunk to seven and they hadn't yet translated my notes into Vietnamese. It is disappointing after all the effort, but rather what I expected.

It's now 1 am and I am dead tired.

All my love,

Peter

Bien Hoa

1 Sep 67

R-42

Once again an unnatural calm has descended on my side of the hospital. Several quite sick children have been taken off home, and nothing elective has appeared at the truncated clinics. By contrast, the surgical side has been extremely busy. It began at 0500, when two patients arrived who had been injured by a claymore mine. One was a boy of about eight with a sucking pneumothorax as well as other fragments in his abdomen and leg muscles. He was operated on at once and initially is doing very well. The other was involved in the same explosion but had relatively trivial injuries.

When I reached the hospital soon after eight it was to find the foyer jammed with stretchers and more being brought in. This was the result of a multiple traffic accident somewhere out near Train Compound. The police were there in force, taking statements and drawing diagrams, and, like their counterparts at home, ignoring the physical and mental state of the patients. One victim must have had a guilty conscience, for she had obtained a priest to say the last rites. Poor fellow, he justifiably felt himself to be in the way and gabbled through the process as quickly as he decently could and slipped away.

By the time that I had finished my ward work and short outpatient clinic this lot had been cleared away and things looked more normal again. We need a good stock of blood for the weekend, so I set off in the VW for Long Binh to see my good friends at 946 Mobile Laboratory. As I drove out an American ambulance was just starting to unload customers at the hospital Casualty Room, so the lull hadn't lasted long.

With the strict curfew imposed by the Americans, Bien Hoa town was quieter than I had ever seen it, and most of the itinerant peddlers of sunglasses, ball-point pens and such like had disappeared. The traffic too was quieter than at any other time except my dash across at night a couple of weeks ago. In the main street of Vien Cu the American construction team had been withdrawn, with all their equipment, and the only MPs were those at either end of the road. The usual GI hitchhikers and little groups huddling in the Lambretta buses had all vanished, and there were far fewer Lambrettas and these mostly virtually empty.

At 946, in their usual way, they made me very welcome. — Was I sure that 40 units would be enough? — Wouldn't I like more? But we already had 17 and our bank has only limited capacity, so I stuck to my forty. Similarly I called in at the Pharmacy.

“Could I have some Pot Iodide tablets, please?”

“Nup — None in stock.”

“What about IM iron, a few ampoules of Mag Sulph and an anti-emetic for Marg Bolton?”

“Sure. How much did I want? Gee, that's not much, have more — heck, we don't use much and there's plenty more in Supply.”

I am so used to this now that I have been badly jolted on the rare occasions that I have been knocked back. I went to both the PX stores at Long Binh to look for batteries for my [camera] flashlight, but it was pay day yesterday, and with all ranks confined to camp there were huge queues at both. So I returned straight home, again an easy journey.

I walked at once into chaos. The patients whom I had seen arriving as I left were all bad burns — 3 adults and a baby. All that I could get out of the harassed interpreters was that it was a kerosene explosion, but how or where I do not know. These had clogged the foyer, waiting for space in the theatres to have their burns dressed, while another ambulance brought in a new consignment. A

mine had exploded in a restaurant and these were the surviving victims. There were only about eight of them, but some had relatives and the usual big crowd had collected, completely jamming all the space. I did what I could to help, which wasn't much, as the surgeons feel obliged to check my findings anyway. Order appears surprisingly quickly once the patients have been examined. Some are sent off to X-ray, carried on their stretcher to the sole wheeled litter and then wheeled the rest of the way; others go straight to the ward; or are taken to theatre as soon as possible. Lifting stretchers is a tedious business — like taking off clothes it is something from which the Vietnamese shrink. Most of the interpreters, including the two women, are quite willing to help, but, understandably, they often try to pass the buck and hold up progress while they hold a little conversation with the bystanders.

Marg Bolton is steadily improving, and I hope that she is over the worst of it. She still has a high fever and a lot of bone pain, but is able to keep some food and drink down for the first time. Aileen Monck is also sick, having been vomiting all night — a common complaint with her. Jo Griffin, of course, is still in theatre, so this defection left Jenny Leak alone in Recovery. In her usual cheerful way she coped wonderfully well, and in fact had the place clear of stretchers before the first of the burns patients was out of theatre. If any more of them fall sick, we shall have to curtail our operating, which will not please the surgeons.

After the busy morning it was a pleasure to have a more normal afternoon. The surgeons plugged on steadily, finishing the emergencies from this morning and the elective cases that had been postponed. One was a stolid boy of 17 whom I think has renal TB and I want him to have a retrograde pyelogram. He waited all yesterday afternoon — having had no lunch — but John Quirk [our radiographer] was off and Graham Wilson, quite reasonably, didn't want to try his luck with the Vietnamese radiographers, whose English is minimal. He came again this morning, with no breakfast, spent the day standing about clutching his packet of IVP [intravenous pyelogram] films, and was still there when I let at 4 pm. He didn't seem to mind, but he must be pretty hungry by now.

We have also had another case of snakebite, but no snake for Ron Southcott this time. He was bitten on the foot at 0800, went to a US Army village dispensary, then by chopper to 93 or 24 Evac (both are at Long Binh, about 2 miles apart) and then by ambulance to us, arriving at 1530. He had been given antivenine and had had the leg packed all day in ice, so that his major hazard seems to be frostbite. I had just gone home, since nobody turned up for my usual clinic, and rather resented having to return when there was clearly nothing that I could do.

Your first letter from Brisbane has arrived, and you certainly seem to be packed in as tightly as Vietnamese in a Lambretta bus. By now you would have had five nights of it and I should think that the noise of all the children must be overwhelming. ...

[Jenny and her aunt took three of our four children, aged 11 to 7, in a Morris 1100 to Queensland and back, the youngest child being left at home in the care of another aunt.]

The last paragraph was punctuated by a call to a baby who had inadvertently been given a dose of its father's medicine — no harm followed. Yesterday a young woman stepped on a mine and one foot was blown off. This morning Graham got me to see her because of high fever and I took a blood culture to Long Binh. Now I have just seen her relatives take away her body, for she had died a little while ago. Because of installation of a new gutter, they had to carry it wrapped in a blanket through the passageway of the obstetric block, past the fruit vendors, the ice-cream man and all the curious kids to one of the ubiquitous Lambretta buses, pressed into service as an improvised hearse. Meanwhile the slipshod Vietnamese nurses will have been straightening the sheets for the next patient, perhaps turning the pillow if it had been stained by any agonal stains.

Such is Vietnamese medicine.

All my love,

Peter

8 Field Ambulance

Vung Tau

2 Sep 67

Originally we were told that our plane would leave at 0900, but at 0745 a message came that it would be 0815. A frantic rush followed to get ourselves packed and away in time. Rod White and I have come with Beth Harvey and Jo Griffin, and when we got to the Air America office at the West Ramp of the Air Base, there was a little two-engined high-winged Dornier monoplane. We were the only passengers, and the cheerful, laconic and somewhat elderly pilot climbed in with us and off we went. In contrast to the trip with Rick Roll [John Vann's chopper pilot] we came in from the south and thus saw a bit more of the wide shallow bay — max depth 6 metres.

We landed near the airport control tower and waited in a little VIP lounge for a car to arrive from the Field Ambulance. This was a dusty Landrover with two cheerful lads, one dutifully clutching his automatic rifle. The Australians here number about 1,500 men in several units or segments of units, with the main military force being a few miles inland at Nui Dat, near some of the hills that we see to the north as we fly home. 8 Field Ambulance succeeded 2 Field Ambulance about six months ago and lives in tents and huts on a sandhill. This gives a pleasant view of the sea and the coast to the north, but it would be beastly for a year, with sand everywhere and only a mess tent and the beach for recreation.

A Field Ambulance is supposed to be simple and mobile, and the Army is taking its time to recognise that this will inevitably become a definitive establishment. Nearest the sea is the chopper pad, with a walkway for stretchers to be carried to the receiving area. This is in a hut and leads into the operating theatre, with the laboratory filling the end of the same building, entered from the far side. Opposite this hut is another containing a small four-bed postoperative ward and intensive care unit, and through this is a spacious and empty isolation ward used for convalescent cases. We saw and I photographed a man painstakingly painting from one of those kits with numbers [for the various colours, in regular use at RGH (Springbank).]

Behind this are a pair of huts housing surgical and medical wards respectively, total beds numbering 60, and last month's occupancy was 41/day (average). In the whole area, which has been occupied for 18 months, there are no made roads, and the general atmosphere of improvisation and poverty of resources is overwhelming — a strong contrast to the efficiency and logistic power of the Americans. After more than a year of occupation, there is very little paint to be seen and only a strip of brave lawn outside the hospital and a little pigface at the door of the CO's office hut relieve the general squalor. It must also be admitted that the individual Australian soldier tends to lounge about and look a bit scruffy, although the few I have so far seen have been cheerful and obliging enough.

L/Col Meyers, the CO, is a pleasant somewhat ineffectual little chap with glasses, of about my own age. [I was 37]. There seems to be a staff of about ten officers, including 3 majors and 4 nursing sisters (one a big bosomy New Zealander) and 3 ill-defined Red Cross aides. In addition to ourselves, the mess has been swollen by one RAAF doctor and two sisters. The two chaplains are exactly in character. Father Doolan is tense, smokes very heavily; and the Protestant is a big bluff and over-hearty fellow with a loud and rather inappropriate laugh. The sisters and the Red Cross girls, as you might expect, look rather a hard-bitten lot. A couple of the men are quite unprepossessing, one being a flagrant depressive and another looks a bit schizoid to me. The surgeon (the only one in the Australian Army!) is tired and tense, due to go home on Monday, and to be guest of honour at a formal mess tonight.

The 2IC, Michael Boyle, and the Anaesthetist, Marshall Barr, are pleasant and very good types. The former is a career officer and goes to UK for a year, hoping to do his MRCP [Membership of the Royal College of Physicians of London, not to be confused with the lesser one at Edinburgh,

the London one being intensively competitive, and success in it would open a much better career path.] The latter leaves the Army soon and is going to Spain for six months to write a novel. We have a grimy corner of a partly completed hut, which we share with a nice young dentist, veteran of a week, and about seven feet tall. In general, and as you would expect, the younger and short-term officers are better material than the seniors.

[From a 2007 web site: <http://www.allenandunwin.com/Military/apBarr.asp> After completing his training as an anaesthetist, including a stint with the North West Flying Doctor Service, Marshall Barr worked as Staff Anaesthetist at the Royal Perth Hospital and Sir Charles Gairdner Hospital before arriving in Viet Nam in 1967 to serve with the 8 Field Ambulance.

Following his service in Viet Nam, Barr had three years as Head of Department at the Sir Charles Gairner Hospital before relocating to England as a Consultant Anaesthetist at the Royal Berkshire Hospital. He has been Honorary Editor of the History of Anaesthesia Society and is co-author of a number of books on local medical history. Now retired, he lives in Oxfordshire with his wife Mary. Their dream is to divide retirement equally between England and Australia.]

After lunch Morrie Peacock [sometime a member of one of my Lincoln College medical students' tutorial groups] took us to see 36 Evac, and the contrast was overwhelming. They too are allegedly mobile, theoretically able to move 50% of the facilities at one day's notice, and the rest within a week. They have 400 beds, with 60% occupancy and present an extremely efficient and neat appearance. From the chopper pad with its two entrances for wounded (mortuary and what is called triage — sorting out degrees of urgency — there is a simple and logical progressive patient care. Naturally the equipment is lavish, and certainly the nurses we saw on the wards were sloppy and looked very casual about their work, but what impressed me was the general atmosphere of determined efficiency.

With the departure of our surgeon and a couple of weeks' delay before the arrival of his successor, all Australian surgical cases are sent directly to 36 Evac. Here we saw a poor lad with a bullet wound that had passed through duodenum, left ureter and spinal cord. He was quite conscious, but has scant prospect of survival and not much future if he does. Opposite was another who had both legs blown off by a mine — his second, he said, and last! Two more were DOA [Dead on Arrival], so the Australians have scored badly today.

I must get ready for the dinner, but beforehand I want to record one interesting statistic. VD rates among the Australians are down on last year, when in one month the number of cases reported reached 840 per 1,000 men at risk! [*sic*, but it seems implausibly high] Mostly this is gonorrhoea, but there is also a sprinkling of syphilis and chancroid. Morrie thinks that it is a combination of boredom and communal pressures, especially among the National Service lads, but the psychological consequences will be far-reaching, remembering that at least 40% are married.

Sunday

A fascinating day, including a trip to Nui Dat. Full details to follow.

Monday

Having missed today's mail, I can keep this letter and try to record the whole weekend.

To return to Saturday evening. After a cold shower we got into the most formal rig that we could muster — slacks, a long-sleeved white shirt and our Uc-Dailoi (Australia) badges. The officers were in best tropical rig, with open-necked shirts and medal ribbons. The sisters wore white, with red epaulettes and stockings, each with the single VN service ribbon, for which they — and presumably we — become eligible 2 days after arrival here. This is the controversial one, in which the Government gave way to RSL pressure, but no medal has been struck yet. At six months they get the green and white RVN [Republic of Vietnam] medal given to ARVN and US

personnel (on arrival). There seems doubt about the third ribbon, also awarded by RVN, and given to all US personnel, but not so far to ours.

After preliminary drinks, we consulted the seating plan and filed down to the mess hut, the poor sisters having terrible trouble with their high heels on the tricky strips of metal runway grid, which serve as paths. We paused for the Anglican chaplain to utter a brief and traditional grace, sat down in unison, and the perspiring batmen produced seafood cocktail and tepid sherry. On my right was Peter Grainger, RMO in charge of the medical ward, and flagrantly schizophrenic. He was so reticent as to be an embarrassment — all that I could get out of him was that he had spent 3 years in the psychiatric wards at Concord [the Sydney Repatriation hospital, largest in the country]. Recalling Albert Conomy's comments on the standard of Concord psychiatry I drew my own conclusions. [Albert was the Senior Physician at RGH (Concord) and consultant in medicine to the Repatriation Commission — hence my titular boss in a professional respect. He was always generous to me and left me to go my own way, with minimal interference.]

On my left was Jack Blomley, the Unit MO detached to run the RAP [Regimental Aid Post] at Nui Dat. He was a big bluff Newcastle gp, relaxed, foul-mouthed and uninhibited by the women and senior officers within easy ear-shot. Opposite was Gwen Ely, one of the RAAF sisters, a quiet but pleasant girl. On her left, and ignoring her, was Major Petersen, tall, fair, handsome — and very much aware of it — and concentrating on Robyn ?, the young and personable Red Cross girl. On Gwen's right was L/Col ? McDonald, OIC of the whole area, known as ALSG — Australian Logistic Support Group. He is a lean moustachioed professional soldier, who conveyed a strong impression of fixity of opinion and limitation of neuronal endowment. Beyond him was Marshall Barr, Mess President, Ron Gregg on his right and Mick Boyle facing him, next to Jack Blomley.

With a stone wall on my right, a flirting couple opposite, succeeded by Gwen and the Colonel, I turned to Jack for social support. He chatted freely, ate and drank with gusto, and jolted the poor Colonel terribly by the freedom of his speech and opinions. Like a number of the others, he is a CMF [Citizens' Military Force] full-time officer, doing a year with the regular Army — as he said, to get away from the wife, get a medal, join the RSL, and earn a bit of dough. He has five children, the youngest eight, and is a former rugby champion. This earned him a trip to South Africa about the time he graduated — 1953 [I was 1952] — and since settling into practice in Newcastle he has never had a long break away. He had done 3 months at Nui Dat, and now had volunteered for a second three months,

“I was bloody well mad, but now that I have done 135 days I suppose I am used to it — anyway it's good to be in a decent mess.”

“Oh, I don't know,” broke in the Colonel, who had not been involved in the original conversation, “You have got a pretty good mess at the Task Force.”

“Bloody awful,” said Jack, “I keep away from the place.”

“Well,” said the Colonel, falling into a familiar cast of thought, “A mess isn't really the building and furnishings, you know. It's the calibre of the officers in it that makes a mess, and really we all have our little responsibility to contribute our personal part to the corporate spirit that makes a mess.”

“Yeh,” said Jack, “That's why I keep away from the bloody place.”

The Colonel communicated his displeasure non-verbally at a degree of intensity that even Jack could respond to.

“Sorry, sir,” he mumbled. “The trouble with the Task Force is that it gets you down being there too long without a break.”

He said that loudly, hoping it would register on Mick Boyle on his left, L/Colonel Meyer being out of earshot on the right of Ron Gregg. Jack hasn't had a day off since he went to Nui Dat, which he justifiably resents greatly, and had hoped to get to Butterworth on the RAAF Med Evac the next day. If Mick heard, he didn't say anything, and it later turned out, as Jack bitterly pointed out, that the precious five-day break at Penang had again been awarded to one of the administrative officers.

The dinner proceeded with two white wines and a red, all Australian, and the former excellent, the latter poor. There was only one lot of sherry glasses and one of tumblers, so we drank the red out of the little receptacles, which Jack refused to tolerate. He called back the embarrassed little red-haired batman, grabbed a tumbler (probably not his own) from the tray and had it filled to the brim. The Colonel looked on stonily, saying nothing.

At last we got to the port, very syrupy in this climate. In an Army mess the CO is never Mess President and the Vice-President is the most junior man available — a lean reticent young Second-Lieutenant. Marshall rose and we all followed.

“Mr Vice,” —

— and the young lad said, “The Queen.”

We drank and Jack had his cigarette almost into his mouth.

A gentle tap from Marshall. “Mr Vice.”

“Ladies and gentlemen, the Colonel-in-Chief, Her Majesty the Queen Mother.”

“Jesus, how many more?” asked Jack, his lighter at the ready, but this was all.

After the decanters had circulated there was a short speech to Ron Gregg, the departing surgeon, and he was presented with a Unit plaque, a rare honour for a career man from his own unit.

At this point tradition dictates that majors and above, with guests, should adjourn to the mess, leaving subalterns to booze on alone, but shortage of coffee cups and the fact that there is only one percolator led to a mass return to the breezy tent on the hill. Here the booze flowed on and my head began to nod, for I had had no siesta and I have lost my stamina for heavy drinking. One of the RAANS [Royal Australian Army Nursing Service, a post Second War designation] girls got very drunk and embarrassingly amorous. The guests from within the camp departed, buckling on their pistols as regulations demanded, the CO stole off to bed, and clearly the evening would develop.

I had a long talk to Mick Boyle. At 30 he is the youngest major in the regular Army, and clearly the white-haired boy of the Medical Corps. The Army is sending him to UK for a year to do the London DTM [Diploma in Tropical Medicine], MRCPE [Member of Royal College of Physicians of Edinburgh] in tropical medicine, and MRCP [Member of Royal College of Physicians of London, the most prestigious and competitive of all] if he can crack it. Then he probably goes to USA for a year on exchange to Walter Reed at Washington [the great American Army hospital and teaching/research complex]. He will return a Lieutenant-Colonel, probably in charge of a Field Ambulance. There are now three and by then there should be four or five. This means that he is very likely to succeed Colin Gurner [sometime Adelaide radiotherapist] as DGMS [Director-General of Medical services, the highest medical post in the Army, ranked as a major-general] when the latter retires in about ten years. He is a very pleasant chap, not openly conceited, but secure in his ability and prospects, particularly as the competition from professionals is not very strong.

Jack had promised to get us to Nui Dat on the dust-off chopper in the morning, returning by the same means in the evening, unless the Colonel relented and sent him to Butterworth. In the

morning he appeared, sweating profusely, and heading to mass in the little tent chapel. The morning was a usual working day, and a gang of bare-chested lads appeared to fill sandbags outside our room. This is a perennial job, for the canvas rots after six months or so, and a fresh lot have to be filled and laid, the latter process consisting of whacking each bag vigorously with a piece of wood until it is flat enough to take the next layer. The Americans employ gangs of Vietnamese women for this purpose, but our Army frugally uses its own men. Everybody had something to do except Colonel Meyer, so he set about tidying the mess, for Private Manning had not reappeared since last night, when he had been kept going until 4 am.

It was as well that he did, for we were invaded by the RAAF DGMS, a dreary paunchy New Zealander, accompanied by a tall pleasant Group-Captain dermatologist, who was to be the medical escort for the Med Evac — professionally a little implausible, as he said. The DGMS is on a tour of inspection and, as Jack caustically said later, by sleeping in Saigon for two nights he becomes eligible for the Vietnam ribbon. Colonel Meyer disapproved of our proposed trip, mainly I think because he is one of those small men with small minds whose first instinctive response is to block what he hasn't himself thought of. But he couldn't really say no, and off we went — only Rod and I in the end, for the girls decided to stay and loaf on the beach.

The chopper was an RAAF one, and first we popped over to the Air Base to collect a US chaplain and deposited him at a compound about 5 miles out of the town. From there it was only a bit over ten minutes to Nui Dat, and we whirred down in a small dusty clearing outside Jack's RAP hut. Here he has ten beds and can provide initial resuscitation and clear up minor conditions not calling for evacuation, although his instructions allow him to hold a man only for 24 hours. Here on his own dunghill as he called it, his rich and plethoric personality was amply displayed, and the grinning staff and patients clearly rejoiced in the warmth of it. The first man had been admitted yesterday with dysentery.

"Have you had a shit today?" asked Jack.

"No, sir."

"Then fuck off."

"Good-oh, Jack."

It was the briefest discharge procedure that I had ever seen.

The next man had a urethral discharge." When did you last have a poke?"

"Nui Dat, eight days ago."

"Show us your prick."

He looked briefly at the offending member. "When we've cured that, drop back and I'll circumcise you — never come into the bloody bush with a foreskin."

"Will that stop me getting the clap, sir?" the boy asked with apparent sincerity.

Jack wagged his big belly, while the others obligingly laughed. "Christ no," he said, "But I can easily fix you so you never get it again — I'll cut the end off."

He peered at the smear that his boys had stained for him at the indifferent monocular microscope. "Buggered if I can see any fucking gonococci, so I'll call him NSU" (non-specific urethritis) — "Nothing needed," he called to the patient. "No shagging for a couple of weeks and you'll be right."

"No chance," the lad said, and started to put on his uniform — boots, socks, shorts and his rifle.

We strolled over to a little mess tent and had a can of beer. This is shared by all ranks attached to the RAP, including the two dentists and a corporal with a big beery belly and a linear scar on one temple where a bullet had passed close enough to lacerate the skin but not touch anything deeper. He had got it sitting in a chopper coming across the perimeter exactly as we had done today, and is in fact the only member of the RAAMC [Royal Australian Army Medical Corps] so far wounded in Vietnam.

We had a surprisingly good lunch of roast meat and vegetables followed by canned pears, in a tent attached to a shed housing a small kitchen, the ingenious petrol-dripping boilers being outside. Private Smith brought up Jack's Landrover, and we set off on our tour of inspection. First to HQ Company for Jack to seek permission to take civilians around the area. Then to Operations to meet Colonel White, 2IC, the CO (a brigadier) being busy. He had been captain of SPSC [St Peter's College, my old school and also Rod White's] in 1936 and was the first senior regular Army man that I have yet met who is immediately impressive and comparable with an American of equivalent age and seniority, like Bob Williams.

He and Hal Stanistreet [Team Leader at Long Xuyen, a surgeon from Wangaratta, Victoria, who was my contemporary at Royal Melbourne Hospital in 1955] have just had a couple of adventures together. You may recall that Graham Wilson [our Team Leader] went up to Saigon one night last week to dine with the Ambassador. Hal was invited, but failed to appear or send a message and we now heard the reason. He was collected at Long Xuyen by RAAF Caribou [the standard transport plane], but instead of going straight to Saigon they deviated to Con Son, the little island at the extreme tip of Vietnam and which is a prison centre, mainly for incorrigible VC. Somehow they missed the runway, and found themselves nose down in the sea, in about ten feet of water. Nobody was hurt, but they all had a short swim and a long wait for another Caribou. After resuming their journey, Hal leaned forward to speak to Colonel White, sitting opposite him, and as he did so a bullet hole appeared between them, with a companion in the roof showing where a shot fired at a venture had passed.

There are 4,000–5,000 Australian troops at Nui Dat with a small New Zealand artillery regiment (mostly Maoris) and an American howitzer unit. We couldn't visit the latter, but we certainly knew they were there, for H&I fire [Harassment and Interdiction] went on all the time. There would be a great bang and shudder, followed a moment later by a second higher-pitched crack as the shell broke through the sound barrier. It sounded 100 yards away, but was in fact over a mile. The perimeter is much larger than we had expected, being roughly boot-shaped to accommodate a somewhat undulating airstrip — called Luscombe Airfield after the first Army pilot and who was killed in Korea. [On a point of historical pedantry, members of the AFC (Australian Flying Corps) during the Great War were Army personnel and members of the AIF; the RAAF was not formally established until about 1922, before the RAF.]

It [ie the Nui Dat enclave] must be about three miles long and roughly 1½ miles wide at its greatest width, and is divided in two by the little hill that gives the location its name. Nui Dat is Vietnamese for little hill. We drove to the top, past a small quarry and a large dump of beer cans, and found some signallers in a tent keeping watch over the radiotelephone aerials. They are in a vulnerable place, for this would be an immediate target in a mortar attack. Below us on one side was the rubber plantation housing Jack's dunghill, and on the other, beyond the airstrip, were 7 & 2 Battalions RAR.

We drove down to the former to see Tony Williams, whom you will recall as the nice young Sydney boy who exchanged with Colin Barter [One of the medical registrars at RGH (Springbank)]. Tony is Battalion RMO and the poor boy has become a somewhat controversial figure. 7 Battalion is on a damp waterlogged slope, whereas 2 Battalion is on a drier ridge. Tony has had a lot of cases of PUO [Pyrexia of Unknown Origin], which he thinks may be

leptospirosis. When evacuated to 8 Field Ambulance his diagnoses have been rejected by Peter Grainger, the schizoid RMO who looks after the medical cases. Ron Gregg, the departing surgeon, was reputedly flagrantly unethical in criticising Tony's diagnosis and treatment in front of the patients, and his [ie Tony's] confidence was badly undermined. He looked strained, especially at the prospect of spending the next two weeks in the field, and greeted me warmly. He has a little surgery and a row of snakes in bottles, and nearby is his grimy dark tent, with mud and water all about. Off Noack Avenue — named after the Port Lincoln National Serviceman who had such a controversial death — we had seen some chaps playing volleyball, one stark naked. Our chat with Tony was interrupted by one of the players with a dislocated shoulder. Rod confirmed the diagnosis, but left Tony to reduce it on his own, saying sensibly, "Just do what you would do if I weren't here."

Further on we saw the perimeter wire with its minefields and business-like bunkers. Here we saw a cluster of the evil claymore mines, which seem so innocent, in plastic packs about 10 in x 8 in x 3 in. They are usually detonated electrically or by trip wire, and blast several hundred pellets for about 100 yards in an arc facing forward. From Nui Dat to the sea Australian troops have put down fences and minefields designed to restrict flow of food and other supplies to the VC from fishing villages along the coast.

Over the next two weeks virtually the whole force will be sent out to the north to undertake compulsory resettlement of several suspect villages. Within a few days they expect to arouse violent reaction from a VC regiment known to be in the area, and it is possible that the perimeter may be attacked in an attempt to divert forces from the main operation. We had come on the last possible day before the operation is concluded, for by now it is a closed camp, with no alcohol after 1630 and no movement in the area after 1900 without HQ permission, and no lights in tents. Jack has 2,000 rounds in his tent and a little one-man bunker in case of mortar attack.

By the time that we had driven around the whole perimeter, we had a pretty good insight into what the Australian Task Force is like and the conditions under which it lives and works. I can only say that I was very impressed, and the general bearing of the chaps that I saw was cheerful and briskly professional. Jack's highest praise was for the SAS professionals (Strategic Air Services) with the incredible kill ratio of 500:1. One came in with renal colic while we were there, and Jack said at once that this would be genuine — he has had no malingering from this unit.

It was interesting to hear some comments on the state of the Army. When the first men came here they were all professionals, products of intensive training in tropical warfare, and they had an effect out of all proportion to their size. Hence they acquired an enviable reputation, and as their numbers rose they were allotted progressively more ambitious targets. Infusion of the National Servicemen has produced a deterioration in the purely military quality of the service, although paradoxically the general level of intelligence has risen. The two reasons for this are that training is not so long or so intense, and there is an infusion of reluctant soldiers, who have tended to reduce both morale and efficiency. In general the National Service lads have done well, and for those who survive the whole experience it is an invaluable acceleration of maturation, turning boys into men and subjecting them to a salutary discipline.

While Jack had a sleep, Rod and I chatted to a young Latvian dentist, who is due to go home in a few weeks. He is bonded to the Army for three years, and is a little apprehensive that he may have a second tour of duty here, saying quite reasonably that one is enough. The mess chaps then started a fire at Jack's BBQ and Father Doolan appeared with the Task Force chaplain, Father Burke, to have a lift back with us. While we were away on tour the dust-off chopper had appeared on the pad and the American crew were lounging about chatting. Suddenly there was excitement. ARVN troops in the field had a KIA [Killed in action] and three casualties, one grave. The crew

raced for the chopper, and Rod and I, thinking of L/Col Meyer's glee if we were trapped here for the night, wondered apprehensively about our own return to Vung Tau.

The chopper whirred away, the rubber trees bending to the sudden gale as the tents strained and shuddered and dust blew everywhere. One startled crewman was disconsolately left behind in the rush. A few moments later it was back and there seemed to be engine trouble. Jack, his trousers half unbuttoned below his bare chest and the pistol sagging from the belt buckled below the great paunch, strolled over to enquire, and came back with the news that oil pressure had fallen to zero. A radio signal had summoned a dust-off chopper from Vung Tau 15 minutes away, and we would return in this one if its engine could be made to work. By this time we could smell the chops cooking, and John Day [?Dey], the pleasant young Melbourne dentist, had produced the mess's last bottle of red wine in our honour. Suddenly the boys got the chopper going, and I found myself sitting rather uncomfortably on the dust-off stretcher and whirring into the air, leaving behind Jack the Quack from Nui Dat and the rattle of machine guns as the boys finished cleaning and testing their weapons for the exercise.

As we had already missed breakfast, Rod and I didn't want to miss tea as well, especially having been so close to a relaxed barbecue with our new friends. Fortunately, when we got back to 8 Field Ambulance we found the ALSG HQ had a barbecue of their own, and I had the best steak that I have had for years. This was in the HQ mess, a pleasant big hut, with good furniture and very congenial company in the shape of Marshall Barr, Mick Boyle, our two girls and a major called Ken, who had been sent down from Nui Dat on ill-defined sick leave. Mick produced an unsuspected talent as a jazz pianist — he said diffidently that he had helped himself through medical school by playing in a band at weekends. For a time he and a captain with a curious resemblance to Humphrey Bogart played together, changing from treble to bass and back again without stopping the beat, while a lean young man plunked an electric guitar and a podgy captain played the drums.

After the mess closed at 2100, the boys adjourned with Beth and Jo to Ken's stable-like little room in the hut next to ours to grog on, but Rod and I excused ourselves and went to bed. Colin Twelftree, the tall young dentist — who comes from Adelaide and is the first NS dentist to come here — had had his pistol pinched by one of the others and hence had been unable to go to the barbecue. He said resignedly that this was the penalty of being a new boy, but I noticed today at breakfast that he kept a close eye on his weapon.

Our plane back today was another Dornier, with a boyish young pilot, who took us on a big arc to the south almost to Saigon, so that for the first time we could see the long sinuous Saigon River, with all the channels opening from it. At Bien Hoa we had a long wait to land, circling again and again over our town, now quite familiar from the air, but always able to see something new not noticed before.

The hospital was busy and had been most of yesterday. There was no trouble in the town at all, but many casualties were brought in, including some exotic dark-skinned Cambodians with burns. The students have returned, but I have had a fairly slack day. Lovely letters awaited me... Now it is raining steadily and I can hear the muffled H&I fire from the Air Base — very quiet compared with Nui Dat yesterday. ...

Al my love,

Peter

PS

1. The Australian paraplegic boy at 36 Evac was shot by one of our own men at close range — an accident happening with distressing frequency.

2. This letter has some critical opinions that I don't want broadcast. Please be discreet in relation to who reads it and how you quote from it. I would like it confined very strictly to the inner family circle.

[The cigarettes and booze apparently caught up with Jack the Quack, for he died relatively young. I was told that his funeral stopped Newcastle and was one of the largest in living memory, for what consolation that gave his widow and her family. I recall seeing an obituary, probably in *Medical Journal of Australia*.]

Bien Hoa

5 Sep 67

R-38

All of a sudden time is really running away from us, for a month today I will have left this familiar room for good and I will be spending my last night with testy Ralph at the Saigon Aid House. All this extraordinary way of living will have come to an end, and I will have to raise myself for the final adventure of being an ordinary tourist for a week. Actually I will now be last but one to leave, as all the others have pretty well finalised their arrangements.

Jo Griffin is going on to England, and one or two are going to Hong Kong — Margaret Bolton I think to Japan — and several are just zooming straight home. Tom Allen has changed his plans since his father-in-law died and is going to break his journey only for a couple of days in Kuala Lumpur, abandoning his scheme to take in Cambodia and Bangkok, and then to hedge-hop all the way from Darwin to Adelaide in one long exhausting day. I suppose that most of us will have to readjust a bit to pick up the threads, especially a couple of the girls and John Quirk, to whom I suspect this six months will be the adventure of a lifetime.

Many of us are showing signs of strain. Doug Townsend has become so irritable and arrogant that I tend to avoid him. Argument is impossible; he loudly states his view and then rejects all further discussion. Rod White remains cheerful as ever, and his flashes of wit enliven the day and do much to break the tension. Tom has become silent and preoccupied, with domestic worries that must be very hard to resolve by letter. His wife's parents had lived with them, the father — the one who died — being a sprightly old boy, and the mother, according to Rod, a bed-ridden old vegetable. Elizabeth [Tom's wife] has been teaching, and now I suppose that all sorts of uncongenial readjustments, financial and otherwise, will be forced upon them.

I got jolly annoyed with Graham yesterday, although I did not allow myself to be carried away, as I might have done in my youth. Mrs Hai introduced me to her cousin. His wife had just had her seventh child three months ago, and now she was pregnant again. Professor Dudley used to do the little operation for men — did I think that Dr Wilson would? If so, she has two more candidates, with thirteen and nine children respectively. The Protestant hospital at Saigon (Seventh Day Adventist actually) would do it, but it was not a good hospital and was very crowded. Faced with the teeming millions of Asia all about us, the five-minute operation of vasectomy seems an ideal procedure, so I blithely tackled Graham on behalf of the embarrassed and anxious little man.

The worst thing about Graham is that he can never make a decision briefly or convey it without earnest, repetitive and pedantic self-justification. Well, of course, this would have to be thought of deeply. After all, it was an illegal operation in Australia [This was news to me, but at the time it was held by old-fashioned doctors to be unethical, quite apart from the intervention of religion. Graham was a conforming low-church Anglican, and I don't know what the official Church attitude was at that time, but in Protestant Adelaide vasectomy was a common and unremarkable procedure.] Of course, chaps were persuaded into doing it, but really it wasn't ethical, and he didn't know what the law was in this country. And he didn't think we should start or we would get a bad reputation — people would start coming for abortions. It was all right to tie a woman's [Fallopian] tubes — after all, further pregnancy might be bad for her health — but it was different for a man. You couldn't say that a man's health was affected by his wife having children — in fact, he might be made psychologically worse by the finality of the procedure. Hugh Dudley had possibly not thought of all the implications when he had let himself in for it, and he [ie Graham] wouldn't like to start something that might embarrass the next Team. We don't know anything about their religious convictions, and also we are really our country's representatives — and none of us knows the policy of the Department of External Affairs in a matter like this. Of course, it

was encouraged in India, but that was a matter of government policy in that country, and we couldn't necessarily assume that this country had the same policies.

I had to stand and listen to all this flowing on and on, until at last I was able to get back to break the news to Mrs Hai. She was genuinely hurt and puzzled and wanted me to talk to one of the other surgeons, but this I refused to consider. If our Leader says no on grounds of policy, I can hardly try to circumvent him through other Team members. All that I could suggest was coming to see the next Team in six weeks.

I have had more letters from you in Brisbane and also from ... I suddenly realise that I must settle down to steady correspondence to cope with all my backlog. Please forgive a short letter tonight and I will try to be a bit more garrulous tomorrow night.

All my love,

Peter

PS I have ordered a book for \$1.95 from Mary Martins.

Bien Hoa

6 Sep 67

R-37

I feel particularly virtuous today, for after cutting short my letter to you last night, I have written no fewer than ten letters. Some were bread-and-butter letters to people who have sent me things, including [a medical friend] who has arranged through Glenelg Rotary to send up a couple of parcels of [children's] books. ... It is incredible how many letters mount up so quickly, but I hope that I won't have a task like this again.

Tonight you are at Parkes, and I hope that the return journey is proceeding uneventfully. It seems like heaven to be able to belt along on a good empty country road after the bumping frustrations that we have here. The election results are now pretty well finalised and are quite interesting. Having seen the Vietnamese passion for bureaucracy, I am quite happy to accept the figures as valid. Roughly 83% of eligible voters did so, which is a very reassuring result and alone justifies the whole exercise. Thieu-Ky [President and Vice-President of the Republic of (South) Vietnam, the former a general and the latter an Air Vice-Marshall.] had majorities everywhere except Saigon, which is a little intriguing. After all the eager anticipation, polling day passed off very calmly. I, of course, was at Vung Tau and saw nothing at all of it. The roads seemed unduly deserted as we fluttered overhead, but as I had never been there before I had no means of knowing how busy they usually are. As expected, all the trouble was confined to the outer villages and hamlets, where a fair bit of VC intimidation took place. Bien Hoa was packed with police, and all the nursing staff had to work on Sunday, an event without precedent.

They took the opportunity to have a big party for Dr Toan, for the Medicin-Chef was due back from his month in Formosa on the next day. By all accounts the rice wine flowed freely and they were a relaxed and giggly lot by the end of the day. The chaps on duty were kept pretty busy, but all the casualties came from far away by helicopter or VN ambulance. One lot were tall and swarthy Cambodians, with whom the interpreters can barely communicate. They have long straight hair and a relatively non-Mongolian cast of features, and I imagine that they may be a bit like Red Indians. They have heavy metal ear-rings, which distort the ear lobes, and groups of rather coarse bracelets on ankles and wrists.

Our good friend Bob Williams (the yachtsman) goes home tomorrow, and last night he came to a farewell dinner and to make his last generous gift of yachting magazines. He is a very pleasant fellow and we shall miss him. Rick Roll [John Vann's chopper pilot] is on R & R [Rest and Recreation] in Singapore this week, and somehow we are loath to seek new American friends as our own departure approaches. Apart from Rick, none of our friends are now left, and in a way it's pleasant to have our mess to ourselves. The two VN students are very self-effacing and quietly vanish after each meal. Their English has improved greatly, even in the short time that we have known them and I find them a pleasant pair, although my companion for the week, Duc, is a much quieter and shyer fellow than Dung.

After seeing the ward patients today I again had a tiny outpatient clinic, and it is taking a surprising time to return to pre-election conditions. The election is also given as the excuse for slow results from the laboratory and failure of the hospital carpenter to repair broken windows in the outpatient clinic. I suppose any excuse is good enough until it becomes too thin even for us to accept.

Next I had a very congenial ward round with Toan. All of a sudden both male and female medical wards are more than half empty, presumably another result of the election. He showed me a woman with a pleural effusion — presumably tuberculous — so gross that she could barely breathe, and yet he had no idea that it was there, or how it should be investigated and treated. This

afternoon I took off 1,800 ml before the syringe jammed with fibrin, and there is probably twice as much again for tomorrow.

Another woman with a tempting big liver has an absolutely filthy skin, with grime literally peeling off her. Like all these people, she was very reluctant to undress, and as I expected to find no abnormality in my cursory examination of her lungs, I allowed myself to degenerate into merely lifting up her filthy black jacket. As I did so a large flea, with a red belly swollen tight with blood, jumped down on to her back and from there to the straw mattress on which they lie. Thinking of the Walter Reed map of plague areas that included Bien Hoa, I almost instinctively recoiled, as though from a snake. All day I have been aware of vague itching, although I have twice reassured myself that I have scaped infestation. There is no escape from sitting on the beds to feel a belly or scribble notes on the knee. As I see the kids pouring urine, faeces, vomit and worms on the filthy rubber macintoshes, I often wonder what pathogens collect on my trousers and bare legs. This is one of the reasons why I like to have two showers a day and represents a personal health hazard as finite but as statistically remote as the chance I took flying to and from Nui Dat or you have taken driving to Brisbane and back. To return to nasty creatures, when I passed out of the ward to Mrs Hai's office this morning, there on the floor was a rat foetus, still alive but too young to breathe or survive. It had probably fallen from the roof, where we daily hear rats scuffling and squeaking. [The old rice store that accommodated the Children's Ward was unlined and with no ceiling. Rubbish collected close to the wards and there were scant and usually only token efforts to remove it.]

This afternoon I again had a small outpatient clinic, and a couple of patients referred by Graham Wilson [Team Leader and surgeon] failed to report. One has jaundice and I want to get him for my liver biopsy series — as time runs out there is a strong sense of urgency to get more. I was all set to tap the chest when Gene Edynak from CDIG (Vietnamese Civil Defense Intelligence Groups) — a sort of guerrilla home guard with a leaven of Cambodian mercenaries — brought in the CO and several of the principal officers of 24 Evac. This is the second of the two air evacuation hospitals at Long Binh, the 93 Evac being the one that houses 946 Mobile Laboratory, where we go for blood. They [24 Evac] do all the neurosurgery and complicated ophthalmological surgery for the country, and yet managed only 411 operations last month to our 500. I think that they were very impressed by the squalid and improvised conditions in which we work and to which I am now so accustomed. As always, their first and obviously sincere reaction was, "What can we do to help?" but our problem is not material resources, which are either present or promised, but the attitudes of the Vietnamese, especially their resistance to new ideas.

Rod White has had a wonderful letter — the first — from his Robbie, aged six

DEAR DAD
I WENT CRADDING
I WANT A GUN
LOVE
RODDIE

I thought of Annie's excellent letters and felt smug. [Anne was almost seven] By the way, I am sorry not to have written again to the children, but I am afraid that at this stage letter writing is a problem, for all of us have run out of things to say. You must be tolerant if my letters become a bit cryptic over the next few weeks. ...

All my love,

Peter

Bien Hoa

7 Sep 67

R-36

The day began as a usual day had been before the elections. The ward is busy, with 19 patients in the 21 cots, several quite sick. There is a girl with falciparum malaria — the nasty sort — who is taking her time to respond to treatment and remains “very tired.” [Mrs Hai’s term for a desperately sick patient not expected to survive] The usual crop of war casualties has also expanded slightly, although our worst traumatic case is a child dragged by a buffalo. As well as multiple gravel-rash type abrasions, he has a huge scalp defect the size of my hand, the sort of injury that the Red Indians produced with their scalping hatchets. He had been taken to 24 Evac, where somebody had drilled multiple shallow holes in the outer table of the cranium to encourage granulation tissue to grow. He will be ready for grafting by next week, when George Gunter [a Melbourne plastic surgeon working at Long Xuyen] is expected back, but the father insists on taking him home. There are nine other children and no money, so all that I can do is to keep ringing CORDS to try to get him on a flight to Phan Thiet, wherever that is.

The day’s outpatient clinic was back to normal, with a big cluster of cases, none of them very interesting either medically or socially. When I got back to the ward, there was a pleasant worried couple with a tiny baby with gastro-enteritis. The father speaks a little English and is a captain in the Army, and this is the youngest of seven children. He is a robust little chap, with lovely little clothes, and they seemed very out of place in our horrible ward. Fortunately I was able to move him to the slightly better atmosphere of the Recovery Ward, as the baby clearly needed a drip.

Next I had a second crack at the woman with the presumably tuberculous pleural effusion, from whom I removed 1,800 ml yesterday. Today I got 800 more and she still isn’t dry, but vastly better symptomatically. Like so many of these people, she was a wonderful patient, stoically enduring her second long procedure, which she could not see, never moving or complaining. Afterwards she walked to X-ray for her check film, admittedly in a rather tottery way, but she is too orthopnoeic to lie on a stretcher. There is a wheelchair, but its wheels are so small that it cannot really negotiate the grossly irregular route between the Surgical Suite and X-Ray.

After lunch I dashed out to the Air Base and Train Compound PXs, where I haven’t been for a week, but all that I bought was photographic film. There aren’t many things that I want now, other than souvenirs and a few items of cheap clothing, and perhaps the luxury of one of their superb suitcases, which should last me for a lifetime of College [of Physicians] meetings. I will leave a decision on this until nearly the end, as there seem to be large stocks. Often things come and go so quickly that unless you drop in regularly you miss the bus. It was only in this way that I got an excellent battery/AC-operated electronic flash for less than \$15. PX stores vary greatly in the types of stocks that they carry — for example, the Air Base is the only one where I have seen NCR paper [which I used for most of my correspondence, so I retained automatic copies of what I wrote, I have some of these, but they are not worth copying.] I have got over my first excitement at the profusion and cheapness of everything, and I trust that you won’t think my purchases irresponsible.

After lunch I set out to do a liver biopsy on a frail emphysematous old man, whom I thought had a hepatoma. He was anaemic and wasted, with no jaundice, signs of [other] primary or secondary malignancy and a large liver. He walked slowly up to the theatre and lay down on the table, complaining of dyspnoea. Even with the students to help interpret, he failed to be able to arrest his breathing on request, but this is a problem which I have always previously overcome by the lightning rapier thrust of the procedure. My first stab launched the needle into sickening space, just as he gasped for breath, and I suddenly realised that I had slid across the top of the liver into lung. This is something that I have often done before without ill effect, and I had a second, also

unsuccessful attempt a bit lower. By now his dyspnoea was a lot worse, and I thought that I might have given him a pneumothorax. So I abandoned the procedure and sent him off for an X-ray to confirm this, meanwhile getting caught up in the Children's Ward. By the time that I got back to the old man he was profoundly distressed and I realised that he must have a tension pneumothorax. Of course I had used the one and only chest aspiration set this morning, so I dashed out to see if it had been autoclaved again, and when it hadn't I got an intercostal catheter set. By this time the poor old chap was barely breathing, and before I could get things organised he died. I must say that I was pretty shaken, for it was the first time that I had so directly killed a patient with a biopsy. The acknowledge mortality is 0.17%, and I must have done at least 1,000 by now, so I suppose that statistically speaking I am about due for it. I have tried to reconcile myself with the thought that it was better to have this happen far away in Vietnam than in a blaze of local publicity and inquests at home. Nevertheless it was a nasty business, and the sort of thing that makes me very homesick. I haven't anybody here to confide in how I feel about this, and you know well how I can unwind at home. Never mind, it won't be long now.

Two simultaneous teams of visitors came today, but I didn't see much of either. The podgy unimpressive Air Vice-Marshall, who is RAAF DGMS (I think his name is Marsh) appeared with a chap called Ingram, formerly of Edinburgh. Doug Townsend met them and showed them around. Yet another American medical team of medical visitors appeared, one of the most unrealistic of all. They are to spend a year investigating every facet of VN hospitals, and then they are to produce a massive blueprint of what USAID should do about it. They will have one day here, and clearly none of the four pleasant and eager chaps had a clue what Vietnamese medicine is like. It all seems so unrealistic that I feel a strong sense of protest at the futile waste of effort and money. Still they seem reasonably intelligent chaps, and I am sure that they will hear the same story from others.

At the end of the day's work we had no vehicles, for Doug had gone off after farewelling the AVM in his air-conditioned limousine, and John Quirk had gone to the Air Base Commissary for booze. We rang the house on both lines without raising anybody, so set out to walk. The girls suggested a ride in a Lambretta, and so we did, taking the first one in the rank, which was gratifyingly clean. We had some trouble making ourselves understood, but at last the little man kicked it over — few have a battery start — and he swept us around the roundabout, still bearing its ragged election posters. We paused briefly at the school for his son to hop aboard, then roared and bumped along the familiar way home. With the tiny wheels and the driver's habit of swerving violently for obstructions, it was quite a violent journey. The fuel must be well mixed with kerosene, for we left behind a smokescreen fit for James Bond himself. None of us had any money, so Graham Wilson and I stayed as hostages, while Rod White and the girls (Beth Harvey and Jo Griffin) dashed upstairs for something. He had demanded 200 P, but that was clearly flagrantly exorbitant, and when Beth appeared with a single 100P note, he grinned with pleasure and roared away. The true fare was probably about 40P, but I am afraid that we have to expect that they will exploit us.

...

All my love,

Peter

[In my long experience with liver and kidney biopsies this was the only death. Retrospectively I now reproach myself for attempting the procedure, when confirmation of the suspicion of hepatoma (primary liver cancer) would not have affected outcome. Obviously the patient was no candidate for ambitious surgery, the results of which weren't too good anyway, and aren't much better today.

Reading this letter again brought back vivid and unpleasant memories. At the time I was impressed with the calm demeanour and helpful support of the two medical students. They seemed unaffected by the fact that I didn't really attempt to obtain proper consent, informed or otherwise.

The important consequence was that ever afterwards I was more careful in obtaining consent, with full explanations of procedures and what they could contribute to the clinical situation. I also thought through what are now the Cochrane principles in undertaking any form of investigation and applied these attitudes to my clinical work and teaching. In this way I was criticised for not doing more investigations, and defended myself with the challenge, 'What difference would it make to diagnosis or therapy, beyond satisfying the doctor's justifiable clinical curiosity?'

Although it is always in the patient's interest for the doctors to understand what is wrong, this of itself does not necessarily justify the discomfort, possibly risk, and use of laboratory resources in subjecting patients to tests beyond what can be gained by bedside clinical procedures. One problem is that today's graduates do not receive the strong grounding in eliciting physical signs that we did. I had no sphygmomanometer — the only one to which we had access was always in the Recovery Ward, and Tom Allen justifiably needed it for his anaesthetics. The ECG promised by the Americans did not arrive in my time (if ever), so there was nothing beyond bedside observation with eyes, fingers and ears. I was fortunate that I could estimate systolic blood pressure by palpation and diagnose many heart rhythm disturbances by inspection of the neck veins. Today's graduates would have no idea how to do either, quite apart from the long apprenticeship required to obtain these skills.]

Bien Hoa

8 Sep 67

R-35

After no mail for two days I expected a flood of letters, but all that I had was yours of last Sunday and an excellent letter from Anne [almost seven], and the total for the Team was very low. Letters at this end are every bit as wonderful a morale booster as I know they are at yours, and I greatly enjoyed hearing of your gusty and eventful day that ended in poor old Tom's car breaking down.

My day has been pleasant and interesting. Duc and Hung left this morning, making little speeches all round and posing for photographs, with much hand-shaking. Two more arrive on Monday and we hope that the scheme will continue. Although Graham Wilson didn't mention it in his monthly report — and there was no reason why he should — it was through my initiative that these two came in the first place. I must say that I look back on my time here with very mixed feelings; anxious to see some of my pet schemes come to fruition, yet equally keen to get home as soon as possible. One reason for this was that we had a visit from the Leader and another member — ? Administrator — from the New Zealand Team, and a lot of their ideas and problems are challengingly like our own.

The ward remains quite busy, but without the students and at this stage of the appointment I can scoot through my work very quickly without being irresponsibly slapdash. As I sat writing up my precious diary with its details of every case that has passed through the ward, Miss Nga and Mrs Hai were chattering away together in a very animated fashion. [This diary cannot now be found. My memory is that it recorded the name, age, and sex of each patient, with diagnosis and other details, such as haematocrit (PCV — Packed Cell Volume) as an indication of anaemia.] Usually when I ask what it is all about I get fobbed off with giggling evasion, but I suppose that now they are used to my insatiable curiosity about all matters that come within my reach. As far as I can gather, Mrs Hai accepts the result of the elections with great relief. Her major concern seemed to be that in a conference in Honolulu AVM Ky signed an agreement to allow American troops to occupy the big air base at Pham Rang, but this was not regular. Now that he has been legally elected [as Vice-President; General Thieu was the President] he can negotiate in a "regular" fashion — after looking up the word in her English–Vietnamese dictionary. Her preference has always been for Tran Van Hung. When he was Mayor of Saigon he would not use a car, but rode about on a motorcycle, and she does not like the soldiers who now run things.

At this point Miss Nga broke in with a passionate effusion, her face animated, eyes flashing and her voice clicking out the inflexions at fantastic speed. The two little boys [their respective sons, aged about three] silent and self-effacing as ever, had been playing quietly with a colouring-in book [from Glenelg Rotary], but they stopped and stared at her unusual animation. Although she speaks quite good English, she wouldn't respond to my questions as to what provoked this uncharacteristic outburst. Mrs Hai tried to explain. Miss Nga, who wears mourning [a little black square pinned to her white uniform jacket, which appears in photographs of her] is a devout Buddhist and has a look of deep suffering on her face. She was very angry at the way that the election was conducted. The officers told the soldiers how to vote. By questioning Mrs Hai it was clear that the ballot was genuinely secret. Nobody could tell which of the voting papers she put into the box. But, as she said, nobody could tell whether the numbers of votes published really represented the true figures. At this stage we were interrupted by Rod White and the conversation lapsed, but I hope to return to the subject again.

It is very anecdotal, of course, but it is the nearest approach that I have come to sounding out the ideas of the Vietnamese. Later I asked Quoc, the rather diffident dental student, whether he thought that the figures were genuine. At first he wouldn't say much, then at length he grinned and said that he was surprised at how quickly the figures were published. I asked him whether he

thought that the stated figure of 83% of eligible people voting was a valid figure, and he said, with apparent sincerity, that he thought so, rather surprised that I should question it. He went on to say that he thought it possible that the soldiers had not published the true figures, but that any distortion would not be of major magnitude.

One rather intriguing old lady today was aged ninety. Her grandson, himself a middle-aged man, said that she was born in the year that the French came. This is quite possible, for effective French rule dated from 1887. [French Indochina was formed in October 1887 from Annam, Tonkin, Cochin China, and the Kingdom of Cambodia; Laos was added in 1893.] She had abdominal pain for which there was no very clear cause and didn't want to stay. So the large family group that had rallied round carried her back to their black Citroen and departed. It's intriguing to think what extraordinary changes she has seen in her long life.

Going round with Toan today I came across two women with X-rays strongly suggestive of TB. Each had young children and was being treated with inadequate doses of a single anti-tuberculous drug; nothing had been done to screen the family. In a way I almost feel desperate at times, for I have been through all this before on several occasions. Each time he grins uneasily as he watches me order a sputum examination to confirm the diagnosis, a blood examination for anaemia, all three anti-tuberculous drugs in adequate dosage, and arrangements to screen the family. At times I feel that something has got through, and then today the converse situation that it's all a waste of time and that they just obstinately won't even try to learn anything from us.

The New Zealander was a pleasant articulate surgeon, in civil life Surgical Superintendent of a 120-bed country hospital, with a superficial resemblance to Eric Saint, the Professor of Medicine in Perth. New Zealand was the first country to send a surgical team here, over five years ago, and they were given an almost new hospital at Qui Nhan on the coast about half-way up to the DMZ. (Dee-Em-Zee as the Yanks call it.) The first teams brought wives and children, worked for about two or three hours a day, and had a well-paid relaxed holiday, swimming and playing tennis. Since then things have changed radically. They have about 460 beds, usually over 100% occupancy, and the same sort of catastrophic pressures of military casualties that we have. Teams are recruited for a year and are paid their civilian salary plus a proportionate separation allowance, which has caused much ill-feeling by making a huge gap between the financial head and tail of the team. Our system is much fairer in that our cash in hand here is uniform for us all, regardless of the wide variation in the sums deposited in our bank accounts at home. Talking of bank accounts, I have had no salary advice slip for several weeks, so I hope that the money is flowing into the bank as it should.

To return to the New Zealanders, they are running into major recruiting problems, for, except for their physician — actually a general practitioner — who is recruited for six months, the rest all come for a year. Those in private practice return for a lean time without the compensatory loading that our chaps get, [This didn't apply to me, for I was returning to a full-time salaried post.] It was discouraging to hear that even after such a long period of exposure to our standards, so little has been accomplished. Just as happens here, all drugs are dispensed to individual patients or to wards as jumbled collections of tablets with no labels or instructions. Nurses disappear and lock away notes in the middle of the day and at night and weekends. In spite of having the newest hospital in the country, not a single toilet works and all the sinks are blocked.

It was stimulating talking to a lucid and articulate fellow, whose ideas and experiences so closely parallel our own, and I think that it was a mutual experience. I have conceived the idea of trying to get up there for my last weekend in the country, especially as I don't want to spend much money, as I would in large measure if we go to Dalat. Travel by Air America costs nothing, and they have plenty of spare beds in their three houses.

After lunch Mrs Hai came with Rod and me to the High School. This proved a bit of an anticlimax, for it turned out that the school is closed until 20 September. All the children we see playing in the yard attend the private school in the area behind the High School. So we were only able to talk to the Deputy Principal, and we were unable even to see an empty classroom. Nevertheless I collected a few more facts. This is the only High School between here and Saigon, and has 1,100 boys each morning and 1,000 girls each afternoon, of whom about 150 go on to the University. [So far as I knew, the only one in Saigon, but I don't know whether there were others at other major cities.] Ten old scholars have become doctors. They study history, geography, civics, mathematics, physics and chemistry. About 2/3 learn English, and we saw a glass case with a few English books — children's encyclopedias, a few classics and several copies of *Learning American English*. I shall go back before I leave and also see the pottery school next door.

Now it's very late, for I have had to splash out to see a kid with gastro. I haven't any more news of moment that can't wait until tomorrow.

All my love,

Peter

Bien Hoa

9 Sep 67

R-34

I got through my morning ward and outpatient work pretty quickly, discharging as many as possible in anticipation of the usual walk-out at weekends. Mrs Hai too put a lot of pressure on me to empty the ward, for Miss Nga will be off for a week and this will put an extra burden on her. [Her pregnancy was proceeding apace.] A new volunteer trainee started today, and one of her first jobs was to do the dressings, pretty clumsily as you might imagine, with much giggling advice from the others. Mrs Hai and Miss Nga, the only “trained” nurses in the ward took no notice and certainly did nothing to help or advise. Having plenty of spare time, I amused myself with my new flashlight by snapping a lot of things of interest, like the dressing trolley, the giggling girls, and one of the little boys squatting on the floor to sharpen needles, and two mothers curled up in adjacent 4 ft cots suckling their babies.

We had a case of tetanus in a boy of eight, almost certainly from cupping up and down the spine, although none of the little incisions was frankly infected. His spinal muscles stood out like two taut bands under the skin, and he had the classical risus sardonicus (grinning face) and trismus (inability to open the mouth). During the week I would have kept him, but Mrs Hai persuaded me to send him to Saigon. She lost no time, for when I returned from fetching my camera to photograph the back he had gone.

In the Pharmacy I caught the girls dispensing the drugs in a jumbled mess in unlabelled containers with no instructions. I got a shot of cough linctus poured into a bottle that had contained antibiotic, the original label left untouched. In trying to talk to them about this I have had the answer that they have no time for labelling. So far as outpatients are concerned, it is the doctor's job to explain how to take their drugs, and in the wards, “everybody knows” what the drugs are from the look of the tablets or capsules.

The German former legionnaire has returned to us from Cho Ray [the teaching hospital of the Saigon medical school]. The *Helgoland* [the German hospital ship moored in Saigon] has gone to Singapore and would not take him, and there is doubt whether the German Embassy had been notified of his existence. Yesterday he had been in the male medical ward, where the nurse in charge is grossly incompetent and very unpleasant to deal with. This is where the diabetic man died in coma, almost certainly because the insulin ordered for him was never given [or given in a high dose, so as to cause death from hypoglycaemia]. Because he [ie the German] has an abscess on the leg, and without consulting anybody, she has sent him to Male Surgical, to lie on the floor on a stretcher, although there are plenty of beds. Here he is going to die of starvation, for he has no relatives to feed him. Even though he speaks fluent Vietnamese and has adopted a Vietnamese name, nobody will have anything to do with him. I think they are embarrassed by a European in their midst, and it would save them this trouble if he were to die as quickly and as quietly as possible. Our girls are horrified, as am I, and his only prospect of survival is for us to take him to Recovery and have our girls look after him. He will be heavy nursing, and if we do this he will block a surgical bed, as well as showing unfair advantage to one solitary patient just because of his white skin.

After a trip to the PX to collect developed films — which I have now annotated and will post down as soon as I have made up a parcel — I did a trial pack of all my possessions. I have made up one carton of stuff to post home — a couple of poodle dogs for the girls, Rob's uniforms (I forgot the medals) and some trousers of mine, one pair badly mildewed, plus a bag and some trinkets to be kept for Ron [ie later on]. With the things still to buy I shall probably have enough for a second similar parcel. One problem will be winkle hats, which are very bulky and fragile, but well worth it if they can only stand the journey. Most of my clothes will fit into my existing

suitcase, so I will leave *pro tem* any decision on buying a new one. I have to pay accommodation, sightseeing and gift purchases on the way home ...

During the afternoon Graham Wilson [Team Leader] and I went to 24 Evac, which is the other Air Evac hospital at Long Binh — 93 Evac is where 946 Mobile Laboratory is located. The Unit arrived in July 66 and accepted its first patients in Jan 67. It has a nominal establishment of 400 beds, aims at 60% occupancy, has 280 erected beds and an occupancy today of 150. Last month's admissions numbered 611, the maximum being 821 during the black month of May. In August there were 267 medical cases, 344 surgical, 140 IRHA — Injured Result Hostile Action, which cannot be called war injuries for officially there is no war; the maximum IRHA (May again) being 406. In August they did 370 operations (May 669, our maximum something over 500). In August they had 78 deaths, and their average bed-stay is 9.8 days. They do all the O & G for US female personnel in the country (nurses, WACS and secretaries) and did 10 operations last month in this field, all related to ex-nuptial pregnancy. They have 27 medical personnel and 10 administrative officers, 67 registered nurses of both sexes — females predominating — and 173 enlisted men (establishment 204). On the medical side I was interested to see that they have proved that dengue, scrub typhus & leptospirosis all account for PUO [Pyrexia of Unknown Origin] syndromes. I must write to tell Tony Williams, who has made all of these diagnoses on clinical grounds at Nui Dat, only to have them flatly and scathingly rejected at Vung Tau, but without any attempt at laboratory confirmation.

The physician (“internist”) was an intense bald little bloke. He only knew one Australian, a chap called Howard Duncan — did I know of him? Why, of course, he was RMO [equivalent to chief senior registrar] at Hammersmith [Postgraduate Medical School in London] when I was there and used to play the bagpipes when deeply moved in the early hours of the morning. Another chap broke in — the only Australian he knew came from a little place called Adelaide, called Brian Skinner (Sandy's elder brother, the geologist). I used to eat lunch with him regularly in 1947–1948, and hadn't seen him since. It sure is a small world.

24 Evac is similar to 36 Evac, but less impressive. It is newer, of course, but lacks the keen-edged efficiency that I saw last week. In X-ray, for instance, access to the fluoroscopy room is restricted by a big set of rickety shelves storing exposed films. Most of the buildings are Quonset huts, many air-conditioned, and the two VC prison wards are a striking but expected contrast to ours. Officially these chaps are “detainees” and, although there are armed MPs in the ward, they actually have orders not to shoot should one escape. They can only be sent from hospital to prison if they admit to being VC, or if there is irrefutable evidence that they had been using weapons against ARVN or US forces (carrying arms is not enough). They were a cheerful enough lot, much more seriously injured than the fellows in our ward. They had no [VC] women and hadn't seen any.

To my surprise we found the poor young chap shot through the spine by another Australian, whom we had seen at 36 Evac a weeks ago, apparently dying. He is paraplegic, has tubes everywhere and was in a state of tremulous agitation that was awful to see. The RAAF AVM, who was here the other day, announced pontifically that he was to be evacuated to Australia on Monday. A reticent Australian major called Joyce was trying to delay this, at least until his abdominal wounds were healed.

Afterwards we went to the Officers' Club, a crowded but well-furnished hut, for a drink and a chat. As always talk turned to the war, the justification for it, and any prospects of resolution. They feel that the US was following a typical pattern of deciding what was best for other people in getting involved in the first place, but that now it would be an awful thing to withdraw. As always in these discussions there was general agreement that most of the concepts of those opposed to the war are totally unrealistic and that the anti-war propaganda is viciously and

maliciously dishonest. Not surprisingly we found ourselves Hawks — nobody seeing the awful mutilations rescued by helicopters who in all previous wars would have been KIA could be anything else. Especially after all the frustrations of trying to help people who obstinately reject help I constantly feel that these cheerful, generous and energetic chaps should not be sacrificed so prodigally unless there is a good prospect of military success.

One big chap with a slight stutter feels confident that the war may become the dominating factor in the Presidential campaign, and his tip is that the present chaos in China will lead to victory for the Hawks. Another amiably disagreed, and said that he prophesies withdrawal on a “Bring our boys back from this awful war” platform. Thus do the numbers of opinions neatly equal the numbers of people prepared to speak on the subject. One thing that I am certain of is that there is no wanton American aggression here, and that they fall over backwards, sacrificing the lives of their own troops to be certain of a target before firing. One officer (Colonel Osborn, the CO and a regular actually) voiced my own thoughts when he said that his Government should be frank in accepting its role as a colonial power, abandon pretentious thoughts of democratic institutions in a country where they have no historical or practical validity, and assume direction of the country as Teddy Roosevelt did of the Philippines in 1898. They should aim to stay for a generation, training the technocrats to take over and progressing towards democracy in steady stages, probably by coalescing the existing village institutions. My only silent reservation was the thought that it was probably too late for that, when half the nation is trained in the techniques of intimidation and political assassination.

I enjoyed hearing their views and I was sorry when Graham felt obliged to break it up, so that we could drive home. This was in the Holden, in bottom gear, for the gears jammed again after Graham drove inadvertently over a huge rock in the muddy main street of Vien Cuu on the way over. The car has just had A\$450 spent on it, and the Embassy will be furious. I was glad that he was driving at the time.

...

All my love,

Peter

Bien Hoa
10 Aug 67

R-64

A very busy morning, an interesting and rewarding afternoon, and then much frustration — that sums up the day. I got away early and I was glad that I did, for I never stopped for a moment. My ward round was disjointed because of calls away to Surgery to see sick patients there. For some reason we have had almost no war injuries for several days — only one yesterday. She was a woman who was planting rice in a paddy field when she was shot by a helicopter. The bullet passed through her chest and caused abdominal injuries calling for laparotomy and colostomy. She was quite philosophical about it, and told Sergeant [a popular interpreter] that she supposed it was a mistake and they thought she was somebody else.

The outpatient clinics have built up considerably over the last few weeks, and it is an unusual day that I am not held up for an hour or more. Then a quick lumbar puncture on a young woman with bizarre behaviour, probably psychiatrically induced, but with a fever and a stiff neck. In contrast to yesterday this went smoothly and the cerebrospinal fluid was clear. At this stage, before I could get back to the children, I was collared by Tuan and taken from ward to ward to see new and old cases. The man that I did the lumbar puncture on yesterday was still alive, in fact a little lighter, and to do them credit they had actually taken blood pressures every 15 minutes all night. He is some sort of a VIP, for a host of people have gathered around and some quite ostentatious cars have deposited elegant visitors to see him. His wife is very distressed and spends much of her time crying.

The woman with tetany was made a lot worse by intravenous calcium, which I could only explain in terms of a very rare condition depressing blood magnesium. Tom Allen says that these cases are not rare and respond to Vitamin B, although I have never heard of this as a feature of beri-beri and she has no other stigmata. So we gave her some and will await events.

Next it was to the male medical ward to see a wasted young diabetic of 27. They had given him insulin (? which preparation) in a dose of 40 units per day, because 1 cc seemed a simple sort of dose, then they stopped. [There were no insulin syringes, so we administered this and similar drugs by trying to guess where the piston of the syringe stopped opposite the gradations of the barrel.] To test urine meant sending a sample to the laboratory, so this required a trek to the dispensary and a climb up the ladder to search for Clinitest tablets that I knew I had seen somewhere, but the nun couldn't remember them. Then back with Aileen Monck and Quoc, the pleasant and intelligent young dental student interpreter, and a very funny scene indoctrinating the ward sister (a woman about 50) into the mysteries of urine testing. The patient was given a test tube and told to put a few drops of urine in it. He obliged cheerfully — good measure, pressed down and running over. Next Quoc had to go back to the Surgical Suite to get some water, for there is none in the male medical ward (43 beds). Everybody, including stray children, watched the show and chattered with excitement as the tablet fizzed and turned from blue through green and yellow to gratifying shade of orange. The sister was still a little dubious about repeating the performance in every specimen, but Quoc translated the destructions [yachting word for instructions] into Vietnamese and she promised to start a urine chart.

[This sequence produced a tragic outcome, of which I was ashamed at the time and when I now recall the sequence of events. The young man was an unstable Type One diabetic requiring close monitoring, preferably by the patient himself rather than relying on the nurses. I went to see him over the weekend and discovered that the nurses had compiled a meticulous chart of urine-testing results, all in advance. I was a furious at the irresponsibility this showed and made the devastating mistake of saying so very forcefully to the ward sister in front of her giggling nurses. Thereby she catastrophically lost face, which I did not appreciate until a couple of days later when they told

me that the patient had unexpectedly died. I believed at the time that he was deliberately overdosed with insulin to remove such a cause of trouble and embarrassment. Only later did I fully comprehend that my tactless actions almost certainly precipitated this.]

Back to the children at last, only to be interrupted by Gene Edynak [US Green Beret medical officer, the soldiers being Vietnamese with American officers, as discussed with John Vann]. He wants me to do a bone marrow on one of his soldiers with pancytopenia (depression of all blood-forming elements), probably drug-induced — chloramphenicol best bet [popular antibiotic of the day, withdrawn because of high risk of depression of bone marrow] — but he might be a leukaemia. Then Tuan again, this time with a pleasant young man with oedema and massive albuminuria, on whom I plan to do a renal biopsy next week.

Another go at the children, only to find great drama. Five children from the same family had eaten a toad. I can't think why, because they are revolting-looking creatures, but then Vietnamese have many funny tastes. All five had profuse vomiting and diarrhoea. The whole ward gathered around to see and to discuss it all. I couldn't think of anything to do, much to Miss Nga's disappointment. The poor little soul had to dash off to borrow a dictionary in order to explain what it was all about, and I think she expected five drips or at least some injections of camphor. Finally there was a difficult cut-down on a little boy needing a transfusion, and I was very glad to escape for lunch. By the way, the boy with the gas gangrene is doing well, but they had to amputate his arm above the elbow this afternoon.

After lunch, Phil Nurcombe [the Administrator] and I, plus Lieng the driver, picked up Hung and Chang [the Korean] from the laboratory and set off for Saigon. They deposited us at the Pasteur Institute and I set out to explore. Pasteur is the only European name left in the city, and the Institute is an impressive place. It has a well-cared for garden, with botanical names on all the trees in Latin and Vietnamese, and consists of three large three-storeyed buildings set in a broad open square.

We wandered from one to another looking for the celebrated Colonel Dangerfield, Head of the American unit located there. Eventually we were directed right through the Institute and across the road behind and parallel with the Pasteur Institute. Colonel Dangerfield, whose work and writings on and from this Unit are known even to me, finished his appointment two weeks ago, but we met his successor Colonel Jones and the principal bacteriologist, Colonel Hudson. Heaven knows what they thought of an earnest young Australian in shorts and long socks; an inarticulate Vietnamese technician — for Hung wilts under pressure — and a relaxed grinning Korean with ambitions clearly beyond his means. At any rate they were interested and charming, and only too eager to help. The set-up is unique in that they are administratively part of Walter Reed Hospital, the celebrated major US Army hospital near Washington, and not under USARV at all. Their work is wholly epidemiological, concentrating on plague, dysentery and malaria, and they cannot help us with some of our major needs, especially media for TB and antibiotic sensitivity disks. But they will introduce me to Dr Ai, the VN Head of Institut Pasteur, and he should be able to help. After all, the garden has a bust of its former Director, Calmette, who was the C of BCG, and this was one of the first places where the vaccine was tested. [BCG vaccination of non-sensitised school children, nurses and medical students was virtually universal at that time. Jenny and I had both had it.]

While waiting for Phil Nurcombe, Hung took us into his old training school, a tiny little building tucked unobtrusively inside the gate. As I understood him, this is the only place in South VN where laboratory technicians can train. He was in a class of 25, but since then the numbers have doubled. The course lasts two years. There are two little rooms, about 40 ft x 18 ft, one for haematology and one for biochemistry. The latter is pathetic, with one old colorimeter that could have been used by Calmette himself. (He died in 1933.) There is no gas, no flame photometer,

and no modern electrical equipment of even the simplest kind. Chang was clearly appalled, for he has been very well trained and misses the technical facilities to which he was accustomed. Chang was in a class of 90 in only one of several training institutes in Seoul, a city smaller than Saigon — a simple contrast in French and American colonialism. He said that there is a surplus of such people in Korea, and even a surplus of doctors, although that seems hard to believe.

Chatting together we discovered that they had both been sergeants during their compulsory military service and that each wanted to go to the university but had no money. Chang has personality, ability and initiative and would be an asset anywhere, but Hung is too inhibited and not I think very intelligent. They seem to have become great friends, which is lucky for Chang, who doesn't see much of the other five members of his Korean team. They have two doctors, but I can't quite work out what they do; perhaps it is village dispensary visiting.

From there we went to the Australian Embassy, situated on the seventh floor of the celebrated Caravelle Hotel. I took advantage of the opportunity to talk to Mr Corkery, the man through whom our requests must pass. He was pleasant enough to chat to, although not a very prepossessing chap. Then came a frightening drive through heavy traffic to get to AFPO1 before it closed. Mail was not in, a long wait, and a corporal came out to say that none would be coming. Phil then directed us to Phan Thanh Gian (the Aid House) to look for a parcel of drugs for me which the Vung Tau people had seen in their bus. No luck, so off to USAID and a half-hour wait while Phil got tickets for Doug and me to go to Nha Trang for the weekend.

We set off for home at 6 pm with poor Hung looking very blue, for his wife would have been waiting all that time for him to take her home. We had to wait over half an hour at the one-way bridges over the Dong Nai River [which flows through Bien Hoa on its way to the Saigon River] and I didn't get home until 7 pm. We have had only a trickle of mail all this week and we wonder if there has been a postal strike after all. The drugs were here, having been sent from Saigon by an Australian Army truck.

The weekend is going to be complicated. Our plane leaves Ton Sanh Nut (Saigon Airport) at 0630 on Saturday and we return there at 1800 on Sunday. This means that we will spend tomorrow and Sunday evening at the Aid House, and it is not at all clear how or when we will be collected on Monday morning, especially as I want to see Colonel Hudson to pick up his first batch of gifts. It also means that my letters to you may be delayed. ...

All my love,

Peter

Bien Hoa

11 Sep 67

R-32

After the drought a little flood, with four interesting letters...

Clinically things remain unnaturally quiet, and more than ever I am glad to have come here rather than to either of the other two centres. George Gunter, the very pleasant and relaxed plastic surgeon from Melbourne, is back again, having just spent a week at Vung Tau. He described a very slack clinical tempo, with only a few operations per day, very few emergencies, and most of the team loafing on the beach. He also hinted at some personality problems amongst the team there, and, having met the insecure little physician with a chip on his shoulder, I am hardly surprised. Apart from the infuriating inefficiency of Phil Nurcombe, we have no major worries in this regard, and we can overcome a lot of our irritations and potential conflicts by short-circuiting him. At times though his slack inefficiency and petty dishonesty (not over money, but by inventing obvious little lies to cover up) can produce unpleasant situations.

On 30 Aug we admitted a child dragged by a buffalo, whose scalp had been ripped off from the left side of his head — I am pretty sure that I have referred to him in previous letters. He had with him a pathetically worried and tearful father, distraught about the fate of his wife and nine children at home in Phan Thiet, 130 km on the coast, due east from here. I first asked Phil to arrange return a week ago today. When nothing happened, I rang myself on Wednesday, and again on Thursday to speak directly to a man named Kaufmann, the controller of this sort of thing. On Friday I again spoke to Phil, who said that he had fixed it all, and only confirmation was needed. He set off for a weekend at Vung Tau, where he and John Quirk [our radiographer] and an American officer from the Air Base stayed at the sergeants' mess. I checked again this morning, to find a very apologetic Kaufmann — he had heard no more from Phil last week and had forgotten all about them. He would ring back shortly and did so, to give a booking for tomorrow. When I went to tell the father he and his son had set out alone to walk home. They have no money and it will be a hard journey for them, for the boy, who is a big twelve-year-old, has gravel rash injuries to the legs and a long walk will be painful for him. When I told Phil, he said, in his usual disgruntled way, that he had arranged it all with Kaufmann on Friday, which I knew from my own conversation with him was not true. The problem is that this sort of thing is almost a daily occurrence, and neither Mervyn nor, especially, Graham has had any chance of controlling him.

Clinically we remain very slack, although Graham Wilson and Jo Griffin were kept going all day yesterday on a succession of war and road casualties. My [children's] ward has refilled after having been decanted over the weekend, but [outpatient] clinics remain light, and the adult medical wards are unnaturally empty.

This afternoon a tiny 7-day old baby was brought in with a story that that it had had trouble breathing. It looked a bonny baby until I went to sit it up to listen to its lungs. At once it stopped breathing and went quite black, while the horrified mother looked on, with tears rolling down her cheeks. I carried it into the theatre, where Tom Allen looked at its airway, which was quite clear, and it shortly afterwards returned to normal. We were very puzzled, thinking in terms of a congenital heart or intermittent oesophageal dilatation and regurgitation. The diagnosis was produced by the Vietnamese nurse-anaesthetist — not the controversial Mr Phuoc but the other one. Diffidently he asked, could this be neonatal tetanus? And, of course, that's what it must be, from umbilical sepsis, in our society a classical rarity — Tom has seen only one previous case — but reputedly common in undeveloped countries. Fortunately we have good stocks of a modern relaxing sedative called diazepam ('Valium') and there is a thin prospect of coasting him through it.

Two more [medical] students have appeared, Mr An and Mr Huc. They are much shyer than the last two and don't speak nearly as good English, so the next couple of weeks may be rather heavy going. Unfortunately the afternoon clinic was very slack, with only three patients, and so I left my boy — I haven't yet sorted out which is which — to help George Gunter do a baby with a horrible double cleft palate and a huge bubble of premaxilla stuck out incongruously in the middle.

I suppose that I am becoming conversationally destitute if I descend to the weather, but it really has been very unpleasant yesterday and today. It has been very hot and humid, with no rain, and I have been pleased to sink into sleep over the siesta period and to escape early this afternoon. It is the first time since I have been here that I have thought that it would be nice to have air-conditioning.

I have dashed a note to [a yachting friend], which I had meant to write long ago.

All my love,

Peter

Bien Hoa

12 Sep 67

R-31

Rather to my surprise, the tiny baby was still alive when I arrived this morning, but it had clearly aspirated some of the food from its stomach tube and tetanic spasms were replaced by the horrible twitching of cerebral hypoxia. Tom Allen had no bright suggestions, and it later died. The parents, who have seven other children, behaved with quiet dignity. The father thanked me briefly for what we had tried to do. The mother moistly nodded her agreement and they departed with their tiny bundle.

By way of contrast, a boy was brought in for observation after concussion sustained in some sort of road accident. His skull x-ray was normal, and I suggested keeping him in until this evening. He had a very demanding father, who spoke fair English, and in no time a huge circle of relatives gathered around, commandeering the neighbouring cot and producing a plastic-lined deck chair for a couple to sit on. The mother was very pregnant and had an elegant *ao dai* and an expensive gold watch. One was a policeman, who took it upon himself to hush up the other relatives in the ward. The sight of the uniform and the pistol at the belt had the desired effect. Every time I appeared, I was called over to give an opinion on progress, and I hope sincerely that the whole pack of them has gone by the morning.

I should have started, I suppose, with last night, when we had Dr Tho and Dr Toan to dinner. Tho, who is plump and had his hair dyed an implausible ginger in Taiwan, is always vaguely boozed in the afternoons. Early in the piece I learned the value of tackling him about 4 pm whenever I wanted an opinion [and decision] on whether or not we could develop some pet project of mine. In the mornings he is likely to be brusque or evasive, but in the rosy glow of the afternoon he was always amenable. He chatted easily, his voice becoming rather slurred after a while. I thought that there might have been a problem in easing him out, but he refused liqueur and left abruptly after coffee. He had been very impressed by Taiwan (Formosa), which he said he travelled through extensively, but allegedly kept busy working all the time on public health problems. Morrie Peacock is another witness to the beauty of the island, the cheerful industry of the inhabitants, and the general atmosphere of efficiency and prosperity. According to Tho, whose English has improved a little after a month of speaking nothing else — for he knows no Chinese and they know no French — there are plenty of doctors, hospitals and nurses there.

His plans for his own hospital envisage a progressive rebuilding programme starting with the Children's Ward — I agree there — and providing beds able to take relatives with each patient. He hopes within 10 years to have enough nurses to be able to have many for each ward, but he was evasive about when he would introduce nursing on a 24-hour per day basis. Toan arrived late and left early, as he was on call for the hospital. (He and Tho do alternate nights.) I like him very much, but he is very shy, speaks quietly and has only poor English, so he was rather heavy going. He is exactly my own age, has been married five years, and has three children — three, two, one. As he is a Buddhist, I expect that he may slow down soon. His wife teaches either at the high school that we unsuccessfully tried to visit last Friday, or else at the technical high school next door. Apparently she teaches domestic science or its Vietnamese equivalent. Currently she is in Saigon doing examinations and has the children with her. In the Air Force he earned 8,000 P per month (less than \$18 per week), and like all doctors in the services he had to supplement his salary with private practice. From the students I discovered that the usual general practitioner fee is about 200 P (about \$1.75) and a top consultant charges ten times as much. He says that he likes the work he does — in Tho's presence he could hardly say anything else — but wished that he could have done a refresher course before leaving the Air Force. The evening was a success, in spite of the early departure of the guests, and is the first of our farewell functions.

This morning we had a visitor from Fr Pirie, a big bluff and jovial Jesuit, who used to teach Rod White's boys at St Ignatius' Norwood. The surgeons were busy, so Rod got me to show him round, and he took a keen and intelligent interest in all he saw. He has never been out of Australia before, and is on his way to Europe for further study, and will presumably come back as a headmaster. When we came to the Pharmacy he chatted to the little nun in French, to her great delight, and then he got her to kneel for a blessing, which surprised and pleased her. He had been brought down by a Colonel Sarong, formerly head of the Australian jungle training school at Kanungra in Queensland. He was a stocky, quiet and impressive man, obviously intelligent and keen to encourage us to talk of our impressions. It was an interesting meal for all except poor Graham Wilson, who looks shockingly tired and clearly could think only of his lost siesta.

Just before lunch a woman was brought in whom Fr Pirie was able to photograph, badly wounded by a mine. One hand was pulped and her face was badly mutilated. Rod and Graham worked together all the afternoon to try to get her patched up. Rod really is a wonderful fellow in the way he stays cheerful when faced with almost impossible orthopaedic problems, and working at such pressure that, conscientious as he is, he sometimes is unable to do a ward round for two or three days together. He goes in less than a fortnight, and I shall miss him very much.

While they were doing this, George Gunter, Jenny Leak, Aileen Monck and I went on a PX crawl. We drove across to Long Binh and went first to 2 Field Force, one of the biggest stores outside Saigon. Next we went to 90 Replacement Battalion, through which pass all new arrivals and departures, both R & R and end of duty, for the local infantry and support groups. This one is called the LBJ PX, and, like 2 Field Force, was new ground for us. From there we went to 93 Evac, and, while I went to 946 Mobile for blood, the others tried the little PX there. Finally, on the way home we called at Train Compound for George to look for a radio, for they are never fussy there about the \$10 limit. He has had my experience, that the only sort worth considering are at least \$50, and on a three-month tour the living allowance just doesn't stretch far enough for that. After all our travelling, I spent about \$30, I hope reasonably wisely, remembering how soon after I return we will be faced with Christmas...

...

All my love,

Peter

Bien Hoa

13 Sep 67

R-30

The locals call this autumn but to us it is a minor heatwave, for it has been very hot and humid. The Air Force weather forecast for Saigon this morning predicted 90°F and it certainly felt like it, with the humidity not much lower. It seems to us that the really heavy part of the wet season may be over, as, although we still get heavy rain, there no longer seems to be any flooding I am afraid that, like the umbrella, the rubber boots will never be used. I asked for them in all good faith, on the basis of information from Mrs Hai and the others that August and September would be far wetter than July, but this has just not been so. I would have been glad of them, especially splashing through the mud at 24 Evac, but, of course, that day I had left them at home. I had originally planned to use them in the hospital itself, where I had faced the huge shallow lake in front of the female medical ward, which I visit almost daily. It was here that I saw a chap catching a fish, where an hour previously there had been only dry dust and struggling grass. A couple of weeks ago the hospital work team fiddled in a desultory way with the drains, and since then the water has collected only in a couple of pools, with dry peninsulas in between. So I'm afraid I shall end by posting the boots back unused, but everything else has been well worthwhile. I keep the dictionary beside me and consult it daily for spelling and precision of meaning.

After the first batch went home, Doug Townsend belatedly discovered that his pay had been stopped in the mistaken belief that he was no longer here. We have had no salary advice slips for many weeks, and now two have come at once, with the news that my cheque has been paid to the St Peters Branch of the Bank of New South Wales, presumably confused with Tom Allen. I enclose the slips and a copy of the letter to Bob Adlam in the Adelaide office of the Department of External Affairs. I can't recall the exact sum in the earlier ones, but if this is different give Bob a ring, for they may have confused the sum as well as the destination. I never heard what happened to my lost day's salary, and I am anxious to avoid the same thing happening at the other end of the transfer period.

I greatly enjoyed [a couple of family letters]...

So far as the day's events are concerned, I have very little news to report. The ward is quiet, and I can get through the work pretty quickly, even though slowed down by the shy little Hac trailing after me. Like the lads last week, he is well on the ball from the point of view of diagnosis, but woefully deficient in therapeutics. We have a 16-year-old lad in the male medical ward critically ill with mitral stenosis. I took Hac along this afternoon, and it was clear that in spite of the impressive display of cardiac catheter studies and elaborate apparatus at Cho Ray [Hospital], these chaps are not taught modern cardiology. He had no idea how to use his excellent stethoscope and I think he really appreciated my attempts to show him.

We had as short a visit from an Australian army colonel, whose name I forget, who is in charge of our military mission at Kuala Lumpur. He was accompanied by a rather earnest young Second-Lieutenant, and, as usual with the surgeons busy, I was left to show him around. I liked him and thought that he asked sensible and intelligent questions and took good photographs. Although it may disrupt my work — I was about to tap a chest — I enjoy meeting these people, seeing their reactions and try to convey a few of my own ideas and impressions.

The hardest of these is the Vietnamese temperament, and it would certainly be presumptuous and impertinent of me to speak authoritatively after such a short time here, and knowing almost nothing of their language and culture. They have a great capacity for stoic endurance of physical discomfort and disability. The same quality allows them to be indifferent to simple remedial deficiencies, so that they are great improvisers and fiddlers. If something breaks down, they do what they can to fix it, but they have no apparent sense of pride in such an accomplishment and

show no desire to prevent repetition. I am sure this would drive your father mad, with his intensely efficient practicality. Although they will rarely put themselves to any inconvenience for other people, they have a great interest in others' troubles. The arrival of an ambulance attracts a crowd, and people like the parents from the children's ward will crowd into the narrow passageway and foyer of the Surgical Suite, just to satisfy their idle curiosity. The easy grin that they flash on strangers is, I think, genuinely but transiently friendly, and their laughter, which comes with such gusto, can be provoked by what to us are inappropriate stimuli. They love a show, like the two religious festivals, and people who are obviously very poor will spend money on balloons for the children or little delicacies for themselves. As I have said in previous letters, they are attracted to the grotesque, and they all laugh gaily at things that would horrify us — doctors, nurses, interpreters, and even the subject himself.

They are quick to exploit us and allow us to do as much as possible, themselves doing only what duty extracts. I went to the laboratory to do routine estimations of plasma solids with the refractometer, so that we can build up a range of normals. Hung says that he understands this, but still does the test only when I specifically order it. He won't even do it as routine on my own cases, let alone anybody else's. Another example of this attitude is the problem of rubbish. This goes down to big drums of the back of the hospital, where it accumulates beyond endurance. Left to themselves, sooner or later they would remove it, but they are only too happy to let us persuade the Americans to do it. In the same way their nurses watch our girls washing floors and walls, and make no attempt to help, and our lasses, especially those with high religious motivation, vainly expect them to learn by their example. The doctors and nurses show the same attitude in their obstinate refusal of any attempt or even apparent desire to learn our ways of doing things. They watch successive teams come and go, exploiting them to the utmost for what they can allow themselves to do, but the locals stay on virtually incorrigible.

Like all Asians, they are too polite to convey their true feelings directly, so they greet us with smiling urbanity, evasion and procrastination. We can see that the purely hospital problems can be resolved only by striking down fundamental patterns of behaviour — in the TB wards both patients and staff must be trained not to spit on the floor. The church, with its implicit discipline, semipermanent expatriate staff and key nucleus of dedication can accomplish this, and its institutions are clean, orderly and with well-disciplined patients and relatives. Left to themselves I cannot see how the native Vietnamese would manage. I would be fascinated to see the results of Communist direction, but again, of course, this is fundamentally an alien dogma, analogous to that of Christians in that it seems to have nothing like its drive in native culture.

We were all disappointed by the fiasco of the first heat of the *America's Cup*, which we heard of just before lunch. As predicted, *Intrepid* is clearly unbeatable and I don't expect *Dame Pattie* to take a heat...

All my love,

Peter

Bien Hoa

14 Sep 67

R-29

Once again the ward has become full, with a nominal occupancy of 20 in the 21 cots. I compile this figure each day after writing up my personal clinical diary, in which I record a few details of every inpatient whom I see. Afterwards I wonder what happens to them, for somehow there are always a few empty cots. Partly this is from doubling up, so the family of three children (plus father AWL from the army) will share one cot. [The American expression AWOL had not yet permeated our vocabulary.] Others wander off outside, where many parents like to sit with their children and watch the world go by and such exciting medical drama as the place affords. Often the child is taken outside for toilet purposes. Little Tran Sung, the laddy with a fractured femur and a hip spica, with the devoted mother who is the subject of so many photographs and anecdotes, is one of these. His mother takes him out and stands him up like a tailor's dummy as he piddles on the dust. In the rainy season there is surprisingly little smell, but I should think it would be malodorous in the summer. Defaecation is a bit of a problem. There is a ward bedpan and I see parents or siblings trotting back and forth with this. Some parents go to surprising pains, like a Montagnard father today. He built a little seat of bricks for his son, who cannot squat because of a plaster on his leg. Between the bricks he put a little square of paper and when this had acquired its steaming hot turd he set off with it to the hospital toilet, carrying the lad on his hip but not bothering to do any bum-wiping first. Bed-fast patients often use a condensed milk tin as a urinal and/or spittoon. This is usually emptied as necessary anywhere convenient outside, a favourite place being at the foot of a tree between the children's ward and the obstetric block.

There are two types of spitters. The betel chewers produce a scarlet jet, which they like to send a little distance. The sudden flash of red is quite startling as it catches the corner of your eye, and always makes me think for a moment of haemoptysis [coughing up blood]. Others just lean over and casually empty their mouths of saliva and sputum, perhaps after a loud preliminary hawking and throat clearing. Our [VN] nurses are quite genteel about it and delicately retire to the back or side doors of the ward. Patients are less inhibited and just drop their spit on the floor. Naturally it's hopeless to try to educate people with tuberculosis not to spit, and only today I saw patient in the TB Ward spit a generous dollop on to the floor beside a little toddler. As most of the patients have ether anaesthetics, very often they spit a lot in the Recovery Ward, and each day, when the girls have finished mopping, there is only a short delay before the first customer produces [some sputum].

After I had finished my ward work this morning, Tom Allen said that we need blood before the weekend, and I also wanted to scrounge some cholera vaccine for those from the first batch who want to go to Hong Kong. So I took a car to 946 Mobile [Laboratory], which proved to be a good day to do so, for it was Jim Scherer's last day as CO before going home. In four days he will be a civilian, due to resume his residency in Houston and then on to general practice. His successor, Hal Reiser, is a pleasant plump fellow, also of very generous disposition, so Barry Smithurst [my successor from Queensland] will be able to carry on. When I got there today they were just finishing setting up the auto-analyser, a fantastically ingenious \$10,000 toy. It can do 16 tests simultaneously on one specimen of blood and write the results on a graph. All that the technician needs to do is to put the separated serum into numbered plastic cups, turn on the power, replenish the reagents from time to time, and read off the results. When it has finished it even cleans out its own tubing. I have been trying to get one for RGH [in Adelaide] ever since I went there, and it arrived as I left to come here. In the last six weeks 946 Mobile has acquired blood gas analysis apparatus, two spectrophotometers and an incubator. These Americans can certainly move quickly when they want to. On Sunday afternoon the main street of Vien Cuu was a rutted dust

bowl, and today it has a smooth new surface from kerb to kerb — and the kerbs weren't there two weeks ago.

We have had a lot of Australian visitors lately, and today came two more — Eric Clarke, the Melbourne physician who once examined me for MRACP [Member of the Royal Australasian College of Physicians], and Doug Leslie the surgeon [sometime President of the surgical college]. They were accompanied by Lieutenant-Colonel Meyer of 8 Field Ambulance and the same taciturn Major Joyce whom Graham Wilson and I had met at 24 Evac Hospital last Saturday, and who did not speak once. They were rigged as full colonels of the Australian army, for they are respectively consultant physician and surgeon to the army, and they are here to report on the purely medical aspects of our military commitment in this country. Eric Clarke was as quietly urbane as ever, and really enjoyed his short tour of the hospital. When they arrived I was putting in a drip in a tiny infant with intestinal obstruction, and for the first time since I have been here, I wrecked the vein and had to try again on the other side. We brought them back for a drink and a chat, but they were preoccupied by thoughts of being on the Highway after dark, and made an early departure.

I had intended to write to [my] Mother tonight, but I have had three separate calls to the hospital and I am dead on my feet. I shall try tomorrow.

All my love,

Peter

Bien Hoa

15 Sep 67

R-28

This morning Mrs Hai met me to say that she thought she might be coming into premature labour, and, as Miss Nga has been on leave all this week, could I go round without her? So Hac, the young medical student, who with his friend An has replaced Duc and Hung, the ones here for the last two weeks — aren't the names confusing like this long rambling sentence? — and I went round together. Poor little Hac wilts under pressure, and either talks in an unintelligible whisper, or grins and claims not to understand. Finding this confusing and frustrating, I went over to fetch Quoc the dental student interpreter, but this proved to be a mistake, for it meant that Huc lost face and Quoc, a sensitive little bloke, was too shy to do the job properly. It certainly needs endless patience to deal with these people, but eventually I managed to do a scrappy round, even more veterinarian than usual.

Both outpatients and my round with Toan took less time than usual, and I had finished by 11 am, so I took Hac out to inspect the mental hospital, the Bien Hoa version of Parkside, which is on the road to Ho Nai a couple of miles past the Air Base. This proved to be a somewhat frustrating business, for I spent a lot of time finding the American psychiatrist. He is a Pole with a strangely familiar heavy European rather than American accent. He has a chip on his shoulder about our Team and this got us off to a bad start. He actually lives in our building, but we never see him, and as a year ago he took his meals with our predecessors, he feels that we are arrogantly discourteous — he didn't say this in so many words, but he conveyed it all the same. He also resents a couple of recent clinical contacts, and probably with some justification. Recently he sent over an old man stuporose after a head injury, who spent four days in one of our wards, and was returned with just the one word “concussion” — no note as to whether the skull was x-rayed or what was thought of him. Today he was obviously dying of aspiration pneumonia, and equally obviously had gross localising signs, so we had missed a subdural haematoma. I did my best to justify the shoddy clinical standards to which we have all descended, but it was hard to defend a flagrant breach of simple professional courtesy. Later I tackled the surgeon responsible, but all I got for my pains was a brusque rejection and I was sorry that I tried.

I saw a little of the hospital, which has 1,700 beds, three doctors and 26 nurses, but as it is now very late I will defer any attempt at description until after I go again next Tuesday.

This evening we had a very pleasant, late and bibulous evening at the Air Force mess as guests of Lee Smith, the Colonel who is 2IC of the Air Base and who comes here pretty regularly to see one of our girls. We had a superb barbecued chicken with Liebfraumilch, which I ate with a dedicated young career medical officer and a tired senior WW2 man — I think a full Colonel judging by the deference that he excited. I shall try to recapitulate the fascinating conversation about space medicine and Vietnam tomorrow.

...

All my love,

Peter

Bien Hoa

16 Sep 67

R-27

First I should return to last night. I am not quite certain exactly which USAF mess it was that entertained us, but they certainly did so very well. Lee Smith is a full Colonel, 2IC of the Air Base, and through him we are to see one of the jet squadrons tomorrow. He and others of equivalent rank and status live in a cluster of what the Americans call trailer cabins. These are basically luxurious caravans of the size that circus people have, with the wheels removed and set up on permanent platforms. They are grouped in such a way as to enclose a pleasant small garden, with bananas ripening on a tree within easy reach, and a closely mown lawn. They have what we would call a verandah, that they describe as a patio, beneath which are the bar and the appropriate number of tables to take exactly our number — about 30 in all. I had to call in at the hospital to see a child with pneumonia, and so travelled separately in one of the Landrovers, arriving a little after our first contingent and well before the second, who were embarrassingly late.

I broke my own teetotal rules to have a Scotch and soda, expertly dispensed by a proper barman, and Rod White and I were drawn into a long and interesting conversation with David Course (or Cawse) the new senior flight surgeon. He is one of those very impressive, intense and serious young career men of whom I have previously written. He is a little younger than I, with a keen intelligence and a driving ambition for himself and his service. He trained as a physician and spent two years in private practice. He found this intellectually stultifying and decided to return to academic medicine, but first he had to get over his two years' deferred National Service. He decided to volunteer for the Air Force, and liked it so much that he has signed on to make it his permanent career. His definitive job will be in aerospace medicine, and Rod and I listened to a long monologue, in which he described some of the work that he has been doing. He was concerned in developing and testing the new fibreglass cosmonaut suits to replace the type which were so vulnerable to fire. This embraces extremely complex engineering problems, one which concerned him being heat absorption and techniques to prevent a space traveller's blood from boiling like an egg in the shell.

Another facet is the psychological preparation and assessment. They subject the trainees to simulated weightlessness and sensory deprivation, in which it took them many months to realise that normal people suffer all kinds of distracting hallucinations. In one experiment, two men in flying suits were locked into a simulated Apollo capsule for a fortnight, with dehydrated food and simulated data coming in all the time on the display panels. One of them had to be prematurely released, because he kept seeing little animals on all the dials and could not expunge them from his mind sufficiently to allow him to make the correct readings. The type whom they seek and refine is the man who can implicitly trust the systems — the computer must supplant any irrational native judgement, for quick and accurate decisions on such matters as re-entry demand reliably rigid responses. At Fort Sam Houston in Texas they have built a moon simulator in an old hangar. The astronaut and the moon's surface rotate together at such an angle that he is subjected to 1/6 G and can confront an exact illusion of the problems of walking on the moon, able to jump with ease over a boulder 8 feet high. Similarly astronauts rehearse every detail of procedures like docking manoeuvres and splash-down procedures under conditions that exactly reproduce those that they will meet in practice.

By the time that we had heard all this, a chow line had been formed to the grillers, where they had prepared superb chicken and potato wrapped in foil. We made our way to the little tables, split up so that we each had at least two American hosts. I was alone with David and a thin taciturn Colonel, obviously one left over from the last war and now approaching retirement. David, lubricated with Liebfraumilch, a wonderfully delicate white wine and ideal for the conditions, rattled on while we listened. The USAF is to establish an epidemiological laboratory at Manila to

serve the whole of Asia. He has already proven the local occurrence of leptospirosis, dengue and Japanese B encephalitis — apparently independently of 24 Evac, which is run by the Army — and his biweekly mosquito counts from the strategically located mosquito traps show that malaria vectors do not occur locally. This reinforces Mrs Hai's contention that there is no malaria in Bien Hoa.

David, like most of these chaps, does voluntary Medcap duties, going to the Leprosarium each Sunday to help establish better laboratory facilities there. He was emphatic and dogmatic about the needs of this community. The present generation should be abandoned as incorrigible, and we should concentrate on teaching in the schools — hygiene, public health and preventive medicine. Conventional therapeutic medicine should be confined to major hospitals such as ours, and their resources should be restricted to the minimum compatible with meeting communal needs. They should be staffed by aid teams like our own, and the Vietnamese medical graduates as they are released from their National Service should be given strong incentives to go to outer areas. It all sounded too neat and impractical to me, but I didn't say so.

At this stage we were interrupted by Lee Smith making a speech and presenting Graham Wilson with a plaque — a favourite American custom. The Unit — I think it must be the Wing HQ — is linearly descended from the oldest aerial fighter service in the world. The lean taciturn Colonel, who seemed to disapprove of the presentation on some point of principle, became very loquacious explaining its history. It was formed in about 1909 as a scouting unit of one or two primitive aircraft in a border war when an obscure (to us) Mexican dictator invaded southern Texas. The original founder died only this year in honoured retirement, and the Colonel was proud to say that he had had the privilege of often visiting with him to hear him describe the early days of aerial warfare — using the aeroplanes to stampede the Mexican's horses, and taking an occasional pot shot with a pistol. In WW1 they reached France in time to score over a dozen accredited kills against the Bosche, and had expanded in WW2 and Korea to jets and a huge establishment. When the plaque came around it was in fact a very good design, in the form of a shield surmounted by an appropriate number of German crosses, and with a solitary cactus on one quarter to symbolise the Unit's origin. The Colonel snorted with disgust, refused to handle it, and shortly afterwards abruptly left the table. I never did discover the reason for his objections.

Today we have a couple of interesting visitors from Long Xuyen. Brian Walder, who is a cardiologist and usually works with Graeme Sloman at RMH, is working as a paediatrician, like me under professional false pretences. He has codified 500 cases, and bubbles over with enthusiasm, so much so that conversation is a bit disjointed as he leaps from one subject to another. He has found time to teach at the local High School and has been invited frequently to Vietnamese homes. He is strongly opposed to the war, and feels that the American forces, and ours with them, as their numbers build up, will inevitably assume the role of an army of occupation, degrading the local people with previous moral standards, distorting the local economy, and condensing all the nationalistic resentment previously directed at the French. He thinks that all troops should be withdrawn, concentrating on civil aid, but he failed to answer my query whether he would be prepared to accept such an appointment with no military protection.

His companion is a very nice and surprisingly young girl called Janice Rayner, who has been in the country for a week and is to help to establish a nurse nursing training school at Long Xuyen under USAID auspices. The poor girl is just beginning to get an idea of what sort of problems she will be facing, and I think that the prospect is pretty intimidating. She seems the sort of girl who will be well able to assert her own ideas, but Brian and I agree that she would be better used here, closer to Saigon, the University and Cho Ray, the principal teaching hospital.

Brian and I have very similar ideas about how things should develop here. Arising out of this he suggested, and I agreed, that we should write a joint paper on our paediatric experiences, mostly

devoted to the spectrum of disease patterns that we have seen. We also agreed with each other that the Long Xuyen Team should be disbanded, especially as with only three weeks to go before most are due to leave, their successors have still not been recruited from Sydney. We also agreed that the current disjointed and improvised use of these teams represents a flagrantly inadequate use of available medical talent for both teaching and research. His cousin is Mr McMahon, Deputy Prime Minister, and he has been asked to provide a personal and confidential report on his return; he suggested that if possible I should join him in this. I enjoyed his company, but he is such an effusive and discursive speaker as to be both stimulating and exhausting. He overrides other people's attempts to enter the conversation in a fashion that I recognise in myself at times of bibulous garrulity. Eventually I slipped away, had a brief sleep, and have written this before tea, as I can predict a prolonged ear-bashing later.

An afterthought from last night. Inter-service of cooperation is very good. The Army sends its unit commanders to serve for a time in the Air Force and vice versa, so each gets an insight into the specific problems of the other wing of the service. Racial integration in the Army and Air Force is complete and entirely harmonious. In fact it is a major factor in precipitating civil rights agitation at home, especially in attempts to perpetuate restricted housing in areas near military establishments. David Course (Cawse) feels confidently that racial problems in his country will subside in a generation, especially when the entire male community has passed through the levelling experience of National Service.

All my love,

Peter

Bien Hoa

17 Sep 67

R-26

I was woken early this morning while it was still dark by heavy rain, a very unusual occurrence here, for nearly all our rain comes later in the morning or towards the end of the day. Shortly afterwards the daily early-bird choppers started in and out of Honor Smith pad about 100 yards away, so that was the end of sleep for my Sunday lie-in. In fact I got to breakfast a little earlier than usual, as did several others, including Brian Walder and Janice Rayner, our two guests from the rural calm Long Xuyen.

After breakfast the three of us strolled down to the hospital, and although we were there by 8:30 the nurses had all been and gone, locking away the case records and drugs. I finished showing Brian and Janice the hospital, for they had only a superficial glance yesterday. At the mortuary we saw some bereaved relatives putting a body into a coffin before loading it on to a battered old truck. A big crowd had gathered, attracted like us by the ostentatious wailing and weeping of some womenfolk. The people were Catholics, with candles and crucifix prominently displayed, and, as you should expect from what I have previously described of the national character, those uninvolved chattered and laughed gaily at the spectacle. For this reason I felt no compunction in taking a few photographs, although probably they won't give a good impression of the scene.

Our tour completed, we then walked down to the pleasant promenade by the river, the level of which has risen a good two feet since I was last there about six weeks ago. On the little jetty we saw a spectacle that could almost have been Brighton Pier or Blackpool. There was the usual little group of aimless young men idling away the day with a transistor. And there on three deck chairs were two old women and an old man, dressed in European style, one old lady knitting and the old man in shoes and socks, shirt, and tie and jacket. He was clearly Eurasian and spoke to us courteously in French, but none of us could reply. He seemed an odd relic from the colonial past, taking the air where once only the very elite of local society had access.

We passed up through the market, starting with all of the river foods, ranging from shrimps and crabs, through many kinds of fish, variegated lobsters and eels, and even a couple of very large fish looking almost like shark. We must be thirty river miles or more from the sea, and the next market like this is only a couple of miles away, so that the aquatic life here must be as prolific as the people. Janice, who has only been in the country week, was intrigued by it all, and I must say that I'm hardly sated myself. We saw the cupping session in progress, and Brian, who had never actually seen it done before, was totally fascinated. He lingered to take photographs and we lost him. By now Janice and I were pushing our way up one of the very narrow laneways between the stalls, with foul slimy water underfoot, making her feet and legs filthy. She didn't want fight her way back, so at her request I left her in the doorway of a little shop selling noodles and funny brown stringy dried herbs, and returned to fetch Brian, who had wandered off where there are little booths selling dozens of cheeping chickens held in large shallow round baskets. At length we were all united again and continued to explore the market, concluding with one of the fortune teller women whom we have all photographed so much that she becomes quite a self-conscious at the sight of us.

It is only a short way back to the hospital, and we were all glad to find Aileen Monck and Joe Griffin setting off for home in the VW. Brian has been as impressed by Australian nurses here as Janice has been appalled by her first insight into Vietnamese practices and standards. By his account, things at Long Xuyen have deteriorated even further since I was there, and poor Hal Stanistreet is almost desperate. An appeal to the Colonel in charge at MACV was fruitless, and he himself is one of the worst offenders. The Americans fetch the girls from the hospital during working hours, monopolise the bar, spend the luncheon period with them, and take them out

every night, so that often Hal has no idea of the whereabouts of the girls on duty for theatre. Brian was very impressed to see our girls go down each night and on Sunday morning, for in his team the girls do only the minimum. Two are already engaged and none of them intends to return to nursing. It is fascinating think how Jenny Leak, or particularly Aileen Monck or Olga Nicholls, would have confronted a situation such as this.

Poor Janice had wilted, so after refreshing her with a Pepsi while those so inclined went to Mass at Train Compound, the heretics and heathens went PXing. It is taking all my willpower not to follow the others in their giant spending spree, and I restricted myself to a film for the camera. I collected a box of films, the first so far really badly exposed, the 160 ASA Ektachrome being tricky film needing very precise exposure. Only one roll is left, which I shall bring home, and from now on stick to Kodachrome II. Olga and Tom Allen splurged \$26 on beautiful lacquer shell work depicting a man casting a net from a dinghy. I was sorely tempted, but thought of our crowded walls, the journey home, the yachting watch and the compass, and refrained. Brian insisted on buying a couple of bottles of Portuguese rosé wine for lunch, and it was very light and pleasant, a style that would prove very popular at home. It seems relatively insipid after the full-bodied reds that we are used to, but it has a deceptive potency. As Brian, a bachelor, said disarmingly while Janice blushed, good seducing wine.

After lunch we were shown over 90 Tactical Squadron, which was intensely interesting. There are three squadrons to a Wing, and this one has 18 aircraft, all F100 jets, of which about 15 are operational at any one time, and they average 14 or 15 strikes per day, maximum three per pilot per day. First we saw one of the pilots climb into his heavy flying gear. Around his waist is his pistol and belt full of bullets; at his ankle his knife; and in the pockets his survival kit, including his little personal radio. If shot down in bad VC country, as down in the Delta for instance, they give themselves a maximum survival time of 30 minutes before Charlie catches them. So their slightly theatrical air with pistols and knives is for real, to use one of their own expressions.

While we watched and took photographs, he checked all the last details before take-off. At the front of the plane is a long tapering point which looks like a cannon, but is in fact the pitot tube to register speed and altitude, set forward to minimise turbulence. The very front of the aircraft is the air intake, and a stripped plane in the workshop showed that nearly two-thirds of the fuselage is engine, terminating in the exhaust, looking like a scorched bowl from an old washing machine. The machine weighs ten tons — Tom Allen said a Spitfire was three [He flew them in Europe during the Second World War.] — and balances on three sets of little wheels. These have 300 pounds pressure and are used for about a dozen landings. On each wing are spare fuel tanks, each holding over 300 gallons of fuel. These are shaped like bombs, with a vane so that they can be jettisoned if necessary. This particular machine had two 500-pound bombs, in addition to its cannon, but no rockets. They showed us the priming mechanism for the bombs. A little vane on the nose of the bomb has to rotate 3,000 times — 5 seconds of fall — before it engages the link rod to the detonator, and is held in place by a wire which is broken as the bomb is released. Thus there is no hazard if the bomb is dropped accidentally on the tarmac, and if the plane has a crash landing the bomb cannot explode just because of the impact. On the starboard wing, arising in a somewhat phallic fashion, is the connection to allow midair refuelling, not used much here.

Each plane has its own revetment bay, protected by metal walls about 12 feet high, filled with sand. When the Base was attacked in May, one was lost by direct hit from a VC rocket, but, to use the jargon, the exploding ordnance did no harm to its neighbours.

When the checking was all complete, we stood aside while the engine was started in an acrid cloud of black smoke, which belched from under its belly. Then we climbed into a truck and drove slowly to the edge of the tarmac to see the take-off. This proved a little of an anti-climax. When our machine flung itself forward the after-burner failed to ignite so its take-off was

postponed. We stayed there while the busy traffic of the runway passed before our eyes, for a permanent queue state exists. A curiously old-fashioned spotter plane would come in slowly but gracefully, like a bird, to make a perfect landing, and exciting applause from Tom Allen. More jets appeared, always in twos or threes — more F100s, the delta wing F104 — the Starfighter that the Germans have had so many controversial crashes with — and a new light attractive little plane which is being used experimentally because it is cheap and easy to fly and maintain. Huge transports lumbered into the air, all four propellers working, then old-fashioned piston-engined fighters of the Vietnamese Air Force (they also have jets for prestige) Caribou, the Air America craft of the sort that we travel in, and more jets coming and going.

As it thunders by a jet raises noise so great that it is physically painful, and to look into its retreating stern is almost to stare into the sun, so bright is the glare from the flaming engine. Landing is a delicate business, calling for skill and steady judgement. First they make a circuit to orientate themselves by the altitude and runway. As they come in, the nose is lifted and the machine wobbles disconcertingly until all three wheels are down — this produces a puff of blue smoke from each as the rubber burns off the tires. At this stage the drag chute pops out, and the braking effect is obvious. If this fails, at the far end is a cable which they can engage with a sky hook. And if they miss that, as one of the chaps said, they are on the fastest tricycle in the world. One plane had a trainee on board, and it was only at the third attempt that he got the plane down on a perfect landing — perhaps the instructor took over.

When the show was over — or rather it goes on all day and night, but we had to break away some time — we drove back to inspect a plane hit this morning from the ground, but we could find no sign of damage. The VC regularly fire at the jets and often hit them. Next we went to the briefing room to see a film of what they call their ordnance. Photographically this was of fair to poor quality, but the impression was even more effective for this reason. Planes almost always work in pairs and most of the pictures were taken from the companion, although some were from the strike plane itself. We saw pilots have their briefing and service their planes, just as we had seen ourselves, taxiing out and taking off. Next the spotter plane dropped a smoke grenade in the jungle and the jets appeared. The bombs were much as expected, with a big cloud of debris and smoke. But they went on to a staggering variety of weaponry — rockets, tumbling canisters of napalm erupting into horrific bursts of flame; tracer; cannons; and strip bombs, each discharging 800 bomblets, worse than a grenade and cutting a swathe 100 metres wide for a distance of a mile. Most strikes are at about 400 feet at about 450 knots, and they claim an accuracy of 30 m on to the target. Fire control discipline is rigidly enforced and the jets are usually employed in “open” areas, such as the Lower Delta and War Zone D, where all civilians have been warned that they can stay only at their peril.

The Colonel gave us one example of the incredibly galling fire discipline. When the Air Base was mortared one night in May, one of the aircraft actually airborne at the time was mounted with six Gatling guns. These are fantastic multi-barrelled machine guns firing 6,000 0.50 rounds per minute, and able to blast an area a hundred metres in diameter, with shells 1 cm apart. The crew could see the flashes of the rockets being fired, radioed for permission to attack — and were refused! No visual ground confirmation had been obtained and the area concerned — the rubber plantation that we go through en route to Ho Nai — has a large civilian population nearby.

After all this we retired to their congenial little pilots’ mess for drinks and savouries. One chap called Abe is a jovial little Hawaiian, and he had produced some excellent native savouries. Eventually I had to leave to go and see a baby critically ill with pneumonia and gross anaemia. A drip had stopped in another tiny tot, and I managed to get a cannula into a vein at the wrist only one third the size of the cannula, using the ophthalmic magnifying spectacles, to the delight of Vietnamese nurses. I expect it won’t be there in the morning.

I can't remember whether I told you about Brian Marks. He was Chief Registrar at RMH when I arrived there in 1955, and went on to become an OP physician, shortly due to go on to senior status. He has always been very pleasant to me and sat with me at one of the [College of Physicians] dinners a year or so ago. A few weeks ago he was killed in a car crash in Sydney. Remember this when you think of me going to Nui Dat and Vung Tau next weekend to report on things for Repat in relation to their Team coming to Vung Tau.

All my love,

Peter

Bien Hoa
18 Sep 67
R-25

...

The day began pretty hectically. Mrs Hai struggled to work, looking tired and strained, to be sure that Miss Nga returned from her week's leave and that she had all the information that she needed to run the ward. Miss Nga looks rather more careworn than usual after a week off — “Very busy” was all that she would say in answer to my enquiries on how she spent the time.

Occupancy has jumped to 22 and several more came in during the morning, and, as she is not as confident and brisk in her approach as Mrs Hai, the round was one of the longest that I have held. There has been a lot of road trauma and we have collected four of five new fractures, but the war side has been quiet. There was one horrible case on Saturday, but he is still in Recovery and may not survive. Four boys of about 10 were playing with a 50 mm cannon shell when it exploded and three were killed. The survivor had jagged bits of metal rip into his limbs and belly, with jagged through-and-through wounds of both calves. This is sort of case that could not possibly survive without us and American blood.

Outpatients had built up to a pre-election figure and I was kept going until 10 am — latest yet. Back at the ward was a mother with a baby with diarrhoea — and florid chickenpox. I explained through Miss Nga that I could not let her stay, because of the danger of an epidemic through the ward, and took her with me to the pharmacy to find a suitable ointment for her child. She was a belligerent, flat-faced little peasant, with two clinging elder children, and announced that she wants to stay. I repeated what I had already said and went off to deal with a call from the Surgical Suite. On my return the baby was in a cot with older children alongside and the mother was nowhere in sight.

The third explanation was a bit more pungent on my part and positively explosive on the part of Miss Nga. As the mother came in the side door of the ward she flew at her, her voice clicking in top register, at top speed, and gesticulating wildly. The stubborn little mother pushed past her to sit on the cot, replying sullenly and looking death at me. The other mothers sprang to our defence and added their expostulations and abuse. I felt that the most dignified thing to do was to retire and leave Miss Nga to sort herself out, and this she did. When I came back just before lunch the cot was empty and the mothers all called out, “Bac Si Number One!” to demonstrate their approval. The problem is so often with people who won't stay when we want them to, that it was rather odd to be in the converse situation.

The incident to which I was called over was typical of the kind that give a fascinating glimpse into the ways of these people. A great crowd of patients and relatives was pressing into the foyer, jamming the passage, many clutching at passing sleeves and waving x-rays or “Yeaie Dows” (case records). Nobody was taking any notice of a woman lying at the door and obstructing the passage, so that all concerned, including ourselves, just stepped over her as we went to and fro. The call came that a woman had died outside, and Doug Townsend and I got there simultaneously. It was the same woman, eyelids fluttering, but totally unresponsive to painful stimuli. We demanded a stretcher, had her carried in and, as Olga Nicholls tartly said, smartly jumped the queue. At first she wouldn't respond, but Mrs Yung, the best and most helpful of the interpreters, squatted beside her and extracted her story, interjected with self-pitying sobs. Her husband is a *xich lo* (pedicab) driver, and yesterday he came home drunk and beat her. Now she has palpitations and pains in the chest, and if she goes home he will kill her. I was far too busy to be bothered with the details of the sordid story, and bundled her off to the female medical ward, as the hospital policemen chased away the crowd of children and passers-by who had collected to see what all the noise was about.

The two students have returned, and this week I have An, the taller and more personable of the two — although his best friends should tell him not to use perfume or hair cream pungently penetrating with nauseating intensity. I took him with me to the male medical ward this afternoon, for I had missed Tuan this morning. Diagnostically he is the most astute that we have had yet, and has the manner of a born clinician. He picked two difficult hearts straight off, and made an excellent job, with a bit of help, at localising a femoral nerve lesion. He sets out to examine people in a business-like way, with none of the fumbling insecurity that I had in the last two weeks. Rod White was impressed with him on the first day — asked to see a man with abdominal pain, he took a brisk history, examined the abdomen, and asked for a glove to do a PR, and uninhibitedly did it straight off.

My favourite patient is little Tran Sang, who was here when I arrived, lying on the floor in gallews traction with a horrible compound fracture of the femur. He is the one whose bright and intelligent mother has never left him, and he eventually graduated to a spica and a cot. Today he had the spica removed, a very tearful process, and in a few days he will be off. I am glad that he goes before we do, as this will really signal the end of an era. He is a fine chubby little fellow, badly spoiled of course, and his mother is a woman of fine personality. She is the only Vietnamese — other than the nuns — who will spontaneously do something for somebody else. I always enjoy my joint rounds with Rod to see these patients. He has a wonderful manner with both children and their parents, readily excites a laugh, and is professionally supremely competent. I can always tell which are the plasters that he has put on. By the way, the other day he spoke of Michael Becker [a neighbour, the same age as my daughter Kate; I have forgotten what was wrong with him that he came to see Rod.] and asked how he was getting on. I shall miss him badly when he goes next week.

...

All my love,

Peter

Bien Hoa
19 Sep 67
R-24

The morning was very busy and disjointed, and I was kept going without stopping and with maddening interruptions. We are short of vehicles and we got off to a late start, not reaching the hospital until 8:15. Having lost those 15 minutes, I spent the rest of the morning trying to find them again. Mrs Hai is still away and Miss Nga doggedly stayed on, in spite of having been on duty all night. An, the best of the students we have yet had, was with me all day, and has been a bright and pleasant companion. Not only was the ward full, with a trickle of new patients coming all the time, but I was repeatedly interrupted as I tried to struggle round.

First it was an American with a Vietnamese girl and a grizzly baby —no cause found, so I dewormed it and sent them off. On Sunday I had had a frantic call to the private ward to see a woman suspected of having tetanus. I was unimpressed, and as both Tho and Tuan were treating her, I did no more than sedate her overnight. Suddenly a frantic nurse and a grinning Sergeant Nien appeared to say that she was dying and the other two [doctors] had not arrived. When An and I got there she was surrounded by a huge tense family circle. From her fluttering eyelashes, spuriously moaning breathing and total unresponsiveness to pain, it was clear that this was hysterical stupor. I wrote this out for the VN doctors and withdrew, for it would be a hopeless task to tackle her psychiatric state through interpreters and in front of the whole family circle.

Eventually, after a couple more interruptions, we finally got to bed 21, occupied by a tiny baby, grossly anaemic (haematocrit 8% — yours would be 40%) and so far defying my attempts at both diagnosis and treatment. Fortunately the outpatient clinic was fairly light, although again plagued by interruptions. USAID demands a medical examination of its Vietnamese civilians, which involves a chest x-ray, urinalysis, blood test for syphilis and physical examination. I do this last, to make sure that the other three are done, and it is a pretty cursory affair. The young people, most of whom speak good English, are very demanding, and appear at any time, regardless of any attempt at an appointment. Four came today in the middle of the dressing round, and there is just nowhere to examine the girls in the privacy that they demand and have a right to expect. I have now issued an ultimatum that I won't do any more after next week for two weeks, after which, thank God! it will no longer be my responsibility.

One of the babies has had bloody diarrhoea and I decided to sigmoidoscope it, which proved quite a circus. The only power point in the ward is over the desk in the little room that serves as an office, so I had to plug in the transformer there. The lead to the instrument just reached the passage way, and here on a trolley the procedure was done, to the complete fascination of the little nurses, who teetered and giggled as they lined up to have a look. Next I had to do an ear toilet for purulent otitis media, the only one that I have seen (Hugh Douglas also had only one). This time the girls were bored and they soon wandered off. It's curious how rare some commonplace diseases are in this population. I haven't seen a single case of varicose veins, only one of psoriasis, and this solitary purulent otitis.

One of our major frustrations is trying to telephone. We need to arrange an angiogram for a girl of 17 with a very vascular thyroid lump. Graham Wilson explored this and couldn't even take a biopsy for fear of catastrophic haemorrhage. He tends to push this sort of thing on to me a lot, and I don't really mind, although it can be very frustrating. First you try to contact the Bien Hoa Army Exchange, which is engaged over 50% of the time. Next ask for Long Binh. This is a lottery with three chances — “all lines busy”; a connection to somebody at Long Binh desperately trying to raise Bien Hoa; or you actually raise the exchange. After giving the number, you may get silence; “sorry, busy”; or an ecstatic ringing tone. I spent 40 minutes this morning before finally I got on to a very obliging radiologist, only too happy to help.

After lunch I took the two students to see the Mental Hospital, and it truly was a memorable experience. My sole regret was in switching to Kodachrome and not taking the flashlight, so that I couldn't get interior shots, although I managed a couple on my abortive visit last Friday. The hospital is a huge place, with 1,700 inmates. It is laid out very attractively, with avenues of tall ancient rubber trees. The gate is guarded by a boom, and inside are a gatehouse and a little administrative office with the same sort of clerks and paraphernalia as we have here, plus a tiny outpatient clinic and dispensary. Several bridges cross a rapidly flowing canal in which naked people of both sexes unobtrusively (and separately) washed themselves.

Across the canal was the Receiving Ward of 70–80 beds, where we found Dr Steinmetz and one of the two VN doctors. The ward is a pleasant and open tiled building, a rough oblong around a central courtyard. Patients have a series of little locked rooms with up to three in each and a couple of larger dormitories holding about a dozen. Steinmetz, who is clearly a dedicated, sensitive and humane fellow, has persuaded them to start an open hospital concept, and everywhere he went he opened doors and gently chided the staff for restraints and punitive treatment. He has started rehabilitation, and he proudly showed us patients playing table tennis, drawing and playing with jigsaw puzzles. One had been a hopelessly catatonic schizophrenic a few weeks ago, and another, a delicately handsome youth, previously floridly homosexual, was playing peg-board solitaire against a pretty girl — working off his antifeminist aggression. He [ie Steinmetz] has persuaded the staff to issue drugs to individual patients in labelled little cups, having had special trays for the purpose made in the therapeutic workshop. He uses all the modern drugs and ECT — without anaesthesia or pathological fractures, he says — but I found his terminology very vague and he is quick to evade any attempt at precision in diagnosis.

Next we walked past a pleasant garden with two beautiful pottery Buddhas, one commemorated with joss sticks, to the remedial workshops. These too were very impressive, in their own way as good as the Leprosarium and anything that I have seen at home. There was a painting shop complete with abstracts, a couple of rooms where women made coolie hats and weaved straw mats, and a noisy loom shop making cotton sheeting, and a busy sewing room. The metal shop was in charge of a man with bad delusions — he certainly had a mad look in his eye — and he has decorated it with floridly schizophrenic signs of his own design. The carpenters were busy making cupboards for the dispensary, and wandering round was a benign old nun who looked a bit mad herself.

From there it was straight into the eighteenth century, and the contrast was horrific, almost nauseating. Something like 900 inmates live in closed chronic wards in conditions I find hard adequately to describe. Sexes are naturally segregated, and nobody has ever been able to assess individual patients or attempt any kind of rehabilitation. Dr Steinmetz is clearly making a gallant effort and is slowly but methodically going through the lot, trying to weed out those who seem suitable for a trial period in the Acute Ward. He took us to the pavilion which he hopes to make a show place of open psychiatry, but he is held up by the Province Chef delaying approval of an outside shelter for the patients and a USAID embargo on supply of concrete until a source of major thefts has been eliminated. The building is architecturally quite pleasant, well proportioned and in the same dull yellow stone that our hospital was built from. There is a central foyer for the solitary attendant, off which open two dormitories. Each consists of a pair of long concrete benches, on which are straw mats for the men to sleep on, and at the far end toilets. We got there at meal time and the patients were allowed outside for this into a fenced bare enclosure behind the ward. Most of them were quite naked, and the rest had minimal clothes. They ate noisily from bowls, none having spoons or chopsticks, and several used the bowls to douse themselves with water from a big drum. Many had grossly bizarre behaviour, others were apathetic and others cheerful enough. They wandered inside to be locked in for the night, some wolfing their pills

from the little tagged containers that I had seen in the Acute Ward. This is their whole life, abandoned by the outside world, and with nothing at all to do except doze and fight.

If this was bad enough, what came next was far worse, and An and Huc were clearly shocked and moved by what we saw. For we went on to the infamous two-storey block housing those committed by the courts. Here Dr Steinmetz has no jurisdiction, although he does what he can. All attempts, formal and otherwise, to have sentences reviewed have been ignored, and the most that he has been able to accomplish has been to have a few given trial leave in the Acute Ward. Again most of them were naked, and we got there as they finished their meal and were settled for the night.

Downstairs each man is locked into a cell containing a concrete bench and a hole in the floor for excreta — and nothing else, not even a mat. Two only had the luxury of bed linen and mosquito nets, with pictures from newspapers pasted on the doors. A Chinese man pleaded with Dr Steinmetz, who recognized him as one who had been sent to the Acute Ward. The VN psychiatrist and the unprepossessing attendant were evasive as to the reason for his return to close detention, and after Steinmetz had expostulated with them, the grateful fellow was allowed the luxury of transfer upstairs. This was similar to what we had seen already, with two big dormitories opening from a foyer, where in a single cell slept the attendant. A fresh-faced boy at the door called to me, “Doctor, you have funny socks,” and laughed gaily at my startled response to his excellent English. He is a dangerous criminal psychopath of good family, who has already committed armed robbery and murder. Steinmetz feels that he should probably be executed, for he has an appalling effect on the others, provoking fights in which he himself does not take part, and is a menace as much in the closed society of the institution as in the world outside.

Four naked men had perched themselves on the ledge of one of the barred windows high above the floor. As we left and I turned to take a photograph, cursing the slow film in a bad light, they jeered and whistled, and the sound of this followed us over a long way as we strolled away, subdued by what we had seen.

There was no time for the garden, run by the inmates, many of whom could be discharged if they had anywhere to go. We walked quickly through the Children’s Ward, spotlessly clean with white tiles on the floor and walls, elegant cots, and not only sheets but also pink and white bedspreads. They were a sad but reconciled little collection of mental detectives and epileptics, with swings and a slippery dip. I thought of our horrible old rice store, crawling with rats, and felt quite envious.

Just as we left to drive home and passed the beginning of the military compounds inside the Air Base perimeter, there was a loud bang and an ugly column of black smoke quickly arose. Crowds of people craned at the roadside to watch, and as we came to the water tower ambulances and fire engines came screaming out the main gate of the Air Base, one almost capsizing as it took a turn too quickly, with the fireman desperately struggling into their gleaming silver suits.

Tonight we heard the horrible story. On Sunday we met a tall gay pilot at 90th Tactical Squadron called Clyde Eardley, elated because he was due to go home the day after tomorrow. Today he flew his 301st mission, also his last of the tour, and came in to do a victory roll, forbidden except on this occasion. Before the eyes of his friends his plane flew apart. We saw and heard the impact of the nose and engines as the rest disintegrated and travelled on. One wing sliced into a tent on the north side of the tarmac and killed two men sitting playing cards. Another fragment struck one of the revetment walls we had seen and photographed on Sunday surrounding each plane, fortunately without hurting anybody, although a plane was damaged. Other bits sprayed on, but nobody was hurt. At least seven died, including Clyde, who had an excited wife and a couple of children looking forward to seeing him by the end of the week. We are all saddened, for 90th Tactical have been good friends to us.

A lot of mail came today — two big parcels from Repat, the first lot of books from Glenelg Rotary...

... now the power has failed, and I am writing this by candlelight, so as this has made me stinking hot I shall have a shower in the dark and go to bed.

All my love,

Peter

Bien Hoa

20 Sep 67

R-23

Poor Jenny Wren, with all this worry and me so far away and totally useless! By the time that we get each other's letters, the whole situation has radically changed, so that already I hope that both diagnosis and treatment have been successfully resolved. From your description of post-mumps grizzliness I thought in terms of a mild encephalitis with cerebral irritation. The execrable Phil Nurcombe left all the mail behind today, so yesterday's letter will presumably come with this, and you will see my thoughts on the matter. Now you have presented me with the vicarious diagnosis of suppurative cervical adenitis in a four-year-old.

In our Surgical Suite, such patients get short shrift, with a quick anaesthetic and then incision to let out the evil humours. Abscesses like this are very common here and are often allowed to grow to a huge size under a regime of traditional remedies, cupping and incantations before finally the Australian doctors are given a go. Presumably Billy will be blasted with antibiotics and may escape incision and drainage. There is a chance, of course that this is scrofula — tuberculous cervical adenitis — although modern chemotherapy has totally changed the outlook in what was a justifiably respected disease. The only other possibilities that come to mind from your description are so exotic that I won't even bother to list them. I shall eagerly await each letter now, and, if necessary and even at this stage, I can probably arrange to fly straight home and skip the extra week. I have all your photographs before me as I write, including chubby little Billy, and my heart aches to be with you. I am glad that the others have been good at a time of minor crisis; the added burden of nagging and temper tantrums would be hard to take.

The power went off suddenly at about 9 pm last night, and simultaneously Honor-Smith [Compound, a large group of buildings next door, extending over several acres] went black and the generator fell silent. Later Phil switched back to the town supply, but in some curiously arbitrary and unfair way, this flowed only to the other side of the building. They had fans spinning and lights going on, but all I had was hot still air and a faint lover's glow from one globe only. As we always run out of water long before they do, it seemed a double injury for them to enjoy the better power supply also. No power always means no water, so when I woke early this morning I jumped out and had a hasty shower and shave while the going was good. I had an early breakfast and then time to tidy up the big parcels from Repat and lock them away in my cupboards. Our maids seem impeccably honest and the others casually leave radios and other valuables lying about, but I try to keep everything at least out of sight, for I see no reason to parade temptation flagrantly before them. With the current big PX spree, there are now hundreds of dollars worth of goods in our rooms, and this is the time when petty thieving can be expected.

The morning was again busy and distracting, but not as bad as yesterday. Occupancy remains high — in excess of beds — and we have some pretty sick ones. Last night Graham Wilson was justifiably concerned about a child of about 14/12 with a high fever, and I went back to see it with Jenny Leak when she settled down the Recovery Ward. I had ordered a blood test for malaria when it came in (5 pm), to be done as soon as the Laboratory opened at 7:30 am. In spite of three separate explanations, the obtuse parents had clung to the precious paper and hadn't moved when I came to the bedside about 8:45 am. I sent them off at once, for the kid was a lot worse, with a decerebrate posture and a temperature of 40°C. They set off all right, but never came back, and I suppose they took it home to die. I would like to have known if it was another of these uniformly fatal encephalitides or cerebral malaria, but we will never know.

The saga of the refractometer advanced again today. You will recall that I asked Nicholson [Medical Superintendent at Royal Adelaide Hospital] for this and it eventually came just after I had been given an identical instrument (a little shop-soiled) by the ever-generous technicians at

946 Mobile. They now have a new CO and many other staff are changing, and when Tom went there yesterday for blood they asked for it back. They had been so good to me that I hated the thought of them getting into trouble on my behalf. So directly after lunch, Olga Nicholls and I set off, for she wanted to do some PXing at Train Compound, Long Binh and 24 Evac en route.

She has had a tussle with Doug Townsend, who has become very demanding and overbearing as his time starts to run out. He called a patient into the theatre this morning, then set off to glance at his ward. The place was packed, so she decanted his man and brought in one for Rod White, the other theatre being blocked by Graham Wilson. When Doug came back, he accused her in front of the interpreters of just currying favour with Rod because he is the orthopaedist and at RAH she is orthopaedic theatre sister. [Rod's appointments at that time were to Adelaide Children's and the Queen Elizabeth Hospitals, but he had been a sometime Senior Surgical Registrar at RAH.]

At the end of the morning there was a lot of mucking about while Graham stuck up our plaque in the foyer to commemorate the South Australian team, and multitudinous photographs were taken. We were held up by a few stray patients, all surgical problems, and Olga ask Doug to help. Savagely he turned and said that he was off this afternoon, and, as far as he was concerned, his day's work was done. I was appalled by the arrogant and public way that he did this, and she said briskly that he was behaving like a spoilt child. It is the only time since she has been here that she has lost her temper and I don't blame her. Fortunately Rod appeared, urbane and efficient as ever, and while Doug scowled and sulked, the patients were dealt with. I had seen most of these incidents and I listened while Olga got some of her aggression off her chest. She is a marvellous person, with a strong need to punish herself by overwork, and she shares Aileen Monck's problem of inability to come to terms with the Vietnamese temperament. But she has done a wonderful job running the stores, supervising the flood of patients in the foyer, taking off plasters for Rod, and her fair share of night work. She deserves a medal.

After we had looked in the PXs and I had bought a pretty extravagant birthday present for Anne — you may keep it until next year if you think it best to do so — we got to 946 Mobile — and the fellows took the refractometer, fiddled about for a few minutes, then gave it back! As the new CO, Hal Rieser, knows nothing of the transaction, and he and I were chatting throughout, I had no means of knowing what it was all about.

The afternoon was brightened by visit from Professor John Apsley, the leader of the British Paediatric Team, and three of its members. As usual, it fell to me to show them around, and I was very glad for some expert advice on how to manage a couple of my problem cases. I think they were duly impressed, and they came back to the house for a drink of tepid beer, for there was still no power, and, of course no water, although both downstairs tanks were full.

The thought of another night with candles and a bucket drove me to suggest exploring Honor-Smith [Compound], where lights blazed and generators hummed. Graham Wilson [Team Leader] came with me and elucidated the fact that the wires were disconnected. I set out to find who was responsible for the generators. The MPs thought it was the Koreans. I wandered through the rambling collection of buildings until I came to another generator with an Oriental beside it — but he was a Vietnamese and spoke no English. At last I saw a Korean in the distance, gaping at the tennis court, and I chased up to him. He knew nothing of it, but a Negro overheard my query and said I should find a Spec5 (for fifth-grade specialist) De Lapp in Building 69. It took a little while to track this down, and it turned out to be the one right next to ours. De Lapp's room was locked, so I went downstairs, accompanied now by Graham, bored with his vigil by the castrated junction box. A man suggested trying the club, and we found ourselves led into a little room furnished as a bar, wallpapered with more nude pin-ups than I have ever seen amassed together before, with a couple of sleazy VN girls behind the bar.

The friendly Sergeant insisted on standing us a beer, and got on the phone to track down De Lapp. He was eating chow, off duty, and had had generators. A call to the duty sergeant would fetch him, and it did. He was a pleasant young man, very apologetic at our trouble — but every time he tried to rewire the junction box sparks flew from the town supply coming in the wrong way. He agreed to walk back to see if he could help, and there at the front door was Phil. I was angry and disgusted at his behaviour. I introduced De Lapp, explained that he was off duty but had come to try to sort out the power feedback problems, and then led the way to the switchboard on the landing.

“No trouble!” said Phil, pushing us aside and flicking a lever, one of two or three.

De Lapp politely enquired what Phil had done, while Graham ponderously muttered in the background.

“Here’s your mail”, said Phil, handing Graham and myself our letters, and, still ignoring De Lapp, he said to Graham, “These people should fix this without bothering us.”

As it was Phil who had flung the town power in in the first place, and clearly his job to do what I had done, I was quite angry. So I asked De Lapp to look at the switches, while Phil stood on a higher step, and in his brusque aggressive way made cryptic and vaguely unhelpful remarks. At length it was sorted out, and Graham I walked back with De Lapp while he connected the innocuous wires, flung a master switch and our building suddenly blazed with light. My final job was to turn on both the pumps, and after tea I had a long luxurious shower.

...

... I go to bed, thinking of you and wishing I could show it.

With all my love,

Peter

Bien Hoa

21 Sep 67

R-22

No mail as yet today and I wait anxiously for news of Billy. I spent a miserable night, full of worry about things at home and self-reproach at having left you to cope for so long on your own. As always, things seem worse at night, and I called over to myself all the possible diagnoses and complications, until the list became unendurably formidable. I was glad to get up, rejoicing in the restoration of power and water.

So far as arrangements went, the day began badly and proceeded to get worse. In spite of having brought six pairs, on dressing I had no long socks, and eventually dressed in a pair left behind by John Barker [anaesthetist of the last Team]. They were made for his skinny shanks, and pulled up on my substantial calves they surrendered and fell disconsolately to my ankles. Then in a flash of inspiration I remembered that you made me a pair of garters, and with their aid I was sustained for the day.

As always when arrangements depend on Phil Nurcombe, there was doubt whether or not we would have transport to the Leprosarium, and as it was our last visit, I badly wanted to go. A message came at 0800 that an Air America [CIA] chopper would be at III Corps chopper pad in five minutes. So Rod White, Olga Nicholls, the two students and I jumped into a car and drove desperately past the Air Base to the proper place. There were choppers there all right, but not for us, as we were soon informed by a laconic Sergeant Bryan, assigned to guard duty on the chopper for the day. It was quite interesting waiting there, with a steady flow of choppers to and fro and heavy traffic queuing up to land at the Air Base. Time passed quite quickly until 0845, when Bryan went off to telephone for information on the chopper's whereabouts, and came back to say that we should be at Honor Smith Compound. So we reloaded the vehicle and drove the couple of miles back to within 100 yards of our own house, and settled down to wait, in much less interesting surroundings. More time slipped away and Bryan went off to enquire. At 0930 this produced an apologetic Major Doyle, Operations Officer for USAID, III Corps and the promise of an aircraft in a few minutes. We strolled up to take photographs of the gate men inspecting vehicles by passing a mirror on a handle beneath them, and at 1015 called again. "Not long now," came the message, so we sent the students to our bar for drinks and decided to wait until 1100.

The monotony was broken by the arrival of L/Col Eric Johnson, MACV Civil Coordinator for III Corps, a yachtsman and an interesting chap to talk to. In the last three months the Bien Hoa Province has become much more secure, and the frequency and severity of VC attacks have noticeably declined. Intelligence has improved to the point where peasants regularly volunteer information only a few hours old, and he is full of hope that continuing pressures will successfully demolish insurgency in the area. He was waiting for his new CO on the chopper that would take us, and sure enough one arrived with a pleasant full Colonel on board. We gathered our gear with great relief, only to see it promptly take off and steadfastly ignore our frantic waving.

Major Doyle had reappeared and was frantic with worry and embarrassment on our behalf. He tried to call up on the radio in his jeep, had no success, and set off in a rush to talk directly to the Transport Control Officer. It was now past 1030 and we were joined by a somewhat insipid young Australian second lieutenant sent to spend three days with one the American helicopter assault groups. Shortly Major Doyle reappeared to say that it really was coming now, and he stayed to chat until it did. Once again Rod and I were struck by the unfortunate contrast between the briskly efficient, articulate and friendly Americans and the gauche, slipshod Australians. This particular young man was not a good advertisement for his country. More time ticked away, and a

sweating Major Doyle talked savagely into the radio in his jeep. This had the desired effect, and at 1115, just three hours after the due time, we were picked up at last.

Of course we got to Leprosarium so late that nearly all the patients had had breakfast, but they found a few who had missed. Rod picked three for surgery, and the anaesthetics went quite well. By then it was 1230 and Father Basset led us at once to lunch, joined as before by two of the three American guards from the radio watch. The Father was in his usual state of effervescent jollity, talking volubly, laughing explosively and barely finding time to gulp his food. He brought out Cognac and we finished the bottle, which he pressed on Rod. Then we were each given a Montagnard bow and quiver of arrows, which has been a traditional farewell gift from them on each last visit.

It had come on to rain, but we were keen for the students to see a little of the place and suggested a quick tour. Sour Helene, the tiny Vietnamese nun who is currently Mother Superior, produced excellent plastic raincoats and capes. Protected by these we splashed down to a ward, where there was a newly arrived girl of about 10 with a partial facial palsy, and from there to the tile shop. A grinning Chinese was making tiles and we paused to see it done. First he splashed on a few dollops of white goo, followed by a ladle of the yellow clay sludge which gave the tile its basic colour. This was in a square metal frame, and next came three separate grades of cement powder. When all was done, he passed it under a big electrical hydraulic press, which stamped the whole lot tight. The next manoeuvre was obviously dangerous for a leper, for it consisted of knocking loose the heavy lock-nuts of the frame with a blow from the hand. Finally, with infinite care, he extracted an attractive new tile, with a few mottled white marks against a pleasant yellow background. The patients make 3,000 per day, which is barely enough for the expanding needs of the Leprosarium, although a small surplus is sold.

It was time to leave, so we gathered everything together and took the gear to the soccer ground, which acts as chopper pad. No chopper appeared, so the two Americans showed us their bunker (which I saw last time) and the ARVN [Army of the Republic of Vietnam] barracks behind. In no time dozens of grinning children appeared, stroking the hairs on our arms and legs and going all giggly at the prospect of photography. As far as I could tell, each family has one or two rooms in one of a series of wooden buildings looking a bit like improvised stables. They had bunkers at each corner of their little perimeter, and a couple of mortars, mostly used to fire flares at night. For the first time since I had been there, there was no sound of firing, but they said that last night there was a lot of action between Ben San and Bien Hoa, about 15 miles from where we were standing. I suppose that the low rumble of fire that we hear above the generators is directed their way.

Your two letters from Saturday and Sunday have come, and I am delighted to hear that Billy is so much better. I can readily appreciate the strain that you have been under, with broken nights, the worry, and now having to drag over to see him [in hospital]. If you were here you would sleep in the cot with him, pus and all! ...

...

Two weeks from tonight I shall be at the Aid House on my last night in the country, having seen the old Team disrupted and the new one installed Phoenix-like in our place. A week after that I shall be in a state of agitation and excitement beyond endurance.

All my love,

Peter

Than Thank Gian

22 Sep 67

R-21

I have come into Saigon with Phil Nurcombe, and while he is doing some Team business I'm taking time to start my daily letter. We have already been to AFPO1 and there is no mail, so I remain in suspense about Billy. I do hope that he continues to improve.

The morning has been quite enjoyable. I dashed through my ward work with An, then collected him and Huc and their gear to return them to Cho Ray Hospital. Huc was too shy to make much impression, but An was an easy, intelligent and responsive lad, quick to strike up a conversation and marred only by the use of a penetratingly sucrodorous [sweet-smelling: a personal affected neologism, created by analogy with *malodorous*] hair cream. I was impressed yesterday at the Leprosarium and as I have taken him around the wards with the ease with which he fell into conversation with Vietnamese staff.

This morning at breakfast a little incident threw some light on to the national character. The kitchen staff consists of a pasty young man evading military service and a couple of married women. While we were having breakfast a furious quarrel developed, with angry raised voices and obvious bitter recrimination. As I got up to leave, An and Huc arrived, and I asked what the quarrel was about. He listened intently for a few moments, smiled to himself, and then said blandly that he could not distinguish what they were saying. So we never did find out.

Several chaps have bought tape recorders, and it had occurred to me that it would be interesting to get some Vietnamese on it and Rick Roll talking about how he won his medals (DFC and bar, a much higher distinction than the Air Medal, somewhere between our DFC and DSO). Doug Townsend suggested doing the latter and fetched his machine. We set it all up and Rick said his piece, very simply and well, with no hesitation, heroics or evasion, but when we played it back the volume was all wrong. While Doug scratched his head over the vagaries of his new machine — like his camera, the best in the world — John Quirk and Phil went to get theirs. Eventually Rick spoke to a battery of microphones and John took a couple of flashlight shots to add to the effect. Played back he came through very well, and the only flaw was that my little tape ran out just before the end of the saga.

We have an architect staying for a couple of days called John Walters, sent by the Government (Department of Supply) with no defined terms of reference. He is to report on the state of the building industry in this country — booming as never before — and the architectural needs of our hospital. An American architectural team has already made a flying visit — they spent half an hour in the place — and this is another example of the vague and disjointed way that things are conceived by our Government. There seems no policy and a general atmosphere of administrative incoherence, especially in our Embassy here, which, as John says, makes you ashamed to admit that you are an Australian in the presence of an American.

Coming into Saigon today I concentrated closely on the passing scene, for I have not gone as a passenger for weeks, and I won't have many more opportunities. As always the press of traffic and the variety of people and activities are so great as to defy adequate description. At least in this country you see very few people idling away their time. For a little while we were held up in a traffic jam, with jeeps, Lambrettas and the huge American supply trucks labelled Orient Express, Petro Main, and Cong Express, denoting the different transport battalions. Oblivious to all this in the paddies beside us the grey buffalo grazed and the peasants stooped over to work incomprehensibly at the rice. I never have worked out the agronomy involved from knee-deep swamp to cutting bundles of rice stalks, but it never stops. Again I got a glimpse of grey old wooden sampans, empty and serving no apparent purpose, reflected in the static water of a big paddy. Beside the road are occasional little Buddhist shrines with a few joss sticks and tiny

offerings, always deserted. All over the country are stone tombs, and I saw a few almost buried in undergrowth beside a row of little wood and iron shanties flung up by wandering refugees and derelicts.

As always Saigon was crowded, noisy and untidy, the ubiquitous election posters torn and defaced, but very little writing on walls and not a single “Yank go home.” We stopped for a traffic light just opposite a Buddhist temple. Large numbers of grave old men were coming out, who looked Chinese to me. They all wore white trousers, black jacket and a black cap, which seemed to be a sort of turban, but with a hole in the middle for the top of the head, and most had beards. [In retrospect probably Muslims] At the same time two quite elderly Buddhist monks, shaven-headed, barefooted as the Rule decrees, and carrying a begging bowl, climbed on to a motor scooter, tucked up their robes and set off, the pillion passenger hoisting a yellow parasol, and dashing ahead of us on the wrong side of the road.

Phil dropped me at Walter Reed Research Center, and I spent a pleasant few minutes saying goodbye to Colonel Jones, through whom we set up the bacteriology services in our Laboratory. We discussed a possible project for the next Team, with their extra doctor ...

The arrangement was that Phil should return in 20 minutes, but, as expected, the time stretched out to over an hour. I didn't really mind, although I got very hot in the sun, feeling it especially on my rapidly balding pate. Nearby was a school and the children came out to lunch, many of them by tall stature or facies betraying miscegenation. I photographed a lad who could not have been more than ten setting off on his motorcycle into the tempestuous traffic. Sweet sellers, Mrs Whippy — with a big thermos and little ice blocks on toothpicks — a mobile variegated lolly stall, a man selling peculiar and unattractive strips of dried fruit, a peanut lady and a woman selling green pears floating in juice and dipped in something grated — ? peanut — all appeared. Mrs Whippy wanted her picture taken and the dried fruit man made silly faces behind her while I obliged. The children packed into family cars, bicycles and motor scooters as people came to collect them. Some got into a bus, and others stayed playing or dragging out their petty purchases. Two boys play a game with coins. One would throw his into the dust, the other would try to hit it with his, then the first would throw it at his, and so on. It seemed difficult and aimless, but they grew excited and others gathered to watch. I became quite engrossed myself, especially as the vendors melted away with the decline in custom and the approach of siesta, so that I almost missed Lieng [Team driver] sent to fetch me.

After having an excellent fish lunch at the Aid House, and hanging about rather aimlessly, Phil set out to go to the bank, due to open at 2:30. Suddenly he changed his mind and we set off home, having wasted two hours.

The surgical side had been busy all day. Last night, about 60 km away on the way to Vung Tau some sort of explosion occurred, allegedly American H & I (Harassment and Interception or Interdiction) fire which fell short. As I got back Rod White had just finished amputating an arm. The next customer was a boy of 13 with a shattered lower leg with large areas of commencing gangrene and dirt and chicken feathers ingrained into the wound. I dashed home for my flashlight and photographed the injury and several stages of the amputation. I hope that it comes out, because it is a superb example of really gross trauma due to war injuries in a presumably innocent civilian.

Graham Wilson went to Nui Dat for the day, rigged out as a Lieutenant-Colonel, his CMF Rank. He waited at AFP01 for our mail, but there was none. So I still have no news from home, and I hope that all is well. Whether for this reason or not, I am rather unsettled, finding it hard to face necessary correspondence. I hope to achieve inspiration at the weekend.

Other things being equal, my last Air America flights will be next Friday, 29th September, when Olga Nicholls and I go to Vung Tau to inspect the hospital there on behalf of Repat. [The Repatriation Commission was sending a Team there a few weeks later.] Unless Rick Roll takes me for a final flip on Sunday, I won't get another trip in a chopper. You won't be sorry, but I shall miss the exhilaration of this fabulous mode of transport, and the last run back from the Leprosarium will be a memory for a long time to come.

... I am afraid that at this stage it is even an effort to write to you, not that I lack the desire to convey my day's activities — quite the reverse — but I think that we have all been caught up by the distractions of imminent departure.

All my love,

Peter

Bien Hoa

23 Sep 67

R–20

This may possibly be the last letter to which you will be able to reply, and I suggest that you don't bother to write after Thursday 28, as I leave this place on the following week, and if there is any delay in the mail I won't get the letters. My addresses for return are —

... [Bangkok] Allow ten days

... [Singapore] Only if somebody wants some urgent shopping.

It's a strange thought that we are coming to the end of this conversation by correspondence. I suppose that I have written myself out, and now, as I said last night, it is becoming a great effort to put pen to paper. A sort of hypnotic indolence has overtaken me, and as each day passes I think of the things that I should do and haven't.

I forgot an anecdote from Thursday and I will recount it while it is in my mind. While waiting for the chopper we had with us for a time LTC [Lieutenant-Colonel] Johnson, Principal Local Adviser to CORDS. [Civil Operations and Revolutionary Development Support, "a unique civil-military command" (Sheehan p 657.)] He fell as everybody does into an easy conversation about how the war was going, and expressed strong optimism at the purely military level. He cited the dramatic improvement in intelligence as an example to show that the peasants in the villages and hamlets are starting to recognize the winning side. Only three months ago you would be lucky to get information three days old, and now it might be to 12 hours or less. Somewhere in the southern part of the Province, down towards the sea, the VC have four American prisoners and are parading them from village to village like captured monkeys. Once they can be pinpointed, Colonel Johnson will ring the area with three battalions of US air combat troops and move in to get them.

"Isn't there a risk of killing your own men?" asked Olga Nicholls.

"Sure," he said squinting speculatively at a passing helicopter, "But you can't leave a man to the mercy of these chaps if we can help it. I can't say to a lady what might happen to them, but if they survive they mightn't be whole men any more."

It is extraordinary how attitudes have changed in the last 50 years. In WW1 a man in Colonel Johnson's position in France in early 1918 would have grimly calculated expected losses as he sent men to charge machine guns, with officers standing behind to shoot defaulters. Now, with the dust-off system for the wounded and the prospect of a thousand men coming to the rescue of those captured, the individual soldier knows that the men at the top really care for his welfare. These thoughts must be a tremendous force to maintain their high morale.

Today turned out to be a treat, all the better for being unexpected. To begin with, I had the worst Saturday since I have been here, with 30 children in the 21 cots, stretchers on the floor, and lots of distractions. I got off to a late start, for Doug Townsend and I made the other half of the tape. We got a scrappy story from a [Vietnamese] lad injured by a Claymore mine set off by a friend, who lost a hand and an eye and never made it here from 24 Evac, so perhaps he died. Tran Sang, the little chap with the devoted mother, came next. Sang himself wouldn't say a word, but his mother chatted on with uninhibited gusto. Finally, we talked to the family caring for a little chap on a plaster bed for a TB spine. I wished for my flashlight to catch the eager looks on people's faces as they heard themselves come back. The victim would be convulsed with giggly embarrassment, while the big group of bystanders roared with laughter, and in the background were the screams and yells of poor little kids having injections and dressings.

When at last I got in to write up my notes, Miss Nga made me a little speech and presented me with a beautifully worked basket for you. I made a suitable reply and elicited the fact that she and Mrs Hai — she should be back on Monday — went to the market and bargained for it together.

Once again we are short of cars, so when I had finished I walked home, taking a short cut up the lane through Honor Smith Compound, grandly called Don Song Ly, which is the same name as one of the chief streets in Saigon. There on the chopper pad was Rick Roll, waiting for Rod White to go to Saigon for mail and to explore the big Air Force PX at Tan Son Nhut — would I like to come too? So I dashed home for my camera and Rod I climbed aboard for what turned out to be a wonderfully exhilarating final chopper ride.

It began sedately enough with a straightforward trip in at 1,500 feet at 80 knots and excellent visibility. I refrained from the temptation to take more photographs, although the scenery is so variegated that I always feel urged to take more and more representative shots. Traffic was heavy and slow on the Highway, and thinking of yesterday's hot journey added to the pleasure of this fast and cool passage. At TSN we left the chopper, after circuiting while awaiting permission to land, and walked to the Officers' Club for lunch. What they call a salad turned out to be a sandwich, and we had it at a pleasant upstairs bar, where at least there was a bit of breeze. Next to visit the PX, where I bought a pair of their excellent cheap slacks and an Air Force belt for them, what I hope — apart from photographic film — to be my last P X purchases.

On our return we had intended to call in at Free World for mail, but some sort of parade was taking place and the band was playing at the helipad. Rick felt that a chopper might be unwelcome, so another day has slipped by with no news. On the way home he set the chopper climbing, moving forward at only 15 knots and rising steadily up to 8,200 feet. I was on the starboard windy side, and as the temperature dropped to 16°C, I grew very cold. We climbed right up above the towering cumulus clouds and had a superb view of most of the plain to Saigon and the sea over towards Vung Tau. At one stage a giant 707 jet passed below us on the way to Tan Son Nhut. Curiously enough, having thought myself totally acclimatised to the open bubble, I had an unpleasant apprehension at the height. I suppose it was because we were stationary, and as you look out the cabin there is nothing between you and the ground. On the way down, in spite of trying to clear my ears, I developed a penetrating earache, which lasted for about an hour, and slight residual deafness has persisted.

[Rod had the passenger earpiece and microphone, so my only means of communicating with Rick was to nudge him on the thigh. During the rapid descent I screamed in agony from unendurable earache, which began to subside as soon as we levelled out to resume our flight. Nobody heard me, which was just as well, because Rick would have been upset if he recognised what he had inflicted on me. It was well worth it for the rest of the experience.]

Finally, Rick took us for an exhilarating spin across the paddy fields and along the river only a few inches above the surface, twisting to follow its course, then effortlessly rising a few feet above the coconut palms to jump across a narrow spit of land and take up its winding course again. Sitting in the perspex bubble with its open door, this is a most gloriously exhilarating sensation, and I can't have too much of it. Our last little bit was at top speed (105 knots) across paddy fields to Bien Hoa, one sweep up, then into Honor Smith pad, the whole excursion having taken just over two hours. It was a wonderful way to conclude all our chopper riding.

Sunday 24 Sep

After a short rest, I went into the market and bought some conical hats, which seem an obligatory requirement to show that I have been to Vietnam. After a great deal of haggling and bargaining I got Billy's junk for 300 P — and then the girl at the next booth sold me an identical one for 200 P, so I'm not as good at bargaining as I thought. I had no trouble selling one to Rod White, who, like

me, is bereft of ideas for his Robby (aged five) is I have been for Billy. Marshall Barr, the pleasant Western Australian anaesthetist from 8 Field Ambulance, is here for the weekend and we had a couple of bottles of superb French claret, followed by generous dollops of Benedictine with dinner. I was sitting next to Rod, and in my bibulous state I issued a couple of invitations to him and Jo [his wife].

...

Graham Wilson and I are off to see 93 Evac and get the mail, so I'll have to stop.

All my love,

Peter

Bien Hoa

25 Sep 67

R-18

It's terribly hard to find time to write, which is a pity, for a lot has occurred that I would like to record. Yesterday morning I was caught up showing John Walters the architect around the hospital, a bit of the town, and smuggling him into a PX. After an early lunch I took him to 93 Evac at Long Binh, and Graham Wilson followed in another vehicle. This is the one whose Quonset huts are set out in cruciform patterns, which allows a very efficient central nursing station, but presents problems of orientation and added challenges to ventilation and air-conditioning services. We were shown around by the CO, Col Waldron and Chief of Medicine, Major Gottlieb, both of whom had been in the place only a couple of weeks.

Having seen three Evac hospitals (24 and 93 at Long Binh and 36 at Vung Tau) they are much in the same pattern, but with significant differences in patient loading, flow patterns and professional specialisation. This one has 400 beds, can expand to 600, and has an average occupancy of about 230 per day, with a bed-stay of about seven days. Policies are changing, even since we saw 36 Evac, and a new emphasis has begun on in-country convalescence, with reduction in air evacuations to Japan, Hawaii and USA. The entire Medical Corps suffers from too many Chiefs and not enough Indians, with critical shortages of base-grade young RMO types, and a surplus of professionally ambitious but not yet Board-certified potential specialists. The total medical staff is currently 29 and it is about 4 under strength, but with spurious additions, eg an ophthalmologist on loan from II Corps (to the North) to 24 Evac [and] boarding in 93 Evac because 24 don't need him. They average 1,000 admissions per month, 50% medical —being medical consultants to the Corps, but with pressure to reduce bed-stay and hence no opportunity for lengthy diagnostic exercises. Cases IRHA — Injured Result Hostile Action — range from 135–294 per month; deaths from 4–12; malaria from 8–63 and psychiatric admissions — for the Corps of 50,000 men! — 73 only per month, of whom last month only three had to be evacuated. This is a truly remarkable reflection of the sustained high morale of the Army and the effectiveness of their screening procedures. The incredibly low mortality figures are a wonderful tribute to their professional skills, for the dust-off system brings in men so severely wounded that they would have died before evacuation in any earlier war. For example, we saw a lad with a GSW of his subclavian artery, who had had his sternum split and the artery repaired by grafting. Even in Korea he would have almost certainly been KIA.

As usual, we found the Americans engaging, frank and articulate, quick to answer any questions or parade somebody who could. I think that they genuinely enjoy showing off their hospitals, and I had to be almost rude to break away. Then I drove John into Saigon and just got to AFP01 as it was about to close. They had a huge bag of mail and would reopen briefly at 1700 when another aircraft was due. So I drove John back to his hotel and had a very expensive Coca Cola at his expense, then returned to Free World.

Yesterday's parade was explained by the fact that the Koreans are having a parade to commemorate their second anniversary here. They had placards and a big display of captured VC weapons, including mortars, recoil-less rifles and quaint old machine guns on little wheeled carriages like those used half a century ago. It was sobering to reflect that intelligent and aggressive use of such simple and anachronistic weapons has defeated the French and strained even American resources.

I had a quick and easy journey home in exactly 55 minutes, dragged up the heavy mail bags and emptied them out on a sofa while we sorted them and I was able to learn all the news from home, particularly the reassuring information about Billy...

... You can have no idea how full my time is and how hard it is to find the time and energy for letter writing. I have at three more parcels to make up, but I have been unable to do that either.

Last night some of us took Marshall Barr to dinner at a local restaurant called the Blue Diamond. We had a Chinese meal, not as good as the one in Long Xuyen, but at least I can say that I have dined out in Bien Hoa. He had to catch a chopper at 93 Evac at 0730, so I offered to drive him over, for I wanted to chat to him about a couple of points of interest in relation to our Army medical effort. So I just fell into bed, too tired to try to write, only to be woken by a very apologetic Olga Nicholls wanting to repay postage on a parcel that I had sent off for her yesterday. After this I couldn't get back to sleep, so I finished *Communism in Asia* with no effect and turned to Gibbon [*Decline and Fall of the Roman Empire* truncated into a single paper-back volume]. That did the trick and I was off in no time.

It was a lovely morning and I enjoyed the drive over. The rainy season is coming to an end and it is much hotter. The morning is still and hazy from the dust on the road, and vehicles and pedestrians loom up as in a mild London fog. Once back at work, there was a beaming Mrs Hai and another presentation, this time of a somewhat ghastly photograph album.

Another one moved me very much, from Tran Sang's mother, who is taking him home at last. With tears in her eyes and a passionate note in her voice, she conveyed that she thought that Bac-Si White and I had saved her boy's life and leg, and she thought that we were very good in the way that we came to see the patients at any time day or night. She had no money, and she wanted to give us something to remember her by — and produced a simple native hat. As I was producing a suitably worded reply, Rod appeared and she repeated it all to him. The little boy looked on solemnly, and nothing that we could do would make him smile or speak. She has been a wonderful person, totally devoted to her son, yet the only one who has spontaneously done things for other people. I am glad that she has got away before we go, although I shall miss them both very much.

The ward remains very busy and outpatients unduly light, but I can now chew through my clinical chores pretty swiftly. I was glad of this today, for John Bennetts turned up, and I had the pleasure and interest of showing him around. He is the South-east Asia correspondent of the *Melbourne Age*, a great friend of Stewart Cockburn's, and they are godfathers to each other's children. He is an active and intelligent fellow, easy to talk to, and I conveyed to him pretty forcefully my grave disquiet about the gross neglect and inefficiency of the Embassy; the total lack of anything to identify the Australian effort in the hospital; administrative incoherence in the Department of External Affairs, and the fact that we have had only two brief visits in three months from Saigon. What use he will make of it I do not know, but he has promised to respect my anonymity. I showed him the hospital and then impulsively stayed with him when he said that he was due to see John Vann (Rick's boss) for a short interview.

This proved totally absorbing, as Vann delivered a frank, intense monologue, which will be hard to recall, as a lot has happened even since then. First he dismissed the North Vietnam VC. There are three regular divisions in this Region, each of about 5,000 men, and they are being hit very hard and are starting to show it. Of 400 replacements that leave Hanoi, less than 100 reach here, due to deaths and desertions, and the quality of their military effort is deteriorating. At this level continuing developments of existing tempos are sure to be effective. The basic problems are twofold — the adequacy of ARVN and the growing need to dictate policies to the Saigon government. This war is fundamentally between a frustrated peasantry and an alien exploiting urban culture. He made the flat statement that of local captured VC only 3% are active communists although by virtue of the executive positions they hold they exercise an influence out of all proportion to their numbers. The ARVN, with its city-bred officers and troops billeted with families, has acquired an entirely static role, and fails to practice aggressive defence. For instance,

they usually don't mount patrols at night, which would reduce VC effectiveness immeasurably, for the villagers whom they are supposed to defend know that their primary concern is with their own billets. He feels that the RD (Regional Development) programme is imaginative and will succeed, but there must be effective local security. In the last three days — the most recent news a few minutes before our arrival — he has lost his best regional security officer, an excellent village headmen and the RD cadre man, all top calibre Vietnamese and temporarily irreplaceable. These three losses — two deaths, one loss of the leg by mine explosion — will set the local programmes back by weeks or months. With the frank indiscretion that he showed when he came to dine with us, he discussed yesterday's Command Conference with General Westmoreland at Nha Trang (he is Westmoreland's Deputy in this Region). The American generals were instructed against their strong protests to step up their secondment and aid to ARVN, and Vann foresees a rapidly approaching time when his organisation will be forced to dictate policy and appointments, and drop the fiction of acting only as advisers.

Next he turned to the problem of corruption, which is the dominating political feature of the situation and the basis of the communal rejection of the Saigon government. It is part of this culture for people to exploit office for private gain. For instance, the local Province Chief extracts a rake-off from the multitudinous bars, and part of each prostitute's fee will eventually get back to him. This is accepted, as is the practice of appointing relatives to as many positions as possible, for what is the use of a man holding office if he cannot support his family? But the resentment comes from the flagrant diversion of Government funds. For example, a CIDG unit might show more men on its payroll than truly exist, and if its CO can be detected he will be dismissed — unless he can bribe his way out. This sort of problem — diversion — has become the outstanding and dominating issue and Vann is certain that it can only be overcome by the United States demanding more direction in Government affairs — in a word, this country needs an enlightened colonialism. Finally, he said that he was delighted with the elections and he is certain that they were honest.

Today was our farewell luncheon to the hospital staff. It was a motley collection, ranging from Dr Tho [*Medicin-Chef* or Medical Superintendent] to the little theatre orderlies who lug the patients in and out to X-ray and the wards. I was intrigued to see how, in the best Australian tradition, the Vietnamese men congregated at one end and the women at the other. In their multicoloured *ao-dais* they made a gay group; they laughed and giggled appreciatively and ate voraciously. Some of the men showed a strong thirst for spirits, and towards the end became pretty giggly. We paraded around trying to make a few contacts, but it was heavy going with those who had no or minimal English. It broke up at about 2 pm and some of them came down to see our rooms. One bright and vivacious, and very pretty little girl called Mrs Sung — who has three children, looks 25 and is probably 35 — was prevailed upon to sing, which she did briefly to great applause. John Quirk fetched his tape recorder and she was persuaded to repeat, followed by a wavering solo from Sergeant Nien [one of our favourite interpreters], whose usual grin was turned into a guffaw. Rod White performed a parody, which brought the house down, and finally, in response to their shouted laughing demands, he and John and a couple of the girls sang *Three Blind Mice*.

Back at the hospital I met a long-haired young student from Monash University, brother of the organiser of the NLF [National Liberation Front: a group identifying with and openly supporting Ho Chi Minh and the VC.] activists (named Price). John Bennetts said that he had been selected by the student clubs as one who could be expected to give an unbiased and objective account of the situation. I was fascinated to find that, of all people, Phil Nurcombe had shown him around the hospital, including the Children's Ward! It is the first time that I have ever seen Phil in the wards of the hospital, whose different functions he barely knows. So I led the boy back and walked him through the ward. He had a camera, but took no photographs and made no notes. Phil

was very restive and snatched him away to see the water tower before I had a chance to talk to him. I didn't even find out what faculty he was in, except that it is clearly not medicine.

Another present this afternoon was a little female head with an engraved plaque, from an earnest bespectacled young teacher, whose little boy has had a herniorrhaphy. I have really done almost nothing for the child, but I was pleased to accept. Now I have to write my notes for tomorrow's lecture, get ready for the Team Farewell Dinner to itself — the new Leader comes tomorrow — and write an important letter to Repat.

All my love,

Peter

Bien Hoa

26 Sep 67

R-17

I have time for only a short note before an early dinner and another party. Last night was simple and congenial; tonight is for all our American friends, to say farewell and to let them meet the new Leader and his wife — which I haven't done myself.

Aileen Monck has had a jolt over customs declarations on parcels and so may I. Mine are as follows —

... [Three parcels listed, with explanations for some items, including ignorance of the regulations.]

Apparently the trouble is the work to regulations [a union campaign short of strike action] and they are opening and checking every parcel. So if they ring up, don't think I'm a smuggler, although not declaring the radios was probably a breach of the regulations. If they turn nasty and charge me with making a false declaration it may bring a stiff fine. Will you visit me in prison?

Today I gave my last lecture at Cho Ray [Hospital in Saigon] to a large and appreciative audience; frittered away time and a little money at a PX while waiting for mail; and distributed books and coloured pencils from Repat to the children.

Now I must go to dinner.

I shall give this to Rod White, who will probably get it to you by Friday, before yesterday's letter.

...

All my love,

Peter

...

Bien Hoa
27 Sep 67
R-16

[I met Bob Newman as a medical student from the University of Rochester in Up-State New York. His reward for coming top of his year was a round-the-world air ticket, which was then an extraordinary luxury. He used this to spend time with my old boss, Sir Ian Wood, Head of the Clinical Research Unit at Royal Melbourne Hospital. One night in about 1960 he tapped on our door (in Adelaide) unannounced and spent a few days with us. We have been friends ever since. In 1967 he had just completed his National Service in the USAF, and took his discharge in Japan, where his wife comes from. He has an affluent background and hence can afford many things denied to simple folk like us, but he is quite unostentatious and retains a strong social conscience. Subsequently he established the methadone maintenance program for the heroin addicts of NY City (with over 100,000 potential clients!) before rising to the highest post in the Beth Israel Medical Center, where he proved that he was an outstanding institutional entrepreneur.]

It is intensely frustrating to have so much to say and no time to say it in. As I write, Bob Newman is lying across my bed reading a copy of a letter to Dick Collins [Deputy Commissioner for the Repatriation Commission in South Australia] conveying my thoughts on the military side of the war.

I should go back to last night. The new Team Leader, his wife, surgical registrar and two sisters arrived. Tom Sale is a tubby Englishman, rather worryingly quick to see resemblances to the hospital where he worked in Singapore, and already showing a desire to depart from our ways. I don't envy Beth Harvey staying on for another six months, for I suspect that attitudes may change drastically.

Tom asked Doug Townsend, what sort of a history we got of missile injuries?

“None,” said Doug in his usual brief and brusque way.

“Very important! If you know the trajectory you can plan a proper incision, and in fact you can't really manage the case without that information.”

“That's bullshit!” said Doug, even more brusquely, the atmosphere became tense for a moment, and the conversation lapsed.

Mrs Sale all is a bright eyed, eager and charming colonial English lady, and perhaps the most revealing thing is that she is always called Mrs Sale and she always waits to be waited on. Her husband wears long white trousers and a white shirt. The registrar, John Scott, seems a nice lad, but disturbingly junior and without even his Primary Fellowship. As the orthopaedic surgeon who comes next week has just finished his senior registrarship, it seems very likely that they just won't be able to cope. Of the girls, Judy Hogen is a somewhat hard-bitten 40 year-old, who looks like a good worker to me, and Tracy O'Brien is a tall, thin pleasant lass. They are much more impressive than the men.

We had about 30 American guests last night for a drink after an early dinner for ourselves, and I didn't have a drop of alcohol all night. It was nostalgic saying goodbye to so many good friends, whom I will never see again and who have done so much to help us. I mentioned compasses to Ray Coyle of 44 Signals, and this morning he made a special trip to bring over one each for Rod White and me. Mine is the better one, a hand-bearing field compass with beta illumination and possibly adequate for the boat. Rob [our son] will certainly love it for his hikes, and I won't now get a hand-bearer in Singapore.

It is now so late and I'm so tired that I'll merely jot a brief note of the day. I drove Doug and Rod in to Tan San Nhut airport and saw them take 1¾ hours to get as far as the Customs barrier. Then

I picked up Bob Newman, and some guardian angel made me recheck my flight time. I was booked Thai airlines, and they have suspended Friday flights from 1 October!! A frantic dash to central Saigon to Air Vietnam, and now I have my ticket at an amended (and more convenient) time. Then to the Embassy to send a telegram to [my Bangkok host], and Bob changed his booking to give him a second night here.

Next I brought him home the long way round through Ho Nai to show him the VC prison and the rubber plantation where they mount ambushes, then to the hospital and home. The power was off all day, but is now mercifully back, and I had a shower, my clothes being as filthy as though I had been drafting sheep all day.

Bob is very pleasant, feels intensely that this war is immoral and a waste of money and resources, when the Vietnamese don't want us and probably [want] socialisation of land and resources anyway. He feels deeply that there are 30 million Americans without proper medical care and wants to go into urban public health to do his personal part about what he thinks is his country's major problem of the next generation — reconciling today's haves and have-nots. If I possibly get a chance tomorrow, I shall try to write this down.

...

All my love,

Peter

Bien Hoa
28 Sep 67
R-15

Last night Bob and I sat up chatting until past midnight, ranging over every facet of the war that turned up tangentially or by allusion. We ended in friendly disagreement, each I think frustrated by the inability of language to convey precision of thought and attitude. His thesis is that the American effort is wasted in this country, and that the problems of urban development at home demand that equivalent resources be diverted there. He has been impressed, and as a taxpayer appalled, by the magnitude of American involvement. As we sat upstairs, far to the south was the usual display of parachute flares and intermittent flashes that might have been rockets. It was too far away to hear anything, and it seemed totally unreal to be relaxing sipping drinks and watching a remote conflict.

I won't try to recapitulate the arguments, for we could reach no conclusions and my confused mind grew even more perplexed as his quite cogent and valid arguments took effect. At any rate we both agreed that no solution is apparent and that the crux of the problem seems to be rural development — compulsory by VC coercion, or compulsory by the Saigon government responding to American pressure.

This morning was another still and clear day, noticeably far hotter than a couple of weeks ago, and we walked to the hospital via the river front and the market, which intrigued Bob, especially as he could see differences between similar things in Japan and India. I took him on my round, the ward being much quieter since I discharged 12 yesterday. At the outpatient clinic an American sergeant brought in his unit's adopted scholar, a boy of 18 with neurotic dyspnoea. This scheme involves raising a sum of about \$25 to pay the fees to keep a child at school for a year. It's advertised and run from the Air Base, and Rod White had a two-dollar whip around from the Team to join us up, and Beth Harvey will oversee the girl who has received it.

The sergeant said that he was going to the regular Province VN–US liaison meeting, and we invited ourselves along. This was very interesting, as much for the agenda as anything else. It was held in a conference room with the walls hung with maps of the Province, showing dispositions of friendly and enemy troops, secure and insecure areas, and charts showing civil aid projects, numbers of incidents etc. Those present included a full Colonel, four or five LTCs [Lieutenant-Colonels], half a dozen majors, a few captains and the solitary sergeant — about 25 in all. The Vietnamese were the local Police Chief — obese and evil looking — the representative of the Province Chief — ditto — and, after some delay, an interpreter.

First came a discussion on off-limits. All Bien Hoa, except the actual main street, is to go off-limits, and curfew is to go back to daylight hours — 0600–1830. I can't see why this is necessary, for there haven't been many incidents in the town. Next came the VN complaints — American trucks drive too fast and won't stop when flagged down by VN police. There has been some firing from the Air Base towards the water tower. This seemed manifestly untrue, and the M P LTC began a stringent cross examination — when was this? Was it small arms or something more? How long did it go on for? Why hadn't a complaint been lodged before? Much jabbering produced vague replies. From the row of houses near the main gate there was some firing at an MP patrol, who did not reply. Perhaps that was the origin of the firing. The Vietnamese looked silently dubious, and the matter lapsed. There was a little more talk on similar lines — the market had overflowed on to the new road at Vien Cuu — could the National Police please keep the road clear? A new drain had been blocked by people dumping rubbish in it — could this be stopped?

What struck me about all this was how much of it dealt with trivia; the total neglect of the national temperament; and the degree to which the Americans deferred to the Vietnamese. It

seemed extraordinary that so many busy and senior men were forced to give up their time for such a meeting, if this was all that they talked about.

Next Bob and I went back to the hospital to finish my ward work and show him over the place. In the mortuary I saw and photographed a grisly sight — the body of a woman in an advanced state of putrefaction, the skin swollen, marbled and green, eyes bulging out and flies everywhere. Outside was an empty coffin, and the door was wide open for any curious person to wander in, including the hospital children. Their ways are certainly not our ways.

Tuan appeared and I seized the chance to introduce him to Tom Sale. This was a first insight into how the new Team Leader might handle the Vietnamese. I explained that I was hopeful that with two physicians coming up the Team might be able to help with management of tuberculosis.

Well, this was a public health problem, and surely there must be a TB section of the Vietnamese Ministry of Health? This came so quickly that Tuan was lost, and I repeated it slowly. He smiled vaguely and said nothing.

Of course, in Singapore TB was treated on an outpatient basis. They had coloured lines on the floor leading people to have their x-rays, injections and tablets. We agreed that this seemed an excellent idea, but I came back to the problem of the purely clinical management of the patients actually in the hospital. Perhaps one of the two new doctors could help in this field, in the same consultant way that I have already been doing in the general wards, and in fact we have seen many cases together.

In Singapore TB was very common, and Tom had seen TB of almost every organ at one time or another. The clinical care of the patient was really only a tiny facet of the whole problem. Obviously it's impossible to treat TB without sanatorium facilities, and all visitors must be excluded, especially children — giving drugs was only a small part of the total picture.

Tuan managed to interject that there is only one TB Hospital in Vietnam — at Saigon — and that surveys showed a case rate of 6%.

Well, with a quarter of a million people in the Province the team could not possibly be committed to taking on TB — it was enough to do the surgery for the Province without that. And, of course, surgery still has a place in the management open TB, to reduce infectivity. In advanced countries like Australia this was rarely a need, but if Tuan proposed surgery for any individual case, it could be considered — the facilities were perhaps not ideal, but something might be done.

I returned to the problem of helping Tuan with just the clinical management of the 60 or so cases in hospital, merely by continuing on a slightly larger scale what I was already doing.

Naturally we want to do that, but the Team could not possibly be committed — after all, what was 6% of 250,000?

And so the conversation lapsed, leaving me feeling a little apprehensive about the fate of some of my pet ideas. Tom hasn't seen the lab yet, and I am to take him there on Saturday, for I shall be at Vung Tau all day tomorrow. His reaction will be interesting. He wears long white trousers and white shirts and a bow tie.

Today is a Vietnamese public holiday, Chinese this time, for Confucius's birthday, so the hospital shut up shop as on a Sunday. After lunch we went to a PX to buy a film and back to the hospital for Bob to get some pictures that he missed this morning.

A long time ago a little kid of about eight was brought in from 24 Evac, with his left eye excised and the scar of a left frontal craniotomy. For a long time he was amnesic, then he remembered the name of his neighbour — not much help — and finally the village. Mrs Hai and Sister Joseph both wrote, but we never had a reply and he became another hospital orphan. He was one of those

whom we brought clothes for in the market a few Sundays ago. Today his mother appeared clutching the letter, and the poor little chap was quite overwhelmed. We posed him with Sister Joseph and his mother, and then as he realised he was going he burst into tears. Olga Nicholls and I comforted him, and we both felt a bit damp ourselves, but his mother stood off diffidently, for it would be unseemly to show deep emotion in public. [As I recall the incident, the boy was due to go to the orphanage in Saigon the following Monday.]

After a drink Tom Allen took us for a walk into the paddy fields to show Bob the local scene, and he was immensely impressed. We went a little way along the road outside the house, plunged down a lane and found ourselves out in paddy fields with the rice now in full leaf, about a foot or more high. There were little houses everywhere and we saw people catching fish, pottering about their homes, or busily going somewhere. Everywhere we met cheerful smiles and obvious friendliness. At one place the path skirted a little house, and the family came out to ask us in. We sat briefly at a glass-topped table, beneath which were all the family photographs. Set in a little alcove in the wall was a tiny Buddhist shrine, and we caught a glimpse of the kitchen and the bedroom, where all the family sleep together on one flat bed, covered only in straw matting. Outside was the pig and chickens ran cheeping everywhere. A little further on we were asked into one of the tiny little shacks, smaller than our garage at [our last home], where lived a young man and his pretty wife, a plump laughing baby and granny. Once again a single bed for all, a kitchen corner and a tiny living area with a solitary cupboard and their lamp. At length we came to the railway station, where there was a train of loaded flat cars, some new little diesel engines, quaint old engines, and a couple of armoured vans, one mounting machine guns.

From there only a short walk home, tired and very dusty, but intrigued by the happy friendly people and the unreality of the constant fluttering of choppers overhead.

Now it is nearly time for tea. I shall try to write tomorrow after my trip to Vung Tau.

All my love,

Peter

Bien Hoa

29 Sep 67

R-14

We are starting to get our first insights into the new order, and more than ever I can't wait to get away. The last thing that Rod White said was, "I feel for our hospital," and I think that he was very perceptive after such a short acquaintance with them. Their order of priorities is significant. The first thing is to get an office — at the house! — for the Leader. The next thing is to get somewhere for morning and afternoon tea, and it must be away from the Vietnamese.

"How are you going to find time for tea breaks?" asked Olga Nicholls, who could never quite get adjusted to the idea that other people are not as dedicated as she is.

"We shall just have to make time," was the answer.

She was on with Tom Sale for his first duty night last night, which was gratifyingly very quiet. He is a tubby little chap with a big paunch, very sensitive to the need to keep his whites clean, and pretty reluctant to get down on to his haunches to examine a patient on a stretcher. I have decided that at all levels of decision he probably intuitively evades responsibility. He left her to put on plasters alone and unsupervised. They had a posterior dislocation of the hip, at first misdiagnosed as an old Perthes. He told John Scott, the pleasant young registrar, to do it. John, about a third-year graduate without even his primary Fellowship and a very nice lad, went pale and said he'd never done one or seen it done.

"Time to learn," was the answer.

Had he not been a little persistent he would have been left alone to do just that.

This morning Olga and I came up together for breakfast. A few moments later Mrs Sale appeared with the usual brittle brightness of demeanour, clutching the inevitable handbag and a teapot. It transpired that she taken tea at 6:30 to all the Queenslanders, and apologised cheerfully for her inability to cope with us as well. After all, she is here to do her bit.

"Had the noise of the helicopters worried her last night?"

"What helicopters? — was there any noise? — Do you know, I always sleep like a baby, but I like to wake early and have a cup of tea — don't you?"

We caught a little plane to Vung Tau, carting a big heavy package of drugs sent by mistake to AFP01 instead of AFP03. The little plane was packed, with four others on board, including a couple of Vietnamese and a tense American girl, who was one of the ugliest girls I have ever seen. They had turned the co-pilot's seat to face backwards and moved the others forward to make room for our package. So I found my knees locked intimately with hers, but one look up soon dispelled any libidinous responses. Visibility was excellent, and I have now been often enough to be able to pick out the tortuosities of the Saigon River and most of main landmarks.

We were left in a dusty shed at the furthest end of the airfield, and an obliging Vietnamese arranged transport for us from Air America to the hospital, none of us knowing that the Team Administrator was fruitlessly waiting at the previous deposit point. We found it a pleasant town, quiet and not dusty compared with Bien Hoa. We passed the Military Academy as all the students were parading to receive their prizes, and they let us in to take a couple of photographs.

The hospital is much smaller than ours, with an identical Surgical Suite and two flanking pavilions. On the right are the Casualty, Pharmacy, Store, and the Vietnamese wards, where I was rather pointedly not taken. On the left is the Outpatient Clinic and the Australian ward of 30 beds, split up into a lot of separate 2–4 bedrooms. They have better beds than ours, linen, only

one patient per bed, two toilets and bathrooms and an excellent and spacious office, where they have an Australian [nursing] sister. To the rear is a further block of Australian beds.

The surgical atmosphere is as quiet as the town. They had four ENT cases booked and a pleasant American from 36 Evac was hanging about, but none had appeared. As in all these hospitals, the Surgical Suite was identical with our own, but virtually deserted. Three trivial cases were done all day, and the staff spent much of their time brewing coffee.

By contrast, the outpatient clinic was huge — 100–150 cases per session, two sessions per day; 460 patients receiving OP treatment for tuberculosis alone. Drugs are given out by a brusque Australian sister, and supplies are a bit of a problem. Tomorrow they run out of streptomycin.

“What do you do? — scrounge from 36 Evac?”

“Oh, no, we just wait for the USAID order, and that may take a couple of weeks.”

The outpatient physician, Peter Miles, whom I had met at the farewell party to Dr Evans, was working in shorts and shirt, open to the waist and disclosing a hairy chest. He loves the work, enjoys showing how busy he is — and he is the only busy man in the Team — and has an air of vaguely desperate flamboyance that I don't take to. When I went back after lunch to say goodbye, he had discarded the shirt, although I didn't find it hot, and I should think that the Vietnamese, intrigued by hairiness and hating to take off their own clothes, must be a bit shocked to see a half-naked doctor.

Part of the team live in a hotel and the rest at a villa on the hillside by the sea with a private beach. The Leader, a retired surgeon of nearer 70 than 60, took us there for an excellent lunch, and Olga and I had a swim. Then he took us for a wild jeep ride right around the headland, which the French called Cap St Jacques, very fast but very skilfully. Thinking of my RSAYS talk, I took lots of nautical photos, of which until now, through a succession of missed chances, I have had very few. Then we had a bumpy flight home with rather a desperate landing, and, knowing that Air America averages a crash per month, we were pleased to have had our last in-country flight.

...

Forgive the brevity. It's hard to keep it up now.

All my love,

Peter

Bien Hoa
30 Sep 67
R-13

Last night Olga Nicholls helped me to pack up as much stuff as possible into a series of parcels to send home. There are six of them and there may be a seventh, which seems an awful lot, but I have ruthlessly reduced myself solely to what I need for the actual journey or immediately on arrival. Travelling Economy fare I need to be below 20 kg, and I hope to leave here with about 16 kg, to allow for what I will buy in Bangkok and Kuala Lumpur. One sizable parcel has nothing but letters and a couple of others only two or three large but not very heavy items. I shall get at least as far as Singapore with one case, the umbrella (never used) and a camera on my shoulder, plus a book in my pocket. On Monday Olga and I hope to go to AFPO1 together to post off all our stuff, I hope for less than \$10.

I spent an interesting morning with John Boxall. He holds a job for which my brother John once applied as Deputy to Sir William Refshauge, Commonwealth Director-General of Health. He is Adviser to the External Affairs Department on policy in relation to these Teams, and I found him a pleasant chap and a ready listener to some of my pet ideas. From him I gained some new insights into the problems of these Teams. In the first place, the entire SEATO \$13,000,000 Aid Programme is administered by one (1) junior clerk, who does not even have a secretary. Both Graham Wilson and I have had long moans to him, and I hope that some of it sticks.

I walked home, taking a last opportunity to explore some of the little lanes and alleyways in the crowded area between the hospital and the house. No photographs can convey an adequate idea of the congestion and the degree to which people live closely together. There is barely room for two people to pass, and once when a young man came by on a Honda [motor cycle] I had to step into a doorway to avoid him hitting me. The little box-like houses, which must be stifling and sticky, for only a gale could penetrate them, are always very neat. In front is a living area, perhaps bare or with a table and a dresser with the heavy brass urns favoured by the Buddhists. Behind is a subdivision between sleeping and cooking areas and the toilet, if any, is behind. A lad of about eight stood in the lane and casually pissed a jet of urine, which narrowly missed two giggling girls. A betel-chewing grandmother benignly looked on, with no sign of rebuke. At one stage I came to a dead end in the duck yard that we see looking out across the paddy to the back of this building, and I had to go back to the last turn like a maze.

After lunch I collected my latest pictures from the PX, and had a sleep. Then I hastily dashed off a provisional report for John Boxall to take back, as he will be reporting to Sir James Plimsoll, Permanent Head of External Affairs. He was kind enough to say that I was very highly spoken of by Sam Langford [Chief Director of Medical Services] and Mr Chilton, Chairman of the Repatriation Commission. In view of the fact that my report is stringently critical, this was not only flattering but also reassuring. I have shown it to Graham Wilson, who agrees with me, all except a slightly disputed detail, although I don't think that he would have expressed himself so forcefully. I have kept my copy and will use it as a basis for a fuller and more formal report when I return.

Your two letters have arrived from last Sunday and Monday...

I shall be coming home pretty tired and wound up, but I shall fight hard not to be inappropriate...

I leave here pretty broke and I shall have to live very frugally all the way through SE Asia.

All my love,

Peter

Bien Hoa
1 Oct 67
R-12

I must confess that at this stage letter writing for the first time has become a major effort. I haven't missed a day and I don't intend to, but I'm afraid both the quantity and quality will deteriorate compared with the brave days of the past. A fatal indolence has struck me, and I have to concentrate to do anything.

Last night we sat about chatting for a time before I came down to try to finish my parcels. In the end I wrote to you and drifted into reading and dozing. Then a wave of determination overtook me and I edited all the outstanding Ektachromes, which I shall bring home with me. I have spent a lot of money on film lately and probably took 150 pictures in the last week or so, but I'm determined to get a representative record to illustrate those facets which I know I shall want to refer to in the inevitable talks. Now I have only three or four more to get, and I should have enough film to last until Singapore. I certainly shall be very frugal with everything on the way there, until I can cash a Bank of NSW cheque.

This morning I took John Boxall to the hospital to check on some points that weren't clear to him. He had the brisk and decisive manner of a man who knows that he speaks with authority. Like everybody else, including me, he has prejudged many issues, and I can see a couple of major potential misconceptions. He doesn't seem interested in the vital significance of the Vietnamese temperament and attitude to aid. This is a matter of give and take — the more we give the more they will take. All that we ask in return is that they will see the need to change their ways of doing things, but this they will never do.

Then a group of us, including John Boxall and the nice young registrar, John Scott, went to 946 Mobile [Laboratory] and 93 Evac Pharmacy, where I said goodbye to my ever-generous friends there and scrounged my last drugs. Graham Wilson was keen to go to LBJ PX at 90 Replacement Battalion, so we called there and finally came circuitously through Ho Nai, past the VC prison and the favourite ambush sites in the rubber plantation to the Air Base. This was the way that I brought Bob Newman, and it was an odd thought that we would not come along this road again. At one spot we were held up by a bride walking to church, her father in a morning suit holding an umbrella high over her head, and a multicoloured escort, *ao dais* waving in the breeze. I took a desperate snap through the car window, but I had to guess the exposure.

Graham still hadn't got what he was after, so we called in at the Air Base PX — or rather I stayed with the car while the others went in. At LBJ, having brooded on the matter for many weeks, I bought a Big Jim Eveready lantern for the boat, but I left the battery until I get home. Being Eveready they will be uniform just like ordinary torch and transistor batteries.

After lunch I settled down and finished the last of my seven parcels for posting tomorrow, wrote all the Customs slips and locked them away in my cupboard. Then I settled down to wrap all the little spoons that you sent up, which are exactly the thing for parting gifts to the Vietnamese. So now all I have to do is to pack my case on Friday morning and I shall be off.

It's really not long now.

All my love,

Peter

Pamphlet drops by Psych Ops to encourage VC to defect.

[The pamphlet has been scanned (as Pamphlet urging VC to defect.text and .presumed defectors) and returned to the envelope with this letter. It measures about 13 cm x 10 cm and is printed in

black-and-white. One side is text in Vietnamese and the other shows a group of a dozen rather solemn men staring at the camera.]

Bien Hoa

3 Oct 67

R-10

I shall give this brief note to Graham Wilson, so that you should get it on Saturday morning. Well, the new Team has arrived and I have Barry Smithurst sleeping in with me. He is a nice chap, not an active clinician, and knew my brother John in America, being in the same game. [Epidemiology] He doesn't strike me as having a very forceful personality, but as he has been to New Guinea several times he should adjust pretty quickly. Dick Westmoreland, the registrar, is a nice lad, with a nice pretty little wife, married four years and no kids. She is a teacher by trade, and I fear for the poor lass, alone with Vicki to organise her.

Barry's gossip is that the chief surgeon, Brian Courtice, Senior Surgeon at Brisbane General, very tough and very competent, hates Tom Sale, and the feeling is mutual, so the personality clashes might be interesting. Graham Wilson worked last night, and they needed two theatres tonight, but Tom made no move to go down. So those on take came back to a hasty meal and went back to finish off. Not an auspicious beginning.

This afternoon the Vietnamese gave us a party, with coconuts opened so that we could sip the juice through a straw, and, as soon as we did so they added whisky. I didn't care for the juice, pure or adulterated. The food was interesting and quite tasty. Tomorrow is handover, then I shall feel quite irresponsible.

Barry is back and wants to go to bed (quite understandably), so —

All my love,

Peter

...

Bien Hoa

3 Oct 67

R-10

First I should go back to yesterday, just for the record and because it was quite an interesting day. I am sorry that I fobbed you off with just a business letter, but time was pressing and inclination to write somewhat minimal...

The morning was usual routine, confining myself to the minimal. I took Tom Sale to show him the Pharmacy and the Laboratory. He is a tedious little fellow, constantly returning to what he did in Singapore (1954–1959) and Ceylon (war years). His attitudes are radically different from my own, but had we been in the same Team we might have complemented each other quite well. We are about to run out of chloramphenicol, an antibiotic of which we use a great deal. [It suppressed the bone marrow, but it had the great advantage over the tetracyclines that it caused very few gastro-intestinal side-effects and it had a broader spectrum. We did not yet know that even very low doses (from an eye ointment, for example) could cause very serious haematological consequences. Within a few years it was pretty well abandoned.] My response is to tackle the Storeman, Mr My, to urge him to do something about it, and to dash over to 93 Evac and scrounge enough to carry on. As Tom quite shrewdly pointed out, this may win the battle, or even a series of battles, but not the war. He will get a letter off to Dr Tho, pointing out the urgency of the situation, with copies to USAID and the Embassy. If he does this at each major issue, such as a critical shortage, and confronts the Vietnamese with what they are best at — namely administrative paperwork — over the space of a year he may well do a great deal.

Clinically he is very unimpressive, pushing as much as possible on to others, regardless of their seniority and experience. [My memory is that he was a FRCS] He may be jolly, but he has shown no sign of generosity. The new Team will not have our easy familiarity and the strong cohesion that goes with it. The girls are “Sister” — and he asked where their veils were — and John Scott is “Scott” or “the registrar.” His wife looks to have Phil Nurcombe’s measure. With unfailing — and to me rather irritating — brightness and enthusiasm she nags him to get things done. We are full to the seams for the next two nights, and it was necessary to shift the desk out of Phil’s office to make way for a bed. In his usual way he started a long circumstantial explanation of why this hadn’t been done.

“Don’t worry,” she said brightly. “There are two mattresses on your bed. We’ll put the two girls in there and you can sleep in the office.”

Phil’s face was a study, and in 10 minutes six Vietnamese had appeared to move the desk.

She is going to take over the Commissary shopping, supervision of the kitchen staff, and all replacements will go through her. She is going to learn Vietnamese and has already made a start with the domestics. I don’t envy young Westmoreland’s wife — he is the medical registrar — also here for a year. If the girl can type she’ll get a job with USAID, but if she is pretty and lonely I can see potential trouble.

To return to yesterday, Olga Nicholls and I had decided to take in all our parcels to post. Tom Sale heard us discussing it and announced that he and Vicki would like to come too — just for the ride. As we were taking the Scout, we froze off Vicki, and set off, three across the front, with poor Olga resting her feet on the gearbox, which soon gets fearfully hot. I paused to take some much-wanted shots, including ARVN troops at the side of the road, buffalos in the paddy fields and certain key sociological studies that I want to illustrate certain points in the inevitable talks.

I registered everything, even those of NCV [No Commercial Value], so that we have a record of them, and the total was only US \$5.29 for the eight of them — actually I made it seven, and I think that he counted one of Graham Wilson’s twice, and the end that I got away without paying

for it at all. Next, after a long delay in a traffic jam, we got to the Cholon PX. Tom had no card, so we left him while Olga and I went in. She is the most generous person that I have known, and it was intriguing and, I regret to say, infectious to see her buying Christmas presents and all sorts of things. I got 50 Christmas cards very cheaply (US 3c each) and selected Christmas presents, plus something for each of us in honour of our [wedding] anniversary [on 8 October] (at a cost of \$2.70).

We got away at last and set off for the centre of the city for Olga to go to Air Vietnam. Coming past the Presidential Palace, police were everywhere, and I managed to snap a celebrated Buddhist, who is holding a vigil to try to achieve some political end. As we came near to our destination, the roads were blocked and troops were everywhere. We managed to park 100 yards from our destination, and Olga set off. When Tom and I had time to look at the troops we realised that they were riot police, with wicker shields, teargas grenades, batons, and rifles with nasty little bayonets. They lounged about chatting and smoking, and people roundabout went on with their daily affairs as if this were all normal. We were pretty pleased to get away.

Traffic remained very congested, and with all the high revving in low gear the engine suddenly started to overheat. Fortunately we saw a woman cement worker hosing some new cement work and stopped to borrow her hose. It wouldn't reach and she didn't understand what we wanted. Next door was a battery shop, where men and boys were breaking up old batteries for the lead — and inevitably giving themselves lead poisoning — and one of them came to our aid.

Last night we all did our trial packing. My new purchases brought me to 20.5 kg, but the ever-generous Olga included some non-essentials in her last parcel, and all should be well. We have had a letter from Doug Townsend describing the horrific new luggage restrictions on TAA/ANA and I am terribly glad that I didn't succumb to the temptation and buy a new suitcase at a PX. My old blue case is 28 inches, and I should be able to manage with that, an air bag, my camera and umbrella. At the least this will stop me from buying a second suitcase in Singapore, so that is one extravagance eliminated.

This morning, my last before I hand over, I discharged as many as possible, then came back home to get all the little presents that I had prepared. Mrs Hai and Miss Nga the said the right things about the spoons and cars for the little boys — who should be thrilled — but I suspect that they anticipated more. Hugh Douglas [my predecessor] gave them \$5 clocks from a PX, but I feel that lavish presents are out of place.

The work was done and I have long since learned not to hang about looking for custom, so I drove over to Train Compound to change a few dollars to P [piastres]. With these I bought a very good vase at the local pottery for [my hosts in Bangkok], an ashtray for us, and a lovely sandstone head that was so cheap (40 cents) and so beautiful that I couldn't resist it. Now there are two beds in my room, and for the next two nights Barry Smithurst and I will bunk in together. I will finish this letter now and try to write a line on each of the other days. Please keep in touch with Mother, as I won't be writing to anybody but you until I return.

All my love,

Peter

Bien Hoa

4 Oct 67

R-9

This morning I took Barry Smithurst, my successor, and Dick Westmoreland, the Registrar, down to the hospital. Together we went round the ward, and I left them to admit the new patients. After doing outpatients, I wrote up all the notes and filled in my clinical diary for the last time, and now the precious book is safely locked in my case. [Sadly, it has disappeared.] I took them right through the hospital, showing them all the nooks and crannies that I have got to know so well, and by 11 am all my responsibilities were handed over.

I wanted to take Barry to 946 Mobile [Laboratory], and Olga Nicholls and Aileen Monck wanted a last fling at a PX. So together we drove over to Long Binh and I left them at the PX while we went on to the lab. I found it a wrench to say goodbye to my very good friends there, who have been so uniformly generous. We went on to LBJ PX, which had closed, so I offered to take them to II Field Force, a couple of miles further on.

Ever since I arrived I have been trying to get a battle helmet for Rob, and as we drove to II FF, there was one by the side of the road! The girls were sure that it was a booby trap, so I walked gingerly around it, and, as instructed, picked it up with my left hand. It is perfect for the purpose, light (made of fibreglass) and it must have fallen from a man's head on a passing truck. So I shall make up a final parcel tonight and post it tomorrow when I drive Tom Allen, Aileen and Olga to Tan Son Nhut [the airport of Saigon].

To avoid temptation I refused to go into any of the PX stores, as the girls have an infectious capacity to see something that would be just right for so-and-so. With the double Teams we need to eat in two sessions, but after tonight we will manage [with one], as Graham Wilson and John Quirk set off this morning, the latter a little emotional at what was clearly the end of his high tide of adventure.

After lunch I set to and packed everything — 19.5 kg and the limit is 20. Three kg come from the vase that I am taking to [my Bangkok hosts] and which I would dearly like to bring home. Quite apart from money, the problem of weight will keep me frugal until I get to Singapore.

Then I went to the hospital with the chaps to get a box for the helmet and took little Hazel [Westmoreland] through the market to show her where it is.

It has occurred to me that you might like the flight details of my journey home which are...

I shall try to write a few lines tomorrow, then no more until I get home.

All my love,

Peter

Bien Hoa

5 Oct 67

R-8

The great adventure is over at last, and now I am all packed up ready to leave in five minutes. This morning I went in with Tom Allen, Olga Nicholls, and Aileen Monck to Tan Son Nhut [the airport of Saigon]. We left on time and got Tom there in plenty of time for his flight, leaving Aileen and Olga a long three hours to wait. We said our last goodbyes, then Barry [Smithurst] and I called in at Walter Reed [A component of the great US Army hospital and research complex based at Bethesda, Maryland] to make his first contacts for the research project that I had arranged for him. [I cannot recall what this was.] Then my last trip to Free World and AFP01, but too early for the mail. Yesterday Jo Griffin had some story that our flight time might be altered, so we went into central Saigon to Air Vietnam for a final check. All was well, they said, still 12 noon, but I won't believe it until we are strapped in and the plane is on its way. Barry booked his trip home, and I drove back from Saigon through Long Binh and Vin Cuu, finishing my personal effort behind the wheel with only the one trivial bump. [Knocking over a motor bike, breaking its mirror.] A dash to the Air Base PX, but my shoes weren't ready, so I collected my \$5 deposit and left the PX for good, not daring to look around.

After lunch I had a sleep, then walked to the hospital to say goodbye to all the people available — Dr Tho, Dr Tuan, Mrs Hai, Miss Nga, Mrs Yung, and Mr Su, the best and worst interpreters, and a couple of patients to whom I have grown very attached. I called in at the Technical School, for I had taken my flashlight and got the grinning lads at work. Thence home, a shower, and I washed my filthy shirt, hoping that it will be dry enough to pack in the morning. Now I am waiting for our early tea and a farewell party, all my MPC — Military Payment Currency — changed to greenbacks — and feeling slightly unreal.

At this moment I feel a desperate longing to be home, to be free of heat, dirt, crowding and noise, and back in a familiar centripetal round. But I know that I shall miss it, think and talk about it a lot — probably too much, although I shall try desperately not to become a bore. It has been a memorable experience in multitudinous ways, and I feel that I am not quite the same person going home as the rather self-assured young man who arrived.

I have thought constantly of you, especially as the standard form of farewell is to send a message of good wishes to the family. I have had no news for a couple of days and now I won't again, at least until Singapore. Some things are more easily written than said, and so now I can say that I have known very well the sacrifices that you have made for me to come here. I have had the excitements, the new and rich experiences, and the warmth of new friendships. You have had tedium, worry and a solitary confrontation with the children. Now, by the grace of God, it's only eight more days and I truly will show you

All my love,

Peter

In September, we had a couple of visits from a Mr. V.J. Walters, an architect of the Commonwealth Department of Supply. He was investigating the feasibility of improving architectural facilities at the hospital, using money derived both from Commonwealth Treasury and proposed private donations from Australia. The following week, a large team of American architects appeared and proceeded to undertake detailed measurements of the 7th December, 1967 hospital buildings, with the stated intention of planning a rebuilding programme.

Department of External Affairs,
I.O.O.F. Building,
Gawler Place,
ADELAIDE 5000

This is a good example of the disjointed nature of the aid programmes, and of the difficulty in discussing problems with such people, not knowing what our policy is supposed to be. It also highlights the problem of inadequate liaison with the

REPORT ON SERVICE WITH AUSTRALIAN SURGICAL TEAM BIEN HOA JULY
This report is submitted in terms of Item XI of Terms and Conditions of appointment under SEATO Aid Programme. It is complementary to an interim report handed to Dr. J.S. Boxall at Bien Hoa on 30th September, 1967. The opinions expressed are personal, based not only upon my own experiences, but discussions with members of our own Team, those at Vung Tau and Long Xuyen, and discussions with the Leader of the New Zealand Team at Qhi Nhon.

Any criticisms, direct or implied, are intended solely in a constructive sense.

Embassy to be discussed below.

A. PREPARATION BEFORE DEPARTURE

1. Recruiting was by invitation and, so far as I know, was determined by Mr. Smith and Mr. Wilson. Their policy of obtaining career nursing staff, rather than relatively immature girls not long after completion of their training, was amply justified. Visits to Long Xuyen, and discussions with Mr. Stanistreet and other members of the Long Xuyen Team, indicated the great need for this. From my own observations, the social conduct of the nursing staff at Long Xuyen was flagrantly inappropriate and it was clear that they were preoccupied with their social activities to a degree that interfered with their work.

Greater care during recruitment should have prevented this. Initial impressions of the Queensland Team replacing us at Bien Hoa raise the suspicion of difficulties analogous to those at Long Xuyen, and it was a little disconcerting to note the general air of youth and immaturity amongst the nursing staff. I was informed that none of the theatre staff had done more than six months in theatre, and none had orthopaedic experience. If this is in fact true, every effort should be made in future recruiting not to send a Team so unbalanced from the point of view of professional experience.

2. Briefing

2. Living quarters at Bien Hoa are very good, with single members each having their own rooms, and the food obtained from the American Commissary was excellent. Intermittent interruptions to power and water supplies were a source of irritation, but this problem was only an occasional one towards the end.

C. CONTACT WITH THE EMBASSY — THE PROBLEM OF A SUITABLE At no time have I seen or heard of any statement as to the aims and purposes of these Medical Aid Teams. At the purely clinical level, there is no problem — the patients are there, and we will do what we can with the facilities available. But the hospital is grossly inadequate by our standards, deficient in staff, equipment, architectural facilities and drugs.

Furthermore, and this is the vital point, Vietnamese professional practices fall far short of what we regard as minimal, and there is a profound national resistance to change. Unless we are to descend to their level, in a form of prostitution of our own professional standards, we need to impose some form of moral persuasion upon them.

The Statement of Terms and Conditions at Para. I 1(c) states that the employee 'is also under the direction of the government of the country of service.' In fact, we found ourselves receiving

ADMINISTRATOR

1, So far as their Team activities were concerned — in contrast to personal problems, such as arrangements for return to Australia, etc. — individual Team members had virtually no contact with the Embassy. Visits from Embassy staff were very rare. The Ambassador came once, accompanied by Mrs. Border and the Belgian Ambassador, and, knowing his extensive commitments, this visit was deeply appreciated.

The Embassy official particularly charged with oversight of Team affairs was Mr. Corkerry, whom I never saw at the hospital, although I was informed that he did make a fleeting visit once during the three-month period. Mr. Nurcombe, Dr. Wilson, and others saw him frequently on visits to Saigon, but it is obvious that it would be very desirable for him to make regular visits to Teams to obtain a better insight into their problems. The particular relevance of this at Bien Hoa is discussed below.

2. Because of its proximity to Saigon, the fact that it can be reached by two roads, both of which are usually safe, and alternative transport from the nearby air-base is possible, Bien Hoa is a natural show place. The nature of my clinical commitments, and the pre-occupation by other medical members of the team with their pressing surgical work meant that it usually fell to me to act as guide when visitors came to see the hospital. Of these there were very many, ranging through politicians, journalists, diplomats, and private individuals, seeking background information on the controversial Vietnamese War. In view of the fact that the Australian Aid Programme is also deeply involved in the provision of the town water supply, the towers for which are the most prominent land-marks, it seems very desirable that members of the Embassy Staff should have close and frequent contact with the Bien Hoa team.

The deficiencies, both temperamental and professional, of our team administrator, Mr. Nurcombe, led to him assuming progressively less activity at the hospital. Indeed, I saw him there rarely more often than once a week for a few minutes at a time, and he was usually preoccupied with obtaining personal transport for himself.

It would be of considerable value if a team administrator could be appointed who had a more stable personality, and who was of greater maturity and more business-like in his approach to handling money.

Mr. Nurcombe's habit of conducting transactions with the team's money, using his personal wallet, was disconcerting at times. Specific training in hospital administration is less important than the ability to mix with the Americans, and a suitable individual might well be a recently retired army officer, preferably one who had seen service in Vietnam.

It is important to stress the fact that the Vietnamese are very sensitive at any attempt to assume control of their hospital, and that the one function which they do discharge very efficiently is the paper work relating to its administration.

D. FUTURE DEVELOPMENT OF THE BIEN HOA HOSPITAL

It is quite apparent that the Vietnamese will be unable to maintain surgical services with their own resources for many years to come. For this reason, they will be dependent on outside help, and, presumably, Australia will continue to supply this for a prolonged period. Because of the nature of the work done there, the proximity to Saigon, and the existing good liaison with the medical school and Cho Ray Hospital, the Bien Hoa Hospital is an ideal one to develop as something of an Australian show-piece.

The following recommendations are made with this in view.

- (1) As a matter of urgency, a link building between the surgical suite and the military ward should be erected, and prominently identified as an Australian contribution by a suitable plaque, preferably one which is permanently incorporated in the masonry. Discussions with Mr. Walters showed that he had a clear understanding of the nature of the suitable alterations required, and, in my opinion, this work should receive direct support through the Government Aid Programme. From discussions with him, it appeared that it was envisaged that this would be undertaken, using funds to be raised by voluntary public subscription.
- (2) The recruiting programme with particular reference to surgical specialists should continue to employ consultants at the peak of their professional powers. This inevitably involves relatively short term appointments for this category of staff. Because of the very heavy professional pressures to which they are subjected, I do not consider that any surgeon should be asked to serve in Bien Hoa for a period longer than three months. Fatigue, with decline in professional standards and other undesirable consequences, would inevitably follow, and our own experience showed the necessity for not extending the term beyond this period. The one member of our surgical staff who did remain for the six-month period showed worrying signs of stress towards the end of that time. On the other hand, other medical members of the team could well be recruited on a longer term basis.

I consider it very undesirable to attempt to recruit surgical staff for Bien Hoa who are virtually retired from public hospital appointments. Temperamentally, they have great difficulty in adapting to the conditions under which they are compelled to work, and their professional relationships with other team members, particularly nursing staff, are less relaxed, so that the team, as a whole, suffers in consequence.

- (3) Clinical material at Bien Hoa is such that opportunities exist for developing simple research projects. Initial studies have been undertaken on the frequency of anaemia in children who pass through the children's ward, using the hospital laboratory. Extension of this work in collaboration with other teams would provide information of considerable interest. Similarly, an initial contact was made with the Walter Reed Army Institute of Medical Research at Saigon with the hope that some studies could be undertaken on the diarrhoeal diseases endemic in the area. It is recommended that an approach be made to the National Health and Medical Research Council for advice on a project which could be undertaken utilising Australian laboratories.

Some examples which could be considered for discussion are:—

- (a) Virological studies on the febrile illnesses with encephalitic manifestations.
- (b) Virological studies to complement the bacteriological work with Walter Reed on the diarrhoeal illnesses.
- (c) Studies on the mechanisms of the anaemias of childhood.

This work will produce problems in transport of specimens and documentation It would also be dependent on differing abilities of staff recruited for the Team, but I consider that it should be seriously considered as a continuing project.

- (4) Every effort should be made to develop contacts with the Cho Ray teaching hospital at Saigon. A formal approach by a suitable senior medical individual passing through Vietnam, on behalf of the Australian Government to the medical school of Saigon, would probably be of value in this context. The initial experiment of having two Vietnamese medical students in residence with our team proved very successful. There are no

facilities for students to be in residence at the hospital, nor any prospects of obtaining any in the predictable future. This implies that if teaching is to be undertaken at Bien Hoa, the teams would have to accept the fact that Vietnamese medical students would share their facilities and certain social problems would have to be confronted in this context.

E. FINAL IMPRESSIONS AFTER SERVICE IN VIETNAM

Speaking personally, I am most grateful to the Department of External Affairs for having allowed me the opportunity of working in Vietnam. I am also very grateful to the Department of Repatriation for releasing me from my other duties for this purpose. Professionally, the experience was a very challenging one, from which I feel I have benefited greatly. In other respects, it was also fascinating to be a spectator of a controversial war, and to have an opportunity of appreciating the nature of the American and Australian involvement in the area. Finally, the team at Bien Hoa, of which I was a member, was in every sense a team. It is impossible to speak too highly of the general demeanour of all team members, and particularly of Mr. Wilson, the leader of my contingent.

I would like to intimate to the Department of External Affairs my continued interest in this class of work, and my willingness to contemplate the possibility of a similar employment at some time in the future.



Physician Member, South Australian Contingent, normally Specialist Physician at Repatriation General Hospital, Daw Park.

LETTERS TO FRIENDS AND FAMILY WITH GENERAL IMPRESSIONS

TO ONE OF MY UNCLES

Australian Surgical Team
Bien Hoa
Austarm Vietnam
APO 1 Sydney

[Undated, but almost certainly early July 1967]

Dear Uncle Lester,

You may be interested to hear that the newspaper article that you gave me was very perceptive. There certainly seems little doubt that this war is virtually unwinnable and nobody can see an end to it. In many ways it is unique, and the only historical parallel that I can think of is the awful Thirty Years War of 1618–1648. There is no doubt that if the Americans withdraw there would be a fearful slaughter, after which I suppose that this country might turn into a sort of Poland of Asia — a sufficiently cohesive ethnic entity for its nationalism to overcome political ideology. The American political leaders, especially Dulles, were naïve and publicly hypocritical in the way in which they became involved in the first place, and now they find themselves irrevocably committed.

The ubiquitous Americans are regarded as observers and all fire decisions are [notionally] made by their Vietnamese superiors. The helicopter pilots have told me of the procedure that they have to follow if they see anything suspicious, like being shot at from below. First they report to their own Fire Control Officer, who notifies his Vietnamese counterpart — usually his ranking superior. Only then can the order be given to retaliate. The huge air base three miles away, reputedly the busiest airfield in Asia, is officially Vietnamese and is occupied by joint staff. As Vietnamese like to live as a family, they have their own shops, schools, churches and joss houses. Guarded buildings, including our own, have joint VN and US guards, and the latter are instructed not to fire before the former.

Perhaps the best way to describe the irreconcilable problems facing the Americans would be just to try to convey what we passed on the narrow and appallingly congested and dangerous road that we took to the hospital this morning. First there were hordes of children going to school — on foot, cycle, by pillion and by bus. They have three shifts per day six days per week, and the level of literacy seems high. They start school at 4, finish primary at 9 and leave high school at 16. Then comes National Service, officially for 10 years, but those with money, influence or physical disability may escape to a varying degree to go to University. Because of the shift system there are always children about and they are set to work very young.

Next were people going to work, just like ourselves, at the cottage industries, the flourishing building trade, or for the Americans. Many of them have motor scooters like Jenny's Lambretta or motor cycles, with a pillion passenger sitting side-saddle, one arm round the driver's waist, and often with two or three children crammed on as well. There are pedicabs each with a driver perched above his passenger like a Hansom cabby. The passenger faces forward with a hood to protect him from the rain and sun.

There are multitudinous Lambretta buses, little 3-wheeled vehicles with a cabin behind and used to transport incredible numbers of people, livestock and produce. Today we passed one completely packed with large blocks of ice from the little ice works next door, whose engine and splashing water lull me to sleep at night with the illusion that I am on a ship at sea. There are large buses for longer journeys, like the 25 km journey to Saigon, very old, very battered, and often with people clinging to a footboard behind. Beside the road a peasant grazes his buffalo,

and in the paddy a few yards from our house they fish with large circular cat-gut nets fixed to wooden frames and raised by long lever arms.

Men in uniform, many armed, are everywhere. We passed two trucks of VN soldiers, each with a carbine, and I can readily believe the story that the VC put a battalion through our town in this way not long ago and asked for — and got — a US MP escort.

A small convoy of full-track troop carriers rumbled towards us, looking like a cross between a tank and a truck. Like everybody else we scattered out of their way, for on the roads their might is right. Jeeps with US and VN soldiers passed us both coming and going, tooting energetically to try to clear a way through casual pedestrians. Heavy trucks driven by US & VN personnel passed repeatedly.

Gregory the Great said the Church should be in but not of the world, and we can say, as can everybody else here, that we are in but not of this extraordinary war. Last week I was taken for a helicopter joy-ride, a most exhilarating experience. At one stage we swooped lower to startle a novice water skier, and this could have been a casual Sunday scene anywhere. Ten minutes flying time away — at only 80 knots — we would have been shot at, over an apparently identical stretch of water. I hope not to have to travel to Saigon by night, and I must admit that I don't relish night calls to the hospital, although there have been no VC attacks in this town.

It is impossible to speak too highly of the friendly and open generosity of the Americans. Men of all ranks and both races [very few Hispanics as yet], whether asked or not, have unstintingly given us any help they can. For example, when I wanted equipment for our laboratory they pressed me with all I could carry, even though this left them short for some of their own needs. If this trip has done nothing else, it has given me a much greater respect, affection and sympathy for them, especially as I now have some insight into the reasons for what seems from the newspapers to be a humiliating succession of tactical blunders and ambushes. They universally and justifiably hate this posting, with its discomforts, dangers and scant prospect of ever seeing an end to it, but their morale is excellent and they retain a refreshing gaiety and relaxed demeanour that I greatly enjoy. You and I may think that they should never have come and that they seem to be approaching the war in the wrong way — like two skew lines that never meet — but they do the best job they can, and I think they do it very well.

The logistic side of the war never fails to amaze me. The air is never still or silent day or night, and the huge numbers of vehicles alone testify to their resources. Their helicopter evacuation service is incredible. It is their proud boast that for a man wounded anywhere in the country the time from entry to helicopter to an operating theatre in a major hospital with a specialist surgeon is twenty minutes!

It has been an education to come here at all, but particularly because we work with the Vietnamese in one of their own hospitals. The official bed state is 332, but actual occupancy is much higher. Tonight there are 30 children in the 21 cots in my ward, to say nothing of the parents and other relatives who sleep beside them (usually only one at a time!). Allowing for what we could only describe as clinical squalor, they really do very well, and my respect for them steadily rises. They cheerfully accept standards of hygiene we would find intolerable. Except for the prison ward, where wounded VC are housed, no ward (including the private section) has a toilet in it. There isn't a bath (other than a grimy baby bath) or a screen in the hospital, and my ward is one of the few with a sink. None of my children has any bed linen, and patients lie on rubber macintoshes on filthy mattresses, probably infested with bed bugs. They spit on the floor, empty the urinals (usually condensed milk tins) out of the window and drop fruit peel in the sink and sluice. The nurses confine themselves to giving drugs — preferably by injection — taking temperatures and doing dressings. Feeding patients and attending to the bowels and bladder are jobs for relatives, and a patient brought here alone could well starve.

They practice a weird polypharmacy of useless traditional French remedies, multiple antibiotics (whether indicated or not) and potentially dangerous hormones (mainly cortisone derivatives). But they take good X-rays and within a necessarily limited scope the laboratory functions well. Patients keep their own outpatient notes and X-rays, and rarely lose them. Indeed, on closer acquaintance I am generally impressed by the general efficiency of the place.

Ours is a surgical team, and my own work is to look after the children and to act as consultant physician for the surgeons. In addition I have got on to good terms with the two VN doctors, one of whom has 200 beds, and I have reorganised the pharmacy and (to a limited extent) the laboratory. I have made good contacts with the ever-generous Americans, and regularly visit their laboratories and pharmacies on the scrounge. The most interesting single facet has been the steadily closer contact with Dr Tuan, the best of the VN doctors, who now asks me to see most of his new patients.

The Vietnamese are a very brave, stoical and gay people, who cheerfully endure physical discomfort and pain that few Australians would tolerate. They laugh readily and with enormous gusto, but often at things that would sadden or appal us. They are vastly entertained by physical deformity, and, still more so, by mental aberration. I can readily believe the stories that they laugh gaily as they torture prisoners, for this would be quite in character. They regard us with great friendliness and obvious respect and gratitude for what we try to do, although much of the time we feel that they are unable or unwilling to learn anything from us, particularly hygiene.

They live their daily lives in the midst of this awful war, apparently indifferent to the prospect of arbitrary and incomprehensible death, mutilation and bereavement. We collect war injuries every day, often very sad, like a boy brought in yesterday, aged 11, who lost one arm through the shoulder and the other above the wrist. Fortunately the infamous napalm is not used at all in this area, and the frequent burns that we see are of domestic origin. Much of the time the origin of the injury remains a mystery, or the story we receive is biased by an anti-American interpreter and is later corrected. Both sides use powerful weapons, and the way that people crowd together inevitably involves all ages in the risks of warfare. So we don't much care who is firing what at whom. We only wish that they would stop, for the ordinary work of general medicine and surgery is already more than can be coped with.

Economically the place is doing very well out of the war, and I often wonder if the VC really do want the Yanks to go home. It is very significant that they rarely damage vital things like bridges, telephone lines and the electricity grid, although they have ample means to do so. This must be an ideal sniper's war, for they could easily pick off stray Americans as Lee Harvey Oswald did President Kennedy, but they have not done so. I think that war has become a way of life to them, and I sometimes wonder whether they align themselves according to traditional family feuds, much as people did in Spain during the Civil War.

Nobody can think of a way that the war can end, as the VC clearly have no recruiting problem, and the American logistic capacity has barely been strained. [There were over half a million US troops in VN at this time, which was shortly before the highest numbers.] Robby was 11 the other day, and no doubt in nine years time he will be here too.

Certainly I have never so much appreciated our happy hedonistic life in Australia, absorbed in our own intrinsic interests and superficially indifferent to externals. I am convinced that we must set to and defend it, for this is a naughty world. Basically the Americans are practicing Palmerston's gunboat diplomacy on a grand scale. Much of the ballyhoo would be taken out of the argument if they would admit it and say so. The British Opium War in China in the 1840s was scarcely less defensible than this one. I have come to acquire enormous respect for the Americans, and I am sure that our country can only survive by their goodwill...

Peter

TO FRIENDS AT CLARE, THE WIFE BEING A NURSING SISTER

Australian Surgical Team
BIEN HOA
Austarm Vietnam
AFPO1
Sydney
August 1967

Dear Jenny and Peter,

Your first impression of the Provincial Hospital would be of inconvenient, crowded, squalid buildings, filth everywhere and of more people in a smaller space than you would previously have thought possible. This is the first Province town north of Saigon, and the next hospital with surgical facilities is over 100 km away, so that we have patients brought to us from a great distance. The local population has expanded into a sleazy boom town from the huge American concentrations nearby, and there are said to be 50,000 troops in the immediate area.

The hospital is on the main Street, next to the Town Hall, which just at present is hung with national flags and political posters in anticipation of the elections in three weeks time. It bears the date 1939 and the Surgical Suite 1963, but many of the fittings are clearly much older. The buildings themselves a quite attractive, built in yellow stone with dull orange tiled roofs and mercifully are only one storey high. At the front they are roughly oblong, surrounding small open courtyards, and the remainder are detached from each other, so that in the current rainy season we splash from one to another through the mud.

The official bed establishment is 322, but actual occupancy probably never falls below 350, and the total hospital population is of the order of 700 or more. As you enter the hospital gate, a building on your left houses Records, Casualty, Consulting, MS office, dispensary, and Public Health clinic. On your right is a similar one with private wards (12 beds) Dental and VD clinics and the Laboratory (16 feet square!). X-ray is temporarily located in a tiny little room at the back of this building, but will shortly move. The obstetric block stretches right across the block, contains about 60 beds and has a five-stand labour ward, which also contains the nurses' motorcycles. The midwives are said to be very good, and certainly the head midwife is the best spitter that I have seen. She chews betel and can send a scarlet jet from her desk in the centre of the Labour Ward to the ground, a distance of at least 10 feet, and barely a drop reaches the floor. Lately we have had a little rash of Caesarean sections, but otherwise we don't have much contact in that department.

Foot traffic can go through the midwifery block, but we need to drive our cars a rather circuitous route around several buildings to reach the main centre of our work. The Surgical Suite is a curious little building a bit like a converted cottage, and identical with others in Provincial Hospitals all over the country. It is entered by a narrow door and passage (4ft x 23ft) up three steps bridged by a rickety wooden ramp. This brings you to a narrow tiled foyer exactly 14 ft 6 in square, where patients are dumped on stretchers while relatives, ambulant patients and staff crowd into the passage. At times of pressure the stretchers are jammed together and even half on top of each other, so that we have to walk on them to get across the room. Off this open the two theatres (16ft x 14ft); surgeons' and nurses' change rooms (2ft 6 in x 10ft); work/store rooms (22ft 6in by 19ft 6 in and 18ft x 5ft) and the Recovery Ward (27ft 6in x 14ft 6 in).

What we call conventional standards rapidly slip away up here. Caps and gowns are worn for major surgery, especially elective abdominal and orthopaedic work. The theatre sisters (Beth Harvey and Margaret Bolton, under the general supervision of Olga Nicholls who acts as senior)

scrub and assist, and at times of pressure they will put in sutures, drain an abscess, and remove a plaster. The Recovery Ward girls are Aileen Monck, Jenny Leak, and Jo Griffin (from Jamestown). When they arrived they found that their predecessors had accepted local standards, and the place was indescribably filthy. They had no soap, mops or rags, and had terrible trouble getting things clean. As it is, the Vietnamese are content to stand and watch them sweep, mop and tidy, and it takes sustained pressure to make them help. John Quirk, the radiographer, supervises the two Vietnamese (whose work is excellent) and helps greatly by getting about to various American contacts to scrounge all the little things that we need. The leader is Graham Wilson and the other surgeons are Rod White (orthopaedics) and Doug Townsend, and the anaesthetist is Tom Allen.

Across a small courtyard lies the Children's Ward, which is my particular responsibility. It is an old rice store 56ft x 22ft, with an unlined tiled roof and a very uneven brick floor, 21 cots and a sink. There is a plastic babies bath (the only bath in the hospital) but, of course, there is no sluice or toilet. The children and their parents sleep in 4ft x 3ft cots, with filthy mattresses and rubber mackintoshes and, for the first time, we are starting to get a little bed linen. Next come female surgical and a so-called military ward for VN soldiers, who, for some reason, are not eligible for treatment in military hospitals. The courtyard widens at this point into a crude L enclosed by male medical, female medical and orthopaedic [wards], closed at the bottom by a special male "civil servants" medical ward and appallingly crowded female and male TB wards — in this whole complex of 105 beds there is one sink (between four buildings) and no toilet [in a ward]. The hospital perimeter bulges to one side of the Military Ward to include male surgical, a laundry and enclosed drying shed — built by the Australian Army when our forces were stationed here — a little hut for OPD and the new x-ray room, a prison ward for male and female VC prisoners (10 and 8 beds respectively — the only ward in the hospital with separate shower and toilet facilities), a canteen, workshop, emergency power house, mortuary, rubbish dump and a small banana plantation.

The Vietnamese medical staff is headed by the Medicin-Chef, Dr Thoh, who also heads the Provincial Public Health Department, runs a private practice, and does a lot of obstetrics. Next comes Dr Tuan, who is responsible for 200 beds, an OP clinic and a big private practice. Finally is the somewhat enigmatic Dr Thanh, a Chinese whom Dr Thoh will only allow to do outpatients and not to have charge of any beds. He claims to be a gynaecologist. There are four doctors in the town and two small private clinics, each with about 10 beds.

Most wards have a "trained" nursing staff of two, with three or four "trainees" and "non-professional" nurses. These work for six months with no salary, and the best of them are then kept on for a year. Until I started lectures three weeks ago, they had no formal instruction and relied on what they could pick up in the wards, and by copying other nurses' lecture notes from the training schools in Saigon, mostly a couple of years old.

We can never adjust to the idea that their standards of nursing are so different from our own. They seem to regard themselves as having four functions — taking temperatures, doing dressings, giving drugs (preferably by injection and often to each other) and compiling records in large registers. All Vietnamese, true to their Chinese culture and French training, worship paper, and an aspect of the work that startles the newcomer is the amount of writing he is called on to do.

On arrival a patient is given a piece of paper with his name, of the size and consistency of old-fashioned toilet paper. He presents himself to us, perhaps with a note in Vietnamese or medical French. Through one of the interpreters we take a history, which at times is very difficult.

For example, a man may complain of dyspepsia, and I ask "Does the pain keep him awake at night?"

After a long discussion I get the answer, “He wants an X-ray.”

So I ask again, and this time I may be told “He thinks he should have an operation.”

At the third attempt the conversation may become very animated, with bystanders joining in, perhaps leaning through a window and to catch everything. Finally the interpreter turns and grins and says, “He doesn't know.”

So I scribble forms for a simple blood examination for anaemia and a stomach X-ray, he collects all the papers, grins and bows and off he goes.

At the Laboratory and X-ray Department the service is almost instantaneous, and the patient returns in perhaps an hour clutching his X-rays, all wet on hangers, clinical notes and laboratory results. So I can then order his drugs and off he goes.

They keep all these papers as a sort of medical talisman, and use them also as medical certificates to try to get off work. When they come back again weeks or months later, they can produce the grimy piece of paper, and in fact the service is efficient and very simple.

Inpatient records are kept on proper quarto-size stationery, with printed forms for clinical records, temperature charting and an elaborate identification sheet. This shows all possible personal features, like name, address, age, and date of birth, diagnosis, etc — everything except sex, which is indicated by the middle name — Nguyen Thi Hunh is a female, Tran Van Nien is a male.

If we send an inpatient for surgery or X-ray, we scribble a note and hand the case records to a relative. They fetch a stretcher and somebody helps them to trot across the hospital to their destination. The only wheeled conveyances for patients are one wheelchair and a wheeled stand on which stretchers are placed to take patients to and from X-ray. On discharge we sign up the diagnosis, which the records people decipher and codify, using the WHO system (same as ours). If that patient is readmitted we can usually have the old notes within an hour, and again this aspect is better than most of our hospitals — at RAH such a request may not be met for a day or so, if at all.

There is a hospital kitchen, dark and smelly, down by the mortuary, where two meals a day are prepared in big stew pans very like the old copper that my mother boiled clothes in when I was a boy. Patients have two meals a day of rice and cooked vegetables, and supplement this by cooking in little pots outside the wards, purchases at the tiny “canteen” and from itinerant vendors who squat outside the gate and around the Surgical Suite each afternoon and evening. Relatives provide all of what we would call nursing care at the bedside level. Washing, of course, is no problem, and so, as a rule, is arranging the bed linen, for there usually is none. They feed the patients and attend to bowels and bladder, the favourite urinal being a condensed milk tin, which is emptied outside the door, and there are a few bed pans. Babies often don't wear napkins and they are set down on newspaper. With much chewing of betel most of them are pretty expert spitters and usually use the floor. I suppose that we so rapidly accepted the smells through familiarity, that they never worried me. The rain each day probably helps to keep them at bay.

As a race they are a stoical, docile, laughing people. They lie quietly in conditions of pain and discomfort that an average Caucasian would never accept. Passing the Labour Ward, for instance, even when all five tables are grunting in unison, I rarely hear even a whimper, and there could hardly be a greater contrast to the “Mamma mia!” of the demonstrative Sicilian. They laugh readily and with apparent sincerity, and often at things that might move, embarrass or even shame us. They are vastly entertained by anything physically grotesque and by aberrant behaviour, such as simple dementia. If they are rebuked because we find that they haven't followed our orders — like last night when two pints of blood were run in over two hours instead of six and the patient went into acute heart failure —they either roar with laughter or sulk, usually the former. It seems

an attractive characteristic, but at times it can repel. I can readily believe the stories that they laugh as they torture prisoners, and no other aspect of their behaviour so strikingly cuts them off from ourselves.

They have scant interest in what we call personal or communal hygiene, and casually relieve themselves in any convenient place, even semi-public. Many of the wards have no running water, so that nurses cannot wash their hands after doing a filthy dressing, and they do not miss what they have never had. With quaint little straw brooms they will sweep away the dirt from under their own bed — straight under next door. I have seen two children in a cot, when one mother offered a delicacy (a piece of sugar cane on a stick) to her own child. It was refused and she casually threw it away without a thought for the eager look on the face of the other child in the same bed.

Unselfconsciously they act out their lives in public, not only in the hospital but wherever they go. They show a simple devotion to each other that can be very moving. A child with a horrible compound fracture of the femur has been in the ward for weeks, at first in gallows traction and now a plaster spica. His mother, who has five children at home cared for by father, has rarely left him more than momentarily. She found a piece of cardboard and slept on that, and now that he has graduated to a cot she sleeps in that, although even for a Vietnamese it is a challenge to curl into the space left by his fixed and abducted legs. They hate people to die in hospital, and will take them away, complete sometimes with intravenous drips, indwelling catheters and tracheostomy tubes, even when we feel that there is still a chance of survival.

Clinically we see the whole spectrum of general medicine and surgery, often in flamboyantly pure culture. Although debility and anaemia are almost universal, there is little frank malnutrition. They eat white bread and condensed milk and their teeth are appalling, and babies are often puffy and pasty. There is a good deal of tuberculosis and huge skin abscesses are common. Babies waste quickly, for most are pretty lean, and I have grown reconciled to a heavy mortality. As well as ordinary general surgery, there is a huge influx of traffic accidents from the crowded, narrow, badly potholed roads. The national habits of ignoring rules of the road and travelling without lights add to the risks of the road. We see a huge volume of heavy military traffic, armed and otherwise, and the only true rule of the road is to give way to something larger than yourself.

On top of this is an intermittent influx of war injuries, many horribly mutilating. A day or so after I arrived the surgeons were up all night with 16 cases (mostly children) from three families. That particular incident was a VC mortar bomb, but much of the time we never know the origin of the injury. Yesterday we had a woman shot by a helicopter, who needed a quick colostomy, and last week it was a VC soldier, sole survivor of a platoon and not looking any different from our ordinary patients.

Naturally we constantly talk about the war and how it can ever end. Both sides use horrible weapons and slowly the tempo is getting worse. At least the infamous napalm and phosphorus bombs are not used in this area. We see plenty of burns, but they are domestic accidents, a common one being the result of filling a kerosene stove with stolen petrol. It is impossible to know what people think of the war. As far as I can tell, it is just a way of life to them, and death and mutilation happen to other people. After all, this is only our own communal attitude to road accidents, as most Australians have no feeling of identity as they see pictures of crashed cars in the papers — accidents only happen to other people.

We see a great deal of the Americans, and I can only speak of them in the highest possible terms. Their morale and discipline are excellent, and their generosity is overwhelming and at times embarrassing. They can see no end to it all. Many are under canvas (ten officers to a tent) and they have meagre local recreational facilities. The day may be precariously theirs, but at night they are reduced to floodlit compounds, curfews, and travelling heavily armed. It is good to have

them on our side, and I shall return to speak forcefully of their huge resources, open generous nature, and high sense of obligation.

...

Warmest regards to you all,

Peter

TO DR TP DEARLOVE, MEDICAL SUPERINTENDENT REPATRIATION GENERAL HOSPITAL
(SPRINGBANK, LATER DAW PARK)

SG 35–22–8

Bien Hoa
18 July 67

Dear Tom,

Thank you for your kind letter of 6 July, which I greatly appreciated. I have delayed a reply until I have settled in properly. I have so many good friends at the hospital that I cannot possibly write to them all. So I would like to ask that you copy this letter and send the original to Jenny for her to keep with my other letters, and circulate those aspects which you feel would be of interest to those concerned.

In spite of warnings from photographs and letters I was appalled by my first impression of the hospital — dirty, overcrowded and with people everywhere. The Children's Ward was once a rice store. It is about 80 x 30 feet with an unlined tiled roof, an irregular brick floor and until recently did not even have its windows netted in. It is partially divided by a low wall and grille reaching to the ceiling. This allows the drugs, clinical records and all nursing equipment to be locked away when the nursing staff go off duty — from 5 pm each evening until 8 am next day and from noon on Saturday until Monday morning. Behind this grille is the sink, old and dirty, and the ward tap. The communal towel hangs behind a cupboard door in sister's office, and it is used for all hands, plus the noses of the nurses' children. There is no toilet, no bath, and no sluice, one bare electric light globe and one fluorescent strip.

The children are nursed in five "large" (5ft x 3ft) and 16 "small" (4ft x 3ft) cots, which have filthy mattresses and old rubber macintoshes. There is no pillow, no bed linen except what is provided by relatives. Nearly every patient is accompanied by a parent, grandparent or elder brother or sister. The relatives give him his food (whether provided from the hospital kitchen or supplemented from one of the many vendors or cooked themselves in a little wooden shanty behind the ward). They also attend to their bowels and bladder, supervise any drips (which they like to see running as fast as possible) and gather to watch any procedure. A simple physical examination doesn't rate very high, but anything more elaborate musters a large and appreciative audience. I have been a bit spoiled by Blue Burton [one of the laboratory technicians at RGH] coming with me to make smears of bone marrow aspirations. So when I found an excuse for doing one last week I took with me Mr Hung, the pleasant and keen laboratory technician. We were watched by an audience of about 50, including stray children and a couple of passing American soldiers. To return to the relatives, it is fortunate that the Vietnamese are small people, for they share the cots at night and for afternoon siesta. It is quite a sight to see father and son (the latter about 10) curled up together in a 4ft cot.

They are a cheerful, very brave, very affectionate people, who live out their lives unselfconsciously in public, with no apparent emotional need for privacy. Adults are fairly modest, and women of all ages shrink from an examination of the chest, but women breast-feed openly, they pick over each other's hair, and excretion is performed as quickly and as unobtrusively as possible, but wherever the person happens to be. I had not realised the unexpected benefit of the heavy monsoon rains in washing away many of the messes.

Their devotion to each other can be very moving. On a stretcher in the midst of the ward is a little boy of about three with a shocking laceration of the thigh. [Actually a compound fracture of the femur, but I inherited him and Rod White came daily to see him, so at this stage I was not much involved with him.] He is suspended by his ankles, and for three weeks his mother has never left him. She has found an old piece of cardboard from a big carton, and lies beside him, fanning him, blowing his toy trumpet to amuse him, and attending to his every need. She is an alert, intelligent peasant, who is illiterate, but who follows keenly every event in the ward, and hastens to reassure apprehensive newcomers.

My patients are a mixed lot — many abscesses, often of huge size but usually quick to heal, lobar pneumonia, gastroenteritis (often fatal) thalassaemia, and (common here), hookworm, ascaris, malaria and some TB. I also have the surgical cases — appendectomy, herniorrhaphy, fractures and healing burns. War injuries arrive constantly day and night, and are often shockingly mutilating. Most of the time the patients do not know or will not tell their origin, and the situation is not helped by the flagrantly anti-American attitude of at least one of the interpreters. The other night the surgeons were kept going all night with 16 cases arriving simultaneously — from three families, mostly children, one of whom lost an arm. A little boy of nine played soldiers with a group of friends but the grenade was live and he lost one eye and a large area of scalp and most of his right hand.

A very sad case the other day involved two sets of orphans, all of whose parents had been killed in the same mortar blast. Two received fractures and thus became legitimate patients, but the fate of the others is obscure. The orphanage is full, and the dozen waifs who live permanently at the hospital have exceeded the verandah which they have informally acquired. They are cared for by one of the Vietnamese nuns, and our girls teach them English in the afternoons. They are cheerful, beautifully mannered children, and if anybody wants to do something to help them we badly need beginners' books for them (Grade One – Grade Two primers, the *Cat in the Hat* series, crayons, colouring in books etc). Sent to me these would not go astray and I could guarantee that they were well used.

I succeeded a run of paediatricians who had established good standards and an easy routine to follow. My ward sister is excellent, speaks good English, and has a pretty shrewd knowledge of local medicine. Unfortunately she is in her fourth pregnancy and may not see me out. I soon found that my gross ignorance of both paediatrics and tropical medicine allowed me to get through the ward work pretty smartly. My only other defined task was a daily surgical outpatient clinic. Most of this is pretty simple — if I think that the surgeons can do anything I send the patient to them, or also send them home. The patients seem grateful for either decision, and usually thank me gravely for what is often a virtually instantaneous consultation. If surgery is decided on, say for a hernia, or as, last week, severe ulcer type dyspepsia, the patient walks into the theatre, accepts a local or general anaesthetic and our waiting list rarely exceeds two hours.

Accordingly, I have branched out rather more than my predecessors, and I hope to accomplish a little, even if only in the short term. One of our major problems has been shortage of drugs, which we have scrounged from the ever-generous Americans. This, of course, doesn't do much to help the Vietnamese to help themselves, which is what we are supposed to be doing. The dispensary is in charge of shy little nun, who speaks no English, and whose sole reference book was in French published in 1951. Our problems were not helped by the fact that she likes to store unfamiliar foreign drugs according to the size of their containers, as she has no idea of their contents. The tragedy of this situation was highlighted the other day when we lost a baby from opium poisoning (Chinese medicine) and next day I accidentally found quite adequate stocks of n-allyl morphine, the antidote.

George Anderson [RGH Chief Pharmacist] would have been amused to see me setting to like a storeman, cleaning out shelves and rearranging things. It was hot and dusty work, but now we have all the antibiotics together, all the vitamins and so on. I scrounged a current *US Desk Reference* of all drugs marketed in that country, and I have been gratified to find that the nun, so far, is placing new arrivals in their correct locations. How long it will last remains to be seen, but at least it's a start.

My next and a similar task lay in the laboratory. This is in charge of a pleasant shy lad, his wife and two girl technicians. All that they could do was a Sahli haemoglobin, blood film, stool examination, Widal [for typhoid: salmonellosis] and a gram stain. There was no biochemistry. Poking about in my usual questing way I found an excellent US microhaematocrit, abandoned for lack of capillary tubes, and because none of the doctors ever ordered more than a haemoglobin. It was no trouble to get him the tubes, and now we do a routine PCV on every child admitted, plus a much greater volume of requests from the rest of the hospital.

Bacteriological culture and sensitivity is probably unobtainable in the short term, although the Pasteur Institute in Saigon is only 16 miles away, and they might be able to provide media if asked. Even the Americans have trouble here, and, like us, have to rely on a simple gram stain and empirical antibiotics. Biochemistry is just emerging. We have Dextrostix for blood sugar (diabetes is rarely detected here, but it must occur). There is an excellent a 30-minute urease kit for BUN that Peter McCarthy [RGH Clinical Chemist] should look into for night work, and we have tried that. I have been told that the alkaline phosphatase kits are very reliable, and I intend to do some in due course. SGOT, SGPT and other enzymes are probably dangerously unreliable. It was interesting to hear that, because of problems with fluctuating mains voltage and impure corking of bottled gas, no US lab in the country can do accurate electrolytes.

Two Vietnamese doctors come to the hospital, each having charge of about 200 beds. The *Medicin-Chef*, Dr Tho, is genial, interested in obstetrics, and preoccupied by running the hospital, public health for the town and the Province, and a large private practice. Dr Tuanh is better material. He qualified in 1954, did no residency, and was a Flight Surgeon in the Air Force until six months ago. I now do a round with him each morning and he shows me his interesting cases. This is the Oslerian medicine that I expected to see, and intriguing and frustrating. We have a cretin of 37 with acromegaly (or something similar) cirrhosis and ascites. There is an amazing amount of heart disease, much of it valvular, and the open-heart unit to be set up in Saigon is not as silly as it seems. I have seen a boy of 23 with florid aortic incompetence and several cases of mitral stenosis, one of pericardial effusion (? tubercular). The latter, as so many people here do, discharged himself, and so we will never know.

Lectures to the ward sisters start on Thursday. I have high hopes here, for the sisters administer all and order most drug treatment. They practice a weird and potentially dangerous poly-pharmacy. They start with traditional French remedies, such as IM camphor, strychnine, chloroform water and others that I can't identify. To this they add multiple antibiotics, steroids, B12 and liver extract. I intend to teach simple therapeutics, hammering drug toxicity. To my horror a crate — yes, a crate! — of dihydrostreptomycin arrived today, so we are in for auditory troubles. [This was an antituberculous antibiotic withdrawn because it caused permanent and irrecoverable deafness.]

You must appreciate that this is a functioning hospital, possessing most of the departments with which you are familiar. On arrival, records are raised and clinical notes and temperatures are kept. Discharges and deaths are signed out (in duplicate) but we are not troubled by summaries for outside doctors of whom there are only five in the town. All treatment is ordered and recorded in writing, a very necessary precaution. Outpatients keep their own records on little slips of paper of the size and consistency of poor quality toilet paper. Although these often become grubby, they

are rarely lost, and they can nearly always find old notes and x-rays — if the patient doesn't have them. I was glad of my formal training in prescription writing so many years ago, for the nun can follow the classical abbreviations.

As at RGH, the people in key positions are pleasant, efficient and dedicated to developing the hospital. Jack Cullen's [RGH Secretary =Administrator] counterpart is Mr Ba (as in *Baa, Baa, Black Sheep*) and the supply officer is Mr My, who presides over a new and well-run store. The *USAID Catalog* is printed in English and Vietnamese, and they have learned to order through it. Naturally the process will take years, but if we can keep up a succession of teams I hope that we will help them in the way that they want and deserve.

They are a wonderfully brave, cheerful, and frustrating people. Their achievement is incredible, for they live their daily lives in the midst of armed men, arbitrary and incomprehensible mutilation and bereavement. Today I saw a paraplegic of 18 from a bullet wound 15 years ago. Like so many of our current wounded, the origin is unknown, and doesn't matter anyway. He is appallingly disfigured and permanently incontinent of urine but has no bed sores, a cheerful grin, and an ageing and careworn mother. Like the trenches in France, this war can hardly be imagined by those who have not experienced it, and no end seems possible.

It is impossible to speak too highly of the generosity and friendliness of the Americans. Without them we could not have even started, and we are still heavily dependent for many essentials. Men of all ranks and both races turn to help, whether asked to or not. Often when they bring a patient in they will return next day to enquire and to bring a box of candy. My respect and admiration for them grows daily, especially as they universally hate this posting and the whole futile, interminable war.

In our own team the sisters are supreme. The squalor, overcrowding and improvisation in the theatres and Recovery Ward fail to dampen their gaiety and high professional dedication. They personally have to mop the floors while the Vietnamese watch, vaguely puzzled that anybody should bother. In their spare time they teach the orphans English.

Please pass this letter on to those in the Hospital and Branch Office who may be interested. I haven't a hope of writing to all my good friends, so please give them all my warmest regards.

Peter Last

TO THE GODPARENTS OF ONE OF OUR SONS

Australian Surgical Team
BIEN HOA
Austarm Vietnam
APO1
Sydney

22 July 67

Dear Dee and Doug,

Life here is hot, humid and hectic in a fascinatingly surrealistic kind of way. For this war, like the trenches in France, but mercifully in a converse way, can hardly be imagined by those who have not experienced it.

First let me describe the hospital, in which my main concern is the Children's Ward. This was once a rice store and is about 80 x 30 feet with an unlined ceiling and a rough brick floor. About two thirds of the floor space is occupied by the 21 cots. There is one sink with a cold tap (most of the wards have neither) but no bath, sluice or toilet. [There was a small baby's bath, but at this stage I mightn't yet have seen this, as it wasn't used very often.] The patients lie on rubber Macintoshes on filthy mattresses and there is no bed linen. There isn't a screen in the hospital, and any procedure is watched by a large and appreciative audience of both sexes. There is a communal towel used for all hands and the noses of the nurses' children.

The Ward Sister speaks good English and has a shrewd knowledge of local medicine, but she is well into her fourth pregnancy and may not see me out. There is a sort of staff nurse who is adequate, and who is always accompanied by her 2½-year-old adopted son. The four trainee nurses work for a year and pick up what they can. They have no formal lectures and no textbooks except high school physiology. This afternoon I saw one of them painstakingly transcribing from an old French book, translating it into Vietnamese, and poring over the quaint old illustrations. No nursing staff work at night and at weekends, so that from 1200 on Saturday to 0800 on Monday all clinical records and drugs are locked away and we have to send to the sister's home if we want the key.

Total bed state is 332, but occupancy is much higher at times and today I had 25 patients in 21 cots and a stretcher. Patients are dependent on relatives for food — whether supplied from the hospital kitchen, cooked in a sort of shanty behind the ward, or bought from itinerant vendors. This may be a parent, a grandparent or a sibling, and they also tend to bowels and bladder — the favourite urinal is a condensed milk tin — and adjust intravenous therapy, which they like to see running as fast as possible. At night and during siesta they share the bed, and it is quite a sight to see a man and his 12-year-old son curled up in a 4-foot cot. It is fortunate that they are small people.

Their devotion to each other can be very moving. The child on the stretcher is Tran Sang, a boy of four with a shocking compound fracture of the femur, treated on a gallows which suspends him by the ankles [with his buttocks lifted off the floor.] He has been lying in the centre of the ward for three weeks and has several more to go. [I can't recall the nature of the trauma, and it is not specified in any of the daily diary letters.] Throughout that time his mother has never left him. She has found a sheet of cardboard from an old carton and squats or lies on this, ignoring people stepping over her. She fans him and spends hours blowing a little red plastic trumpet to amuse him. She has six other children at home, cared for by the father, who is a potter at the excellent local pottery. She is an alert and intelligent woman, keenly interested in all that goes on and quick to reassure apprehensive newcomers. Like all these people she is constantly bubbling with

laughter, especially at anything grotesque, like a little hunchback and a child with a hideous double hare lip and cleft palate.

In spite of these difficulties, this is a functioning hospital, and the amazing thing is how well the Vietnamese do cope. Records are kept, drugs are given, temperatures are taken, and some of the services are surprising. Although we have brought a radiographer, in fact local staff take most of the X-rays and the quality of films and speed of service are very high. The Laboratory, within its limited field, gets a report back to the clinician more quickly than any other that I have used. The main deficiency is no bacteriology, so that we have to use antibiotics quite empirically for the multitudinous local and systemic infections that we see. [Probably my most significant achievement was to set up bacteriology in the very crowded Laboratory.]

The Dispensary is run by a shy little nun, who speaks no English, has had no formal training, and whose sole reference book was in French, dated 1951. When I arrived I found that she had stored drugs according to the size of the container, and patients actually died for lack of drugs that were there all the time. For three hot and dusty afternoons I emptied cupboards and sorted things out into therapeutic groups. I scrounged for her a 1967 Edition of the US *Desk Guide*, which lists every drug available in that country, and, to her credit, new arrivals are either correctly placed or left aside for my decision. In the same way I have been able to guide the Laboratory into using more accurate modern methods [for clinical chemistry] instead of the tedious and hopelessly inaccurate practices of the past.

As well as the whole range of medicine and surgery, including the anticipated florid and classical examples of diseases now rare in sophisticated medical communities, we see a great deal of trauma. About half of this is vehicular from the dreadfully congested roads, and the remainder direct war wounds. The infamous napalm is not used in this area, and most of our burns are from domestic accidents, one of the commonest being smoking in bed and setting fire to the mosquito net.

Bien Hoa itself is said to be fully safe, and no VC attacks have occurred in the town itself, although the huge Air Base about three miles away was attacked about six weeks ago. Patients are brought by road or helicopter from as far as 60 km away, for ours is the only hospital for the Province — a situation analogous to no hospital between Gawler and Port Augusta. Often it is impossible to know who was firing what at whom, and the validity of our interpreters is sometimes dubious. Not long ago the surgeons were working all night on 16 cases from three families, mostly children, one of whom lost an arm. They were all injured by the same mortar blast, origin unknown. One very good save was a young soldier shot at very close range, allegedly by a friend. The bullet passed through the left lung, apex of heart, spleen and colon, and he made a rapid recovery after surgery, which would have represented a good save anywhere. Last week we collected simultaneously two pairs of orphans from two families. Two were wounded and thus became legitimate patients, but the fate of the others is obscure, for the local orphanages are already over full. One obligingly contracted septicaemia and died, and I don't know what happened to the other.

It's impossible to speak too highly of the work of our nursing sisters, faced with overcrowded, uncongenial and physically uncomfortable conditions. Their predecessors had accepted the Vietnamese rejection of any concepts of hygiene, with people spitting on the floor; sinks and toilets blocked by fruit peel; and urinals emptied out of the windows. At first they had no rags, mops or buckets, and the Vietnamese stole all the soap. Now the theatres and the incredibly congested Recovery Ward are respectably clean, but the VN nurses still stand and watch our girls do all the mopping and most of the patient care that can't be done by relatives. The VN girls feel that nursing is confined to taking temperatures, doing dressings, and giving injections.

Throughout all this our nurses have presented a professional integrity and gaiety of demeanour which are most impressive.

Without the generosity of the Americans we could never have even started, and men of all ranks and both races, whether asked to or not, willingly help in any way they can. Often when they bring a patient in, especially a child, they will return next day to enquire and leave a packet of candy. They universally hate this posting, but their morale is high and they almost always show a friendly and relaxed demeanour.

The hardest thing to convey is the universal presence and incredible inconsistency of this unique war. Last weekend I was taken for an exciting helicopter joyride to Saigon 16 miles away. At one time we swooped low over a novice water skier, passing him at 80 mph about 10 feet off the water and 20 feet from him. His face was a study. Ten minutes flying time away over an apparently identical stretch of water we would be shot at. By day the big double highway to Saigon belongs to us, but at night the jungle creeps down to the roadside, and only last week two military policemen were shot as they turned their jeep at the end of their beat.

The logistic side of the war never fails to impress me, with armed men and vehicles everywhere. The air is never still or silent, with jets, piston-engined aeroplanes, and the ubiquitous choppers, the latter often in crocodies of up to a dozen, like schoolgirls going to church. We are quite used to the sounds of howitzers and mortars in the distance, and at night we sometimes sit on the very pleasant flat roof of our rest house, chatting and sipping while we watch a free Guy Fawkes show. Across our local river is an ammunition dump, and all night a procession of helicopters drops a steady succession of parachute magnesium flares, each of which reputedly costs US\$20.

In all of this the cheerful and stoical Vietnamese unselfconsciously and publicly live out their daily lives, visiting, shopping, sending children to school (three shifts per day six days per week) and gossiping. It is impossible to ask them what they think of this interminable war, and the daily expectation of arbitrary and incomprehensible death and mutilation. Economically they are obviously doing well, and I sometimes wonder if even the VC really want the Americans to leave for good.

Naturally we think and talk a lot about this war, not only amongst ourselves but with our many good American friends. The only historical parallel that I can think of is the awful Thirty-years War of 1618–1648, and this one too will probably end in stalemate and compromise, perhaps also leaving deep religious and political divisions that may persist for centuries. There is no doubt that if the Americans left there would be a fearful slaughter, after which I suppose this country might become a sort of Poland of Asia, retaining a nationalistic and ethnic identity in spite of partition and occupation by foreigners. Both sides are using nasty weapons and bystanders are involuntarily involved. Not long ago the VC told a village headman not to accept American flour, which was a hard thing for him to do, as it came with a heavily armed convoy. After the next shipment they came in the night, castrated him, sewed his testicles into his mouth, and murdered his wife and children before his eyes. It can be a very nasty war.

The Americans are regarded as invited guests, and they follow a policy of close cooperation with their allies. The pilots of the helicopters have told me of the procedure that they have to follow if they see anything suspicious — like being fired at from below. First they report to their Fire Control Officer. He in turn must notify his Vietnamese superior, who will give the actual order to attack. The huge Air Base is officially Vietnamese, and, like all other establishments, has joint VN and US Guards. The Vietnamese like to live as a family and so they have their own shops, schools, churches, joss houses and hospitals. Nearly all compounds and other establishments are the same, and close security is virtually impossible.

It has been a memorable experience to come here, especially working in close touch with the Vietnamese. I have managed to do this more effectively than any of my predecessors, mainly because the nature of my work frees me from the narrow confines of the operating theatre. I have acquired at once two strong impressions — firstly, how incredibly lucky we are to enjoy our idyllic hedonistic life in Australia. I am starting to rethink my political opinions, for I am coming to realise that it is worth defending and that we live in a naughty world where Right is not much good without Might.

I believe that their political leaders, especially Dulles, were politically naive and publicly hypocritical in the fashion whereby they became involved in the first place. They can see no end to it, but their discipline and morale remain high, and I now have a clear insight into the mechanism of what seems from the papers to be a steady succession of mishandled attacks and humiliating ambushes.

I find that I have written much more than I ever intended to, and in fact this is the fullest attempt that I have made at recording my first impressions. For this reason I would be very grateful if you could pass this letter on to Jenny when you have read it. None of my earlier letters would be as detailed an account of life here, and I would like to be able to keep this one.

Warmest regards,

Peter

TO HUGH DOUGLAS, MY PREDECESSOR, SOMETIME MEDICAL SUPERINTENDENT OF ADELAIDE CHILDREN'S HOSPITAL WHEN I WAS A RESIDENT MEDICAL OFFICER THERE IN 1954, AND NOW IN PRIVATE PAEDIATRIC PRACTICE

Bien Hoa
25 July 67

Dear Hugh,

I have suddenly realised that three whole weeks have slipped away since you left. No doubt time passed equally quickly for you in the first rush of strangeness and enthusiasm. Now I suppose you are back to your normal routine and need to dress warmly for an Adelaide winter instead of the casual ease of this place. The monsoon advances apace, and most days now the main street is flooded. After each heavy shower the dirt courtyard at the back of the hospital becomes a lake, in which I have seen patients fishing with their fine-meshed little catgut nets.

I owe you an enormous debt of gratitude for the way in which you had organised the Children's Ward. It just keeps ticking over and, to my gratification, I have found that my long dormant skills in simple paediatric IV therapy and open ether anaesthesia have returned with surprising ease and speed. Thanks to your groundwork I have also got on to good terms with Mrs Hai and Miss Nga, and I managed to get through the Children's Ward pretty quickly each morning. Mrs Hai was away for a week when her children had measles and she was sick herself, and I had to manage with Miss Nga.

I have managed to do a few things that I had had in mind on arrival. I poked my nose about the laboratory and found a dusty American microhaematocrit and reader, unused because there were no tubes, and people had asked only for Hb. [The microhaematocrit (PVC) was a more accurate measure of the degree of anaemia than simple haemoglobin (Hb) done by the crude Sahli method and not automated or reliable.] There was also an MRC Grey Wedge haemoglobinometer, but no ammonium sulphate and Mr Hung didn't know how to use it. It was no trouble to scrounge some microhaematocrit tubes from the Americans, and now I get a routine PCV on every child. I am keeping rough records of the figures, and they may reach quite a respectable series by the time I leave. The laboratory has also been strengthened by the arrival of an engaging Korean technician to work for a year, and there is some prospect of getting Hung to Australia for further training. We can now do BUN [Blood Urea Nitrogen, a crude measure of kidney function] by kit technique, and I have ordered spectrophotometer, flame photometer, and incubator for him. There should be little trouble in getting culture plates from Pasteur Institute for him, as the hospital already runs a regular courier service to Saigon and the Institute has a big media section. [This was aiming towards undertaking cultures as an essential component of microbiology, since we could identify organisms only by smear techniques, without proper confirmation by growing them in an incubator.]

I poked my nose into the pharmacy and made friends with the shy little nun. Her sole reference book was in French, dated 1951, so I scrounged her a 1967 US Desk Reference from 44 Evac [Hospital, at Long Binh]. For three hot and dusty afternoons I cleaned out cupboards and climbed up and down her big ladder. At the end of it all, we had the drugs arranged in therapeutic groups. To do her credit, as new ones have come in she has correctly placed them, and put to one side those needing my adjudication. We have ordered big supplies from the US Logistic Catalog through Mr My the storekeeper, and I hope that the need to scrounge will become only occasional.

Through Dr Thoh I met Dr Tuan, the pleasant diffident chap who cares for the 200 medical beds. He now culls out his problem cases for me, and we see them together each morning and afternoon. As expected, the clinical material is fantastic, with a surprising amount of valvular

heart disease, presumably rheumatic. I have also made a tentative start of my liver biopsy project. The Chinese doctor, Dr Thanh, is not quite so congenial, which is a pity, as he is the principal proponent of camphor, strychnine, chloroform water and steroids. I have also started an OP clinic three afternoons per week and weekly lectures to nurses, so that I feel that I'm making myself useful. It is certainly a fascinating and challenging experience, not least because the medicine is so purely clinical in the truest sense of the term.

Did you see Nicholson [Medical Superintendent of Royal Adelaide Hospital] about the hand refractometer? I have heard nothing from him, and I intend to write again. I was interested to hear when I visited 9th Mobile Lab in Saigon that the American labs all do plasma SG by refractometry, but they have a shortage of instruments and couldn't let me borrow one.

I hope that you and Sheena had an enjoyable time in Singapore. Many friends have asked to be remembered to you, including the girls here, Mrs Hai and Miss Nga.

Warmest regards,

Peter

Accompanying note —

DR HUGH DOUGLAS

TELEPHONE 6 8373

RESIDENCE 65 5678

8/7/67

NEWLAND HOUSE

80 BROUGHAM PLACE

NORTH ADELAIDE

Dear Jenny,

Herewith Peter's letter dated 25th July.

He is certainly getting things done.

With kindest regards,

Yours sincerely,

Hugh

TO MY COUSIN, WHO WORKED IN OUR UNCLE'S DRESS SHOP

Australian Surgical Team
BIEN HOA Vietnam
APO 1 Sydney

23 Aug 67

Dear Sadie,

Mother has told me that you and Jean had her down to lunch not long ago, and I do want to thank you and all the other members of the family who have seen something of her, particularly during the time when Jenny is in Queensland. Up here I spend a lot of time thinking of home, and beside me as I write I have your photograph of the family group taken the day I left. I am terribly grateful for this, as all my pictures of Jenny and the children are over a year old, and that of Mother was nine years old. Now I have them all together, every one excellent, and I know only too well the technical difficulty of posing all of my children together with 100% success as you have achieved.

One of the most fascinating aspects of the work here is that it brings us into such close contact with the Vietnamese. The language is a tonal one, which I find impossible to grasp, although I have learnt to spell and pronounce their names with fair success. Otherwise my sole words are those for “How are you?” and pain, and even these are often distorted by my clumsy tongue, so that the patient fails to understand.

Most of our patients are peasants, although there is a steady sprinkling of people from higher social planes who seek us out either from Saigon itself or from places up to 100 km to the north. With your professional interest in clothes, I thought that you might like to know something of how they dress.

Tiny babies wear a little bonnet and a little cotton garment of appropriate size. This is a bit like a pair of pyjamas, except that it is cut so as to leave the excretory areas bare. Occasionally I see what amounts to napkins along similar lines to our own, but usually, in the ward at any rate, a child lies on a piece of old newspaper. If this is soiled they throw it away — often just on the ground and this needs constant policing — and other messes are mopped up with old rag.

Toddlers may wear nothing or a shirt, and rarely trousers when just about the home, and little girls wear short dresses with nothing underneath. They start school at four and by then even quite poor children are fully dressed. Thongs are universal, and only men in uniform or professional people wear shoes and socks. Our [Vietnamese] nurses slop around in thongs, usually the cheapest Japanese rubber sort, and change into wooden sandals when they go home.

To return to the schoolchildren, little boys wear blue shorts — slacks when a bit older — and white short-sleeve open-necked shirts. Hats are very variegated — US style baseball caps, short-brimmed cotton hats or child-sized camouflage hats as worn by some of the soldiers. Boys' hair is closely cropped and Buddhists often are either completely shaven or have only a short tuft at the front. They carry a little satchel with their books, rulers and pen, but no food for they go to only one session per day, six days per week — mornings one week and afternoons the next. One of the schools nearby has 3,000 students in classes of up to 75 at a time.

Little girls wear little dresses very like our own, often with a cotton or plastic bonnet, the latter with a bright red artificial flower. By the age of about eight, give or take a year or two, they have usually moved into the pyjama-like national dress. This is the *ao-dai* and is a very attractive garment on these slender, and graceful people. On their legs they wear a pair of cotton or satin

trousers, with wide tubular legs a bit like a sailor's bell bottoms. Over this is a close-fitting high-necked tunic, nearly always in a different colour, which divides at its waist so that it lies fore-and-aft on the figure, with a long slits on each side as far as the waist. The top part is fastened by dome fasteners, and the lower part billows attractively as they walk. Schoolgirls wear what amounts to a uniform, with black trousers and a white tunic, surmounted by the straw winkle hat. These hats are often sheathed in plastic, and more expensive ones have designs stitched on to the lower surface in different coloured cottons. There are also plastic ones stamped out of a mould and clearly inferior to the true product. Girls and women who fancy themselves to be above the labouring classes don't wear the hat, and instead favour a gay parasol. Motorbikes and scooters are universal and a pillion passenger sits side-saddle with an arm around the driver's waist. A woman will often hold up her parasol with the other hand, and once or twice I have seen them blown inside out by the speed of the journey.

It's incredible how many people they can fit on to a motor scooter. The little children stand or sit very solemnly, to our eyes in imminent danger, and often two or even three will sit in tandem behind father, clutching their little satchels. My record so far is six on a Lambretta scooter just like the one Jenny once had — father, two children standing in front, mother holding a baby and with a final child just fitting behind her.

Peasant men and women wear virtually identical clothes, usually black — trousers as above, with a long-sleeved jacket reaching only just below the waist. Men working in the paddy fields wear shorts, but otherwise nobody older than little boys does, and we are gratifyingly distinctive in our shorts and long socks. Men socially above peasants and not in uniform wear European style slacks and open-necked shirts, rarely a tie, and even more rarely a suit. Apart from occasional bodgy type loutish youths, men all wear their hair short and the place abounds in barbers' shops. As a race they are so hairless that many do not need to shave, or only once or twice a week. Most women have long black hair, either drawn back into a peak with a flowing tail as far as the waist, or controlled with a bun. Many young women working in secretarial jobs for the Americans wear Western dresses, high heels (and never stockings) and have short hair.

They are a talkative, cheerful lot, who laugh readily, often at times that we would deem inappropriate. A rebuke to a nurse or the spectacle of something grotesque will provoke general mirth, including the individual responsible. Most houses are unsewered and there are no public lavatories, so people turn unselfconsciously to one side of the road or against a convenient wall. As it is currently the wet season it is easy to see why parasitic infestation is virtually universal, although it does have the advantage of keeping the faeculent smells down. Little children are totally unselfconscious and women breast-feed openly wherever they happen to be, but adolescent girls are very modest. I am called on to do physical examinations on girls who want to work for USAID, and I always have dreadful trouble persuading them to strip for me to examine their lungs. Yet the same girls, if suddenly put to bed, say as a result of a traffic accident, will casually reveal their assets, even though there may be a man in the next bed and concealment is simply a matter of drawing up a sheet.

Some of their personal habits repel us. Nose-picking, belching, hawking, and spitting on the floor are as normal as breathing, and call for neither concealment nor apology. By our standards they are very rude in the way they break in and interrupt a conversation, demanding instant attention. The concept of first-come first-served hasn't reached them. When I come to do clinic they all wave their little slips of paper at the interpreter, who collects them as they come and brings them in to see me in any order. Clinical privacy as we understand it doesn't exist — there isn't a screen in the hospital. As I do my clinics people gather around to watch, to discuss things and perhaps join in the conversation. The press of onlookers actually broke a window in the outpatient room, which is at the head of the examination couch. This means that as a patient lies down two three heads jam the space six inches from his head.

Generally speaking they endure pain and discomfort very stoically, although some can be demonstrative and demanding. They have a remarkable capacity for lying still for long periods, and a parent and child will cheerfully sleep together in a four-foot baby's cot. Once in bed and the object of attention they will stay there indefinitely, and it takes a great deal of urging to persuade a postoperative patient to get out of bed.

By our standards they are a lazy lot, stubbornly resistant to learning, and we feel that if we left tomorrow the place would slide back at once to where it was. It needs infinite patience and genial urging to get them to do things. For example, patients are brought in on stretchers. When they have to be moved the Vietnamese will stand and watch, never offering to help unless pressed to do so. Our girls mop floors and walls, watched by the Vietnamese nurses, who either refuse to do this work or do it so sullenly and so badly as not to make the attempt worthwhile. They are also expert thieves and have the Asian temperament of evasion or lying when faced with something uncongenial. This makes it impossible ever to know their true opinion on anything — they will always answer a question in the way that they think you want them to. Quite apart from knowing nothing of their views on the war, this makes pure clinical work difficult. Histories are often flagrantly inconsistent if one of us sees a patient with one interpreter and then with another.

Nevertheless it has been a fascinating experience to come here and work in this way, especially in the midst of the election campaign. The time is about right and I am really looking forward to returning home. Please give my love to all the family, and I would be grateful if you could pass this letter around to anybody who may care to read it. Eventually I would like to have it back, for in no other letter have I tried to summarise my impressions of the people. I definitely do not wish any part of it to be published in any form.

Warmest regards,

Peter

TO OUR CHILDREN AND TO MY MOTHER

Bien Hoa

6 July 67 [Two days after arrival in the country]

My Dear Rob,

This letter should reach you about the time of your [eleventh] birthday [15 July], and I do hope it is a happy day for you. Although I am so far away, living a strange, exciting, and very different life, I think all the time about home and I wonder how you all are. I have my two pictures of *Kareelah* [newly acquired family sea-going yacht, 30 ft overall] on the wall, and beside me as I write are photographs of you all that I took last year while we were caravanning in the Flinders Ranges. You may remember one of them on a peak overlooking Parachilna Gorge, when we could see for miles and there was nobody else anywhere in sight. It would be hard for you to imagine a greater contrast to this country, where you can never get away from crowds and crowds of people, and where life is in every way so different.

As I write I can hear the regular firing of nearby howitzers, sending shells out into the night, mostly firing at one of the rivers nearby, down which the Viet Cong bring their supplies at night. I have learned to tell the different thump of a mortar bomb, which may be ours or theirs, and occasionally there is the rattle of machine-gun fire, usually from the river half a mile away. It has been raining very heavily for four hours, and the power failed until a few minutes ago, probably because one of the poles had been hit by lightning. Because of the rain this is the first night that there hasn't been a steady flutter of helicopters — usually the little 3 or 4 seaters, but occasionally the big Chinooks, which can take a whole tank or a truck load of troops with all their gear. Fighter jets (F100s) and bombers, transport planes and little scouting high-winged monoplanes pass over all the time, and the air traffic is as heavy as the buses down King William Street [Adelaide] at rush hour. Vietnamese and American soldiers are everywhere, often armed with rifles, pistols or machine guns, and I often see jeeps with a radio aerial and a machine gun just like your model.

In a way this is very exciting, and from TV shows like *Combat* you might think that war is a dashing and heroic sort of business. I haven't seen any actual fighting, of course, and I hope very much that I won't have to, but I daily see the results. It is all very well for the heroic actor, but for the person hit it is painful and horrible. I would like you to meet Gna Van Nguyen, who is about your age, and I have taken some pictures of him that are on the film that left here today. He was playing with a grenade, probably playing soldiers, just as you do. But this went off. It blew out an eye, part of his skull, several fingers and left bits of metal in his arms, legs and belly muscles. Yesterday I saw a girl a bit younger, who had almost had her leg cut off by a hatchet, after her mother had been murdered, and a lad of about ten who drove his motor cycle under a truck and had both legs broken.

I think that you are old enough now to understand that you are fantastically lucky. You have a whole room to yourself, and your only real danger comes from riding your bicycle to school or falling off the roof. Here a whole family may live in a space smaller than your room, and they live with violence and death every day. We can take you off in *Kareelah* or to the Flinders [Ranges] or to the James' [farming friends], where you have space, security and freedom. Here there are no holidays and never any chance — and hence probably no desire — to be relatively alone in the world. Yet these people are very happy and very brave, for they live always with suffering, death and alien people about them. My crowded, dirty and very hot children's ward is happy, and I have yet to hear a child grizzle or nag its parents or elder brothers and sister who actually care for it. Imagine that Billy [aged four] broke his leg and went to hospital. You would stay home from school and sit on or beside his bed all day. Much of the time you would be fanning him to relieve the heat, except when you were fetching and emptying his pot, preparing his food or cleaning his

dishes. When he left hospital you might carry him home on your back, or you might be lucky enough to take him on your motor cycle, for many boys of your age ride them about. On top of this some friend or relative — Tony Becker [neighbour and close friend] or Marget [beloved great-aunt] — might be shot or stabbed, mutilated perhaps or killed, and I would be away, as my new friend, Dr Tuan, has been for ten years (almost your whole life) in the Air Force, leaving Mum alone with the family, as I have done for this brief 3 months.

So naturally I wonder what sort of world you will grow up in and whether you and your children may ever face anything like what has happened to these brave and happy people. I want you to know that there are people all over the world with some sort of problems like those here, although very few as bad — in Africa, the Middle East and South America. I want you to know that you are lucky and to be as happy as you can, trying to remember the good times and the people that you like best. Particularly I want you to know what it is to have a family about you, and to be happy with your sisters and brother — not squabbling over little things that don't matter, but always remembering that we are a family, that we should help, support and love each other and make it our job to stick together.

I am sure that while I am away I can rely on you to help Mum, to take my place at the head of the table and the responsibility of being the man of the family. Please be very careful riding your bicycle to school [about 6 or 7 km, some in commuter traffic], although your traffic could not compare with this, where small vehicles give way to big and children and animals don't give way to anything.

I have written you this long and serious letter, because I want you to start to think of the wide world outside family, school and Adelaide. Naturally I am very careful in the way I live here and I take no risks, but war is a dangerous business, and I know that I may get hurt or even killed. So I want you to know my feelings on these serious subjects, in case it may be hard for me to explain them later.

Please look after Mum, Katherine, Anne, Bill and Angus [family terrier] (and the Rabbit). Have a happy birthday and write to tell me all the things that have been happening.

Love from Dad

Bien Hoa
21 July 67
My Dear Rob

Thank you for your very good letter telling me all about your birthday presents. I enjoy your letters very much, and I shall try to write back as soon as I get one. Tell Kate and Anne I will do the same for them — if they write to me I shall write back to them. This seems pretty fair to me.

I think that you would love to meet my American friend Rick Roll, who has a room at the end of my corridor. His job is to fly a helicopter for an important man who lives across the road and who has to travel a great deal. He used to fly gunships, the bigger helicopters with guns at the front and on each side. They do a lot of the close-up fighting from the air. Actually this is quite a complicated business. First the suspicious area has to be spotted. The actual decision as to whether or not it will be attacked is made by the Vietnamese, and the Americans must always ask their permission first. Then the leading helicopter drops a red smoke grenade as a signal to the others, which come in at about 80 mph, firing machine guns and dropping grenades through the open doors. Both sides use very powerful rifles, and helicopters have no means of firing directly underneath or behind themselves, so this is difficult and dangerous work. After several months of it Rick was taken off and put on to the easier and lighter job he now has.

He loves flying, which I can easily understand, and last Sunday he took one of the nurses and me for a joy ride. It is the very smallest helicopter that they have and is quite unarmed. It has only one seat, where there is just room for three people to sit very close together. There are no doors and it is a bit windy and noisy from the slipstream. Rick says that it is beastly when it rains, for he gets wet to the skin and the rain stings his face. He wears gloves, so his hands are protected.

First he checked all the controls very carefully and untied the lanyard which holds down the rotor blades and the little vertical propeller at the stern. Then he went up to just about 10 feet to test all the manoeuvres, like turning and hovering, revved up the engine and away we went. You know I don't like heights, and it was a bit scary at first, but I was securely strapped in and I knew that I could not fall out if I wanted to. The part I liked best was when he took us down very low, so we were only a few feet above the tree tops and the roofs of the houses. This was tremendously exciting, and at the time I thought how you would have loved to be in the other seat. If we saw a tall tree ahead he would dodge to one side so that we actually passed below its top. This is the way that they beat enemy radar, as they merge into the fuzzy background of trees and buildings at the radar horizon. It is also a battle technique when they know the ground very well. They can flash up on a VC position, rake it with machine gun fire and drop a couple of bombs before the enemy realises what has happened.

Please keep writing to tell me what the family are doing and what is happening at school. Have you written any more poems? Angus sounds a lovely pup and I suppose that when I return he will regard me as a stranger and bark like mad.

Love from Dad

11 Sep 67

My Dear Robbie,

As I came out of our dining room upstairs from reading all my letters, including yours, I paused to watch a big Chinook go by. These are the very big helicopters with two sets of rotor blades, and instead of the usual skids they have four little wheels. We saw inside one when we were at Vung Tau, and each can carry 33 men with all their guns and ammunition, their sleeping bags and everything that they need. The Vietnamese soldiers are so much smaller than Americans that 45 can easily be fitted in, and on one famous occasion they jammed in 70. They were being taken away from the fighting, not cramming in to try to get into action. Well this one today was carrying an aeroplane underneath it, a silver high-winged monoplane of the Air America fleet of the kind that I have been in when we go away for the weekends. I suppose that it had broken down somewhere and they were taking it to the Bien Hoa Air Base for repairs. As I watched an ordinary Huey helicopter came along in the opposite direction and it was carrying another Huey just like itself, presumably on the way to Long Binh about 5 miles away. They passed each other quite close to me, but unfortunately I had no camera and missed the chance to take a very good photograph. They always look like a mechanical bird of prey with some prize in its claws. In addition to their odd appearance and funny tilted way of flying, like a runner leaning forward and forced to run fast to avoid falling flat on his face, the fluttering noise that they make adds to the contrast with ordinary aeroplanes. Officially aeroplanes are subdivided into fixed-wing and rotary-wing types, but everybody calls the helicopters choppers, and it's a good term for them, for they make a chopping sound as they go along, whether you are yourself on board or whether you see and hear them from the ground.

I think that you would like our friend Rick Roll, and I know that you would love him to take you for a ride in his bubble. He has actually won two medals for gallantry for two separate actions in close succession. In the first he was flying a bubble with his commanding officer on board and they saw wounded man below them attended by one of the first-aid orderlies whom the Americans call medics. Bubbles can only carry three and they were under heavy fire, but Rick didn't hesitate. He put his bubble down, then loaded on the wounded man, and while the VC fired at them from below, he flew off to safety. The other incident occurred when he was piloting gunships, the medium-sized helicopters that carry cannon, rockets and heavy machineguns mounted on each side. I don't know the details of this one.

The Air Force here are starting to use a new jet called an F104, which has a delta wing, which makes it look even more like a dart than does the older F100. The new planes are obviously faster and more manoeuvrable than the old ones, which were fantastically good until they were outclassed by the arrival of the others. Both sorts come in to land very fast and pop out a little yellow parachute to slow them down. The runways are made very long, so that if anything goes wrong with a parachute they either have time to speed up and take off again or pull up with their brakes. I would love to have a ride in one, but I don't think there's any chance.

Your trip across Australia will give you a better idea of geography now that you have been to some of the places on the maps and seen the products of the different regions. One day I want you to be able to come to Asia to see how incredibly crowded their cities are and something of how people up here live. Now it won't be long before I shall be home and I hope able to convey a bit of an idea with my slides.

Love to you all,

From Dad

Bien Hoa

18 Sep 67

Dear Robbie,

Mummy has sent me a copy of your most recent report and I'm very proud of you. Your results are excellent, and I really feel that the worry and expense of sending you to Saints [St Peter's College] are well worth while when you do work like this. You must be a bit like me at the same age, for I wasn't much good at physical education, woodwork or music either. My only disappointment was your C for handwriting. You did so well with it last year, that I suppose you have become a bit lazy and slipshod this year. Do try to take more trouble, for nothing so marks a man as good handwriting. Mine was so bad when I left school that, when you were a baby, I actually went to classes at night to try to improve it, with partial success. Probably you have my trouble that your mind is far ahead of your pen. It's important too to sit straight and to hold a pen well up the barrel and not crowd the fingers down by the nib. This preserves what is called rhythmic flow, and keeps all the letters sloping more or less parallel.

You would have been fascinated to come with me yesterday when we saw the jet fighter bombers. I describe it all pretty fully in last night's letter, but there are a few extra points I couldn't find time to put in. The Air Base is an odd sort of place, very confusing in many ways, and not as simple as Adelaide Airport. It covers a huge area and is slightly undulating, so that the runway dips over the horizon. We watched the landings and takeoffs from the 1,000 foot mark — it is 7,000 feet long — and planes that landed hurtled past us and out of sight, which was a little disconcerting.

This side has two gates, one by the water tower (built by Australia) which is so prominent a landmark on this flat alluvial plain, and another one further west, which is kept for the Vietnamese and other civilians who go in and out to work every day. First there is a strip of neglected grass and scraps of rubbish and drifting paper enclosed in two strips of barbed wire. It looks as though it needs a gang of men to tidy it up and improve the appearance of the place, but this is the perimeter minefield and so nobody can go there. The Americans have put down a superbly surfaced wide perimeter road, and everybody speeds like mad along it, for it is such a change after crawling along the rough crowded roads of the town. On the western end are barracks and other establishments of the Vietnamese Air Force, with little houses for the families, schools, a little hospital, shops and churches. Next come the American administrative buildings, including the big PX store where I go shopping, training and storage areas, and the quarters of the troops who have the job of guarding the whole establishment, both VN and American. At the extreme western end a lot of construction is going on, as new buildings spring up, and this is called West Ramp, where we go to catch the civilian Air America flights to places like Vung Tau and Long Xuyen.

Stretching along the runway — or rather the edge of the approach tarmac — in an easterly direction from the Control Tower for a distance of about a mile are a series of different aerial units. Each of these has its own hangars, workshops, working and sleeping quarters and transport, and there is friendly rivalry between the different units, just like that between the houses at school. In fact they even have competitions with trophies for things like safety procedures, inter-squadron baseball, and highest score rates in the military operations. The final establishment is the jet engine testing area, where this very noisy job is done as far as possible away from all the offices and living quarters.

So much for the actual aerial part of the Air Base, but in fact the perimeter and the buildings and weapon establishments stretch on in a rather haphazard way for a couple more miles. There is a big helicopter establishment, run by the Army, and one of whose members is our friend Rick Roll, who lives in this building and takes us for chopper rides. Next comes a big Vietnamese

military establishment, some of it with a sprinkling of American officers, and beyond this is more again, where I have never been, so I don't know what goes on there.

I hope that this has given you a bit of an idea of what the place is like, for I have often referred to it in letters and I don't think that I've ever before settle down to describe it.

Love from

Dad

Bien Hoa
15 July 1967

Dear little Katherine,

So far I haven't heard from you or Robby, although no doubt letters from you are on the way to me. Anne wrote me a very nice letter all by herself, and I am sure that you could do the same.

I miss you all very much, and I do hope that you are being good for Mummy. She told me in one of her letters that you have been to Scottish dancing and that your music is going very well.

I have seen some lovely Vietnamese dolls, but they are rather expensive and fragile, and I am afraid that they might break unless I pack them very carefully. I also haven't forgotten your request for a camera and Robby's for a transistor.

As I write this we are having a big thunderstorm with very heavy rain, for the monsoon is here. For once I cannot hear the sound of jets and helicopters, but only the peaceful sound of rain running off the roof. It is nearly dark and we have no electricity, so I shall have to stop.

Look after Angus [the family terrier] and give my love to Robby and Anne,

Daddy

[Billy must have been omitted by oversight.]

Bien Hoa
Vietnam
31 July 67

Dear little Katherine,

You are a very clever little girl, and I am very proud of your good report. Mummy tells me that you have all been sick and that you have had to stay away from school. I do hope that you are better now.

Are you getting excited about going to Queensland? It will be fun to see the [friends] again, and I bet that you will make a lot of noise together. Up here the children laugh a lot, but they are not nearly as noisy as you all are. Also they play together and I never see brothers and sisters squabbling together or arguing with their parents.

The little girls in my ward don't have any dolls or toys to play with, and they have no paper to spare to write with or to do drawings on. Most of them are very poor and some do not go to school at all. Others go only for two hours on three days a week, and there are a lot more in their classes than in yours. There is a school behind my ward and I hear them saying their lessons all together. When it rains they often stay out and get quite wet, but in this hot climate they dry very quickly.

I have put in some photographs for Mummy. Most of them are not very good, but some do show some of the people that I see every day.

Please write to me soon,

Love from Daddy

Bien Hoa
Vietnam
11 July 1967

My dear little Anne, [aged seven]

Thank you very much for your very nice letter. I think that you are very clever to write it all by yourself. I hope that Robby and Katherine will also write to me sometimes. You draw your pictures very well — much better than I could do.

Up in this country the boys and girls go to school on six days in each week, but only for half a day at the time. They usually go in the mornings on one week in the afternoons during the next week, then back to the mornings again. Our hospital is next door to the Province High School, and I often hear the children saying their lessons. They write in a funny way, and I have sent some of their schoolbooks to you. My ordinary letters come down in an aeroplane, but this one was too heavy, so it will go on a ship from Saigon to San Francisco in America, and then on another ship to Sydney. Ask Robby to show you on the big atlas. It may take six or eight weeks to reach you.

Today I went into Saigon to teach the medical students. They do not understand English very well, so everything I said has to be said again by one of their doctors, either in French or in the Vietnamese language. I took a long time to tell them all the lesson.

While you are having cold weather down there, it is very hot and sticky up here. Sometimes I go to the American air-base for a swim, which is in a pool just like ours only bigger.

All my love,

Daddy

Bien Hoa
Vietnam
31 July 1967

Dear Little Anne,

Thank you for your letter which you wrote on the 22nd of July. You write very well indeed, and I like your pictures too. Mummy has told me in a letter that you have all been sick and have had to stay away from school. I hope that you are better now.

Do you know how to play hopscotch? Today I saw two little girls playing it at the hospital, and it was exactly the same as the way I played it when I was a little boy.

The boys and girls up here have very few toys, and they play with very simple things like a stick and rubber band. You would like the ice cream man. Behind his bicycle he has little boxes with different sorts of ice block. When you buy one, he spikes it on a little stick a bit bigger than a match. The children love them, as they have very little money and it is a great treat for them to be given one. He rings a little bell to tell them that he is coming.

I miss you all very much, but it is only 74 day is before I come home. How many weeks is that?

Love from Daddy

Bien Hoa

10 Aug 67

Dearest Little Anne,

You always write to me very good letters and the last one was the longest that I have had from any of the children. I am sorry that I have taken a few days to answer, but I have been busy and tired for the last few nights. I am sure that you are an excited little girl as the trip to Queensland draws near, and you must all be very good and quiet in the car and not worry Mummy and Marget. [Jenny's spinster aunt]

Your trip will be very different from the drives that I have here. Today when we went to Saigon we had to wait for a long time to cross two bridges, which are so narrow that traffic can only go one way at a time. So the policeman lets one long line through, very slowly, while all the people going the other way have to wait. In between the bridges is an island in the river Dong Nai which flows through Bien Hoa. The road here passes through a long village and as all the cars and trucks and buses and jeeps and bicycles and motor scooters and ox carts all wait, lots of children come out trying to sell sweets to the travellers. They have little paper packets of peanuts and pieces of grapefruit or pineapple cut up. Also they have little pieces of sugar cane stuck on little sticks a bit bigger than a match. This is the stuff that sugar is made from and it looks like pale yellow wood. You will be able to try some when you go to Queensland.

The buses here are often very crowded. We quite often see them so full that people stand up on the back and today there was one waiting just in front of us that had people actually sitting on the roof. They also crowd a lot of people on to their motorbikes — perhaps two in front of the driver and two behind, holding on very tight. Up here the children are very good at sitting very still and quiet, and they don't seem to grizzle and fidget like some that I know.

Distances here are measured in kilometres, and it takes eight of these to make five miles. So what we call milestones are much closer than those at home, and each has on it the date when it was first put there. Our driver took us a different way today, and I think it must have been a very old road, for some of them were dated 1875. Near the road we could see one or two old bridges, a bit like the one at Clare where you children go to gather bulrushes. At one time we were held up near one of these for a few minutes, because a truck had slipped off the narrow, bumpy, crowded road and had fallen right over on its side in a ditch. On the old bridge I could see three little girls playing with a skipping rope just the way you do. They had tied the rope to a post and one swung the rope while the others skipped. At first they went over and over, and then I saw them change to what Katherine calls sways for a little girl about Billy's size. I wonder if they sing songs as they skip the way you do.

Please remember to give my love to the [Queensland friends] and be sure that you are all good for the long car journey.

Love to you all,

Daddy

Bien Hoa

8 Sep 67

Dear Little Anne,

Thank you for your lovely long letter written all the way from Brisbane. It must have been fun to see a dog with a koala on its back. Did you have a chance to hold one too? I hope that you liked going on a long drive right across Australia and that you were all good for Mummy and Marget. [Jenny's aunt]

I liked getting your message for Father's Day because it was the only one that I had. I spent that day with the Australian soldiers at a place called Nui Dat. This is out in the country in an old rubber plantation and the soldiers live in tents under the rubber trees. They showed me how the rubber is got from the tree. If you cut away a little bit of the bark some sticky white stuff like sap flows out and runs down the tree. In a proper plantation they cut a lot of lines that run around the tree in a twisty way called a spiral. At the bottom they put a special cup and all the sticky stuff collects in it. This is called latex, and when it has been out in the air for a while it turns black. They make it up into big balls and take it to a factory. Here they change it into big sheets and these are sent on ships all over the world to places where people want rubber. In another factory they can heat it up and change it to make all the rubber things that you can think of, like rubber bands and tyres for cars and rubber mats and elastic for clothes and lots and lots of other things. Can you think of any more?

Up here it has been raining very heavily for over an hour and the water has even come inside and run down the stairs. It hardly ever rains in the morning before about 11 o'clock, and at this time of the year it always seems to come late in the afternoon. It was unusual today because it rained heavily much earlier than usual. I was showing some visitors around the hospital and we all got wet through. But it is so warm here that we weren't a bit cold and we were all dry again within five minutes.

Four weeks from tonight I will have left Vietnam and I will be in Bangkok. This is the capital of Thailand. See if you could find it in your atlas. One week after that I will be home again — won't that be exciting?

Love from Daddy

LETTER TO MY MOTHER 5 JULY 1967, THE DAY AFTER ARRIVAL

... I write to the constant thump of the engine of the ice works next door, which is already as much part of my background as the engines on board ship. I have grown quite used to the recurring fluttering roar of helicopters, which are as numerous as dragonflies over a summer pool. The occasional thump of a mortar no longer startles me, but I wasn't too blasé that I didn't go out to see the origin of a rattle of machine gun fire half-a-mile or so away. Last night was "quiet" in that there were only occasional mortar bombs, hardly any helicopters and no firing from the nearby howitzer battery. I have settled in quickly to the hospital work, and I am sure that I will soon make myself useful.

It is hard to convey the squalor of the hospital, for in spite of all my expectations it was far worse than I had imagined. My particular ward is a hot dark building, very dirty and crowded with patients and relatives. Just at present we are slack, with only 19 of the 22 beds occupied, but occupancy can go as high as 30. My patients at present include — a boy of ten who lost an eye and some skull from a grenade. He is very attached to me and takes my hand at every opportunity. Next is a girl of 2 with debility after measles; then a little baby with pneumonia. Then a fractured femur (car accident) in a lad of Rob's age [11], and several babies with pneumonia. There are 3 Montagnards — people from the mountains, who are taller, hairier, and facially quite different from the tiny Vietnamese. They are all nearly or completely well, & are awaiting helicopter transport home. They came in with assorted injuries after a Viet Cong attack on their village. A sad shrivelled little baby is dying of gastro-enteritis, failing to respond to treatment. A lad has an abscess of the abdominal wall, and there is a child with a bad osteomyelitis of the leg. Today a baby came in dying of advanced pneumonia, and there is a puzzling ten-year-old with a curious and severe form of heart failure.

The ward sister is pleasant, speaks good English, and undertakes a lot of direct clinical responsibility, including grossly excessive use of antibiotics. She has a trained deputy and a couple of nurses, who seem to do no more than take rectal temperatures and put on dressings. Patients lie on rubber macintoshes on filthy mattresses and there is no linen. There is one squalid sink with only cold water, and the communal staff towel lives behind the sister's office door. Here the nursing staff sit, often with a husband and one of their children. There is a sort of lean-to with a refrigerator (with a few drugs and the nurses' food and drink), and outside a horrible shanty where the relatives prepare food. All feeding of patients and what we would call simple nursing care is done by relatives — mother, father, elder brother or sister or a grandparent. Family ties are strong, but they have no interest or concern for their neighbours.

You can imagine the smells, but you would be surprised by two features — the gaiety and the silence. They are a cheerful lot, constantly exclaiming between themselves in a rapid nasal cheeping that I find impossible to follow. Meaning is a matter of intonation and accent, and the same written word may have sundry meanings according to the pronunciation and whether it is said with a falling or rising tone.

The children are marvellous. Naturally they cry when a dressing is done, then they stop at once and either lie apathetically or chatter cheerfully. My lad with heart failure has wandered off somewhere, but his mother is there and he will soon be back. In spite of the squalor and the fact that most of these people are peasants, they are adequately dressed and Hugh [Douglas, my predecessor] has seen very little malnutrition. They are obviously grateful for what we do, and bring in little gifts of fruit for us & the sisters.

The other feature of the hospital which photographs may convey is the crowding. The teeming millions of Asia are everywhere, and unselfconsciously they live their daily lives before your

eyes. A wonderful scene was two women in the same bed, one asleep & being fanned by her husband — a VN soldier in uniform. In the same bed the other patient was breast-feeding a child while an elder sister picked the nits out of her hair. I shall try to get a photo of this sort of scene for you. Washing is hung out to dry on nearby trees or shrubs, and itinerant vendors on bicycles pass through ringing hand bells and peddling food and delicacies, such as ice blocks mounted on toothpicks.

You must remember that we are only part of a functioning hospital, and there is a curious caricature of the services and functionaries to whom we are accustomed. The Medical Superintendent has a bed-state board with manning charts, architect's plans of proposed alterations and maps showing the locations of other hospitals and aid-posts. There is a Nursing Superintendent (a man) and a pharmacy, run by a nun, and a laboratory. Hospital case notes and records (of a kind) are kept. Drugs are given only on written order, and a patient — other than an absconder — cannot be discharged until I record his diagnosis and sign him out. Naturally there are no summaries for outside doctors, for there are no [really very few] outside doctors.

So the possibilities are there, but they are lazy people, who will not work without urging or until the necessity is inescapable. Their personal hygiene is surprisingly good, but they drop rubbish where they find it. A mother may sweep the floor beneath her child's cot, but only under the next one. The slovenly giggling nurses would die rather than do anything so menial. Our girls have to scrub the Recovery Ward and the theatres, and never once has a Vietnamese responded to a request for help or offered to do so. In a way this is surprising, for all except the filthy peasants have clean and well cared-for clothes.

I finished my first roll of film today, and some of the shots may be inexplicable. The dirty wooden shack is the equivalent of a hospital canteen. The row of blue doors are the little cubicles where the nurses change their clothes. I tried an interior shot of my ward, but I will have to borrow Rod White's flashlight to do it justice. The goat is found behind the TB ward, and it is probably infected, so that its milk could be lethal to a child. You will be relieved to hear that our milk (like most of our food) comes from America in tins, and generally the quarters and conditions are excellent. All day today we have had no water, but I have collected a bucketful supplied by God, boiled it vigorously on the excellent American stove, and I shall use it tomorrow for shaving if supplies are not resumed.

A swim this afternoon [at an American compound] cleaned and refreshed me, and it's a great way to relax after the pressures of the day. As on board ship, the hours of actual work are not great, but it becomes very exhausting at times.

All my love,

Peter

TO MY MOTHER

Bien Hoa
19 July 1967

Dearest Mother,

We have had almost no mail for two days and we have heard a rumour of a postal strike in Sydney. Presumably this will mean an unknown delay before you receive this, and I hope that you will not worry unduly about me. I suppose that as I describe the recurring sound of gunfire and armed men all about us and the steady flow of wounded, you must get the impression that we are in a state of open siege. Actually Bien Hoa itself is held to be quite safe, and there have been no VC attacks on the town for many months. They did mortar the Air Base about six weeks ago at a spot about three miles from here. To do them justice, they aimed at striking military targets and there were no civilian (and very few American) casualties. You must appreciate that we are the Province Hospital, a situation like that if there were no hospital between Gawler and Port Augusta. Most of our missile casualties come from a good way off — indeed, often our interpreters cannot just say where or how far, for they know only this immediate neighbourhood.

As I journey about to the various American hospitals and to Saigon, I use only clearly defined and busy routes. By day the volume of armed military traffic is very comforting, and so far I haven't had to make one of these journeys at night. In the town, on night call to the hospital we take a car because of the curfew on foot traffic. Some of our American friends live at Honor Smith compound only two houses away, but at night they must drive here and if in uniform carry arms.

Our quarters are new, airy and pleasant. The building was finished only four months ago and is very well designed for the conditions. There are two gates into a small muddy forecourt, into which we crowd our motley collection of broken down and unreliable vehicles — a Jeep, three Land Rovers, a Holden and a Volkswagen minibus like [my brother] John's, but without the camping facilities. Each has a different gear change and different mechanical problems. The Jeep is exposed to the rain, one Land Rover stalls and another over-heats, while a third leaks appallingly. The Holden's gears jam and it backfires badly, and the Volkswagen accelerator has an ineffective return spring. This means that when you put your foot down the engine keeps revving until you can get your shoe underneath and ease it up again. With the horrifying roads and traffic it is amazing how adept we have all become at handling the vehicles. During our weekend in Saigon I did all the driving, and you may be relieved to hear that the girls said, I think sincerely, that they had never felt safer.

The ground floor, one or two rooms on this floor, and an area upstairs behind our kitchen are occupied by Americans of both sexes. The women seem to be civilian secretaries or "entertainers". We have no dealings with them, and they have no access to our recreational facilities. Americans enter our mess only by our invitation, and at times we have to be a little rude to those who are obviously merely cadging a drink.

The individual rooms are excellent. Mine has a tiled floor, which is swept daily but never mopped, and if I don't wear thongs all the time my sheets and socks get filthy. I have one large and one small chest of drawers, a good bedside table, and two built-in wardrobes which I can lock. The window and open grilles above it, and leading out into the passage above my door, are well wired. Surprisingly, insects are scarce. With the wet season flies have almost disappeared; there are occasional cockroaches (often of huge dimensions); and occasional plagues of tiny little ants. In spite of the water everywhere I have yet to see a mosquito, but nevertheless I am very meticulous not to miss my daily anti-malarial. The place abounds in alert, attractive little gecko lizards, and no doubt they keep the insects down.

One floor up is our mess. First is a pleasant patio area, where we often sit out on fine evenings and watch the passing aeroplanes, slowly falling magnesium flares over an ammunition dump a few miles away, and an occasional searchlight. In the dry season the girls used to sunbake there and attract helicopters like flies to a honey pot. The mess is a large open airy room, which is a pleasure to relax in. There is a bar, a couple of tables at which we eat, a couple of pleasant sideboards and good comfortable chairs and sofas for lounging in. Our predecessors left behind an excellent tape recorder; there is a good supply of medical reference books; and the usual magazines, including *Advertiser*, *Chronicle* and *Bulletin*. Fortunately and wisely we have no television.

The food is excellent and you will be pleased to hear that I am eating too much and gaining weight. For breakfast I have fruit juice, an omelette, toast and tea. Lunch is often cold meat and a few hot and cold vegetables. I refuse to tackle any uncooked vegetables. In the evening we have meat — steak, chops and excellent slabs of boneless turkey, canned fruit or jelly and ice cream and occasional bananas. Our water is heavily chlorinated, and all drinking water is boiled, including the ice blocks and the water I clean my teeth in.

We have had some irritating shortages of power and water, but over the last day or so things have improved a little, especially with regards to water. Every room has fans constantly turning, which must pose something of an aerodynamic problem for the mosquitos. We certainly miss them when the power fails.

I have been pleasantly surprised by the weather. It is certainly hot and sticky, and I am glad of my two or three showers per day. The mornings are usually fairly cool and clear, and rain comes in the late afternoons and early evenings. On nights of heavy rain it is cool enough to want a sheet, on other nights it becomes hot and oppressive.

Except for the fact that I need another pair of shorts I catered well with clothes, and I can now get more at PX if I need anything. These are the department stores located in every compound, where duty-free goods are cheap and of fairly good quality. As I don't get paid my US\$6 per day until I have been here for a month, and I'm already in debt for earlier purchases, so far I have only been window shopping.

The work is interesting and the challenge to develop the hospital is tremendous. The main thing is to work with and through the Vietnamese and this I'm starting to do. I am getting about all areas now with complete freedom, talking to them about some of their quaint treatment regimes, and urging them to help themselves. This is a good hospital to be in to achieve results, as it is the nearest Provincial Hospital to Saigon, and can be visited in half a day. I have already met the Swedish Ambassador and a Victorian MP and no doubt more VIPs will follow.

As I swelter up here I hope that the winter is being kind to you down there. Jenny tells me that there has been very little rain, but I hope that things improve soon.

All my love,

Peter

TO MY MOTHER

Bien Hoa

26 July 1967

Dearest Mother,

As I write the rain is falling steadily, as it has done for the last three hours, and it is almost cool enough for me to contemplate turning off my fan. One of the girls has actually had a blanket for the last few nights, but the rest of us say that she must have the temperature requirements of a lizard.

Talking of lizards, have I told you about the geckos? These are little lizards about three or four inches long. In our mess room upstairs, and to a lesser extent in our bedrooms, they are very like the aircraft above us — at any one time if you look up you can see at least one and often many more. They are very pale brown in colour and dart about the place in quick little jerking runs, then pause motionless, often for a long time, before setting off again. We are very fond of them, especially as they keep the insects down, and without them we would probably see more of the huge cockroaches that occasionally revolt us.

The other night we had a good example of this, and we sat on after dinner to watch the show. Flying ants had swarmed, huge creatures with wings over an inch long. They were attracted by the lights and made their way in to irritate us by flying about and occasionally settling on us. Any that came within reach of a gecko met a sudden end, and prospects of a feast brought them out in dozens. No matter how closely we watched, we could not catch the moment of capture. But many times we saw a little creature, momentarily grotesque as a pair of huge wings protruded from its mouth, followed by a noticeable bulge in its belly.

For such a small animal they lay a surprisingly large turd, which makes the uninitiated think of rats, and, again in proportion to size, they make quite a loud noise. This is a disconnected click or short boom, and they have a strange ventriloquism like certain birds (such as pardalotes) so that the sound may seem to be remote from the creature actually making it. This is at times irritating, because it has a momentary resemblance to one of our telephones. That connected to the local exchange has a bell like an ordinary telephone, but the private line put down by 44 Signals is cranked by hand and produces a disconnected clicking sound. If the person at the other end gives only a few turns the result here can be very like the mating call of the gecko, which may cause as much confusion to them as it occasionally does to us.

...

[Re letters to family members]

Tomorrow Graham Wilson [Team Leader], one of the sisters — I don't yet know which — and I will take a chopper ride to a leprosarium. These trips take place on alternate Thursdays and are shared in rotation through the Team. My function is to act as anaesthetist and I have been practising over the last few days under the watchful eye of Tom Allen. The first one or two were a struggle for all concerned — quite literally, I'm afraid. With more practice it all came back to me, and I managed to win each time. I am looking forward to it, for I have seen only occasional lepers before — mostly Aborigines from the Northern Territory. It is, of course, the least infectious of infectious diseases and we are in no personal danger.

Although I started work three weeks ago, I have already made for myself a pretty full and by now familiar routine. I get up at 0700 and leave with the first contingent by 0800. First I do a decisional clinical round of the children, which usually finishes by 0845. Then I do a surgical outpatient clinic, sorting out those who obviously need surgery from those who don't. By 1000 I am back at the Children's Ward to do my paperwork, including my personal log of all the patients

I see. At about 1045 I seek out of one of VN doctors, usually Tuan, and we see cases together. I usually get back for lunch by 1230 and we have finished by 1330. Siesta continues until about 1430–1445, and while the others sleep I write letters. On Monday, Wednesday and Friday I do a progressively more busy medical outpatient clinic, starting at 1500. There were few patients at first, but now I have to be ruthless and refuse to see any who arrive after 1530. Tuesdays I leave free and Thursdays lecture from 1530–1630. I write up my lecture notes in English and they are translated into Vietnamese. After my afternoon clinic I have a final call to the Children's Ward to see any new cases, perhaps get caught by Tuan — who returns for an afternoon visit at 1600 — and see odd cases for the surgeons. Now that I have regained the skill I also get called to help with anaesthetics. I usually get away by 1730, in time for a shower, perhaps a swim, and more letter writing. Dinner is from about 1930–2030, at which time a couple of the Recovery Ward girls go down to organise things for the night. Once or twice a week I accompany them to see a particularly sick patient. Mercifully I don't often get called at night, and I usually sit writing letters until about 2300. Occasionally we go over to Train Compound, three or four miles away, to the movies — a single film run in an acoustically awful mess hall and concluding by 2200.

So that's the day, and as it is just 2250 I'm off to bed.

All my love,

Peter

TO MY MOTHER

Bien Hoa
3 Aug 1967

Dearest Mother,

I was terribly thrilled to have the photographs, especially the one of the family group. My pictures of Jenny and the children are over a year old, and that of you nine years old. Now I have all my loved ones together in a single shot, all very happy and true to life. I am very grateful to [my cousin] Sadie for taking such a good picture, and to you for sending it up. I took it around to the hospital to show Mrs Hai, my ward sister, who has three little boys of her own. She has taken a great interest in my family and wants to know all their names.

In one of the American service medical magazines I came across an account of the psychology of a posting to Vietnam, in which there are three phases. First comes apprehensive initiation, when every day brings a new experience and the novice, conditioned by all he has heard and read, expects to find a VC lurking under every winkle hat. Next comes the middle phase of vigorous routine, when it is all familiar and the main problem is to remember that the VC are there at all, unless your daily work brings you directly into contact with them. Finally comes the phase of eager anticipation, as the great adventure draws to a close and the major fear is that something might prevent or delay departure.

I think that I must be entering the second phase, for I suddenly find it hard to recall what I did last week. No doubt you will have seen Jenny's letter in which I told her about my weekend at Long Xuyen. Apart from that life has been mainly a matter of work and sleep, and I haven't even been to Long Binh, let alone to Saigon. My daily routine has become pretty stereotyped, although there are days like today when it is disturbed by several sick children arriving in close succession, or the need to show a visitor around the hospital. As both of these occurred today, I have been very busy indeed, and I must confess that I resented missing a midday snooze by the need to be polite and entertain a guest.

As I don't often get disturbed at night, it has taken me a long time to fall into the siesta habit. Until now I have used the time — about 1½ hours — to write letters or to read. Over the last day or so, however, I have been kept going flat out at the hospital, and I have been only too ready to doze off over a heavy book. Gibbon [An abbreviated version of *Decline and Fall of the Roman Empire*] is ideal for the purpose.

One of the most tiring things that I do is to run an outpatient clinic or (as today) give a lecture. Everything has to be translated and as the point of a question is often missed, it may have to be repeated more than once before the desired answer is obtained. I run a clinic every morning and another on three afternoons per week.

First I collect an interpreter — there is often competition for the best couple, and the work is twice as hard with the poorer ones. When I arrive the patients and their relatives all crowd around waving the little scraps of paper bearing their names and such clinical notes as can be fitted on to them. The concept of queuing or first-in-first-served has never reached this country, and the papers are all shuffled up in a completely haphazard fashion. I have to be very firm to prevent the entire mob from crowding around, and there is a recurring need to stop momentarily to shoo away the importunate ones. There is always an extraneous audience of stray children and casual passers-by, who peer through the open or broken windows. On days when I draw a good crowd I often hear the questions and answers being relayed back to those who cannot reach a place good enough to allow them to both see and hear.

A typical example might be a woman complaining of abdominal pain for a year.

I say, “Does the pain keep her awake at night?”

Then I wait while patient and interpreter to talk for a few minutes, then the interpreter turns and grins and says, “She wants an X-ray.”

So I ask the same question again and next time I may get the answer, “She went to a Chinese doctor, but now she wants an operation.”

At the third try I may produce an animated conversation, in which people leaning in the window eagerly join in, then I get another grin and, “She says, ‘No.’”

In fact my medicine has to be pretty superficial and my physical examinations are often sketchy. These people — with the exception of adolescent girls — have very little sense of modesty. Nevertheless it is terribly tedious trying to listen to their chests, for they just won’t take off their clothes. I am afraid I often get a bit terse with the interpreters, who should know by now that I insist on stripping patients to the waist. I say that they are to do so and employ the time to write a request slip for an X-ray or a blood test. Then I turn around and find a button undone to expose one stethoscope diameter of skin. Tersely I say, “Take off these clothes!” and this usually leads them undoing all buttons and exposing the front to public gaze, but making the back impossible. So I tug at the sleeves, they at last get the message, and, grinning broadly at my ill concealed irritation, they cheerfully submit to the examination.

They are a very happy people, always quick to grin and laugh. At times they can be silent and resentful, replying in monosyllables and refusing to allow themselves to be jockeyed into good humour. Naturally we wonder if these are VC sympathisers, but it would be impossible ever to find out. At any rate the sullen ones number no more than 5%.

I think that I have mentioned before that there isn’t a bath in the hospital, [other than the baby bath in the Children’s Ward] but even the long-stay patients don’t smell very much. Perhaps it’s because they don’t sweat. In normal life they probably wash frequently and the children all swim a lot, but always in opalescent muddy water. Hence their skin is always deeply ingrained with grime and this often gives them a curiously mottled look at close quarters, especially in the groins and axillae. I have seen very few examples of heat rashes, prickly heat or intertrigo, and none of tinea — although scabies is very common in children. I once heard a dermatologist say that half his work was due to excessive use of soap and detergents, and my experience here might support that. They usually don’t use soap to wash clothes, although I believe that our [domestic] girls have been told to do so. I am glad that I was advised not to bring anything white — those who did have garments that would do well for the “Before” side of the Rinso advertisement.

Over the last day or so there has been almost no rain, and temperatures have risen accordingly. I suppose that this means that we are in for a wet weekend, which I shall be spending here. Rod White and Tom Allen are repeating the trip that Graham Wilson and I made to Long Xuyen, and I hope to make a start on some medical journalism. I have done a survey of literacy — 50 males and 50 females. Of these 39 of the males and 18 of the females could read from a newspaper, and 57% of the total were literate. It was quite an interesting little study and worth a short note to a journal.

Otherwise no special news,

All my love, Peter

TO MY MOTHER

Bien Hoa
9 Aug 1967

Dearest Mother,

Another week has slipped by and now there are only nine to go. I greatly enjoy your letters and I think that I must have inherited your troubles with spelling. Jenny has probably told you that I sent out an SOS for a dictionary, which I keep beside me as I write. Actually I have never written more in my life: it must be several thousand words per day, and by the time I get home it will be enough for a book. I am sure that you must find this paper easier than the finer stuff that I originally had. Greatly to my surprise, it came from the Vietnamese, who have given me a pile that ought to last me almost until I return.

Have I told you about the hospital policeman? He is a nice little chap, and I am always very jovial to him, as I think that this is a wise precaution with a man who has a loaded pistol at his belt and you can't speak each other's language. Some days ago — one day is so like another here that I can't remember when it was — I had my first accident here. I ran over a parked motorcycle and broke the rear vision mirror off. A great crowd appeared and demanded money, but I eventually extricated myself by leaving my name and address and just driving off. Ever since I have expected repercussions, but so far there have been none. Apparently these things are decided by a policeman acting as an adjudicator and deciding who can best afford to pay, so this is another reason for ingratiating myself with our chap. He seems to discharge the responsibilities of a gateman, for he wanders about near the front gate directing people, taking an interest in cases coming to Casualty, stopping cars from parking in the fairway and so on.

Well, he consulted me with dyspepsia and vomiting, and I thought that he probably had a duodenal ulcer. I ordered a stomach X-ray and made quite elaborate arrangements for this to be done by our radiographer on a particular day. He failed to turn up, so I gently rebuked him, and made another time. Sure enough, along he came carrying some X-rays, which to my surprise, were quite normal. Naively he remarked that he had sent his mother along to be X-rayed, for she had the same symptoms! I must confess that I found it hard to be angry, for he genuinely is a nice little bloke, but I would hate to have him assigned to the case if my house was burgled. I am sure that the third time must be lucky, but I was thwarted for he found himself unable to swallow the barium and the very sight of it made him vomit. So I was reduced to deworming him, which has become my standard treatment for anything abdominal.

The general health of the Vietnamese is not very good, and they are stupid about their diet. They eat only white bread and huge quantities of condensed milk, both neat or poured on to the bread until it is soggy. They have little milk and no butter. My patients are mostly peasants, who can't afford meat or eggs, and I can't get them to use the high-calorie fat-free powdered milk that would be ideal for the undernourished children. Once they fall ill, especially if fever is a feature of the illness, they waste very quickly, for few of them have any surplus body fat. Their teeth are appalling; their bones break easily (from calcium deficiency); and anaemia is very common. As I said, huge white roundworms are very common, as are hookworms, and I routinely treat anaemia now by deworming (which takes a week) and giving iron. The children often respond with gratifying speed, and I have had several dramatic cures to offset against the disasters that are usually referred to in letters. I am keeping careful records of every case admitted to the Children's Ward and the series should be very interesting by the time I go home.

... Jenny has mentioned that you have had heavy rain at last, although I suppose it's a bit late for the farmers, poor chaps. We are certainly getting it up here, but so far it hasn't been more than an

occasional irritation. Nearly all our weather comes from the north-west, so an eye on the sky gives at least a few minutes warning.

In some ways I would rather be here now than in the dry season, and if this is, as they say, the worst time of the year then I haven't found the tropics as bad as I expected. One small facet is that people casually empty bowl or bladder wherever they happen to be — say against the wall of a ward or beside a road. Thanks to the rain, messes and smells disappear surprisingly quickly and there are very few flies. I would be interested to return in January to compare notes.

...

All my love,

Peter

...

TO MY MOTHER

Bien Hoa
23 Aug 67

Dearest Mother,

Another busy, profitable and interesting week has slipped away and now I am past my halfway mark here. Time slides by so quickly that I have to stop and think to work out what I have been doing. Highlight of the week was last Thursday afternoon, when several of us were taken 80 miles by helicopter to Vung Tau to see an aerial regiment. This is where some Australians are — including 8 Field Ambulance and another surgical team (from Sydney). On this occasion, however, we were confined to the Air Base, for this was a conducted tour of the [US] Army's aerial battalion and we had VIP treatment. Each company commander — usually a Major or Lieutenant Colonel — described his aircraft, always with a great sense of pride and achievement. We were told so many facts and figures that we couldn't possibly absorb them all, and now only a few remain. The Army has more aircraft than the Air Force — and more ships than the Navy. The country is divided into four Regions — ours is III — and has 450 army helicopters, at an average cost of US\$250,000. The really big ones, able to transport 33 men or lift nine tons, cost US\$2,000,000. Of these 450 machines, 25% have been struck by enemy fire since January, and they work at a "productivity" of 134% above demand.

We saw first the Otters, a slow and very versatile Canadian eight-passenger transport plane, much used for cross-country courier work, and rarely troubled by the VC — who are known to travel by them at times. Next came the helicopters — standard Hueys (gunships), heavily armed and carrying about eight men into battle; big transport Chinooks; and the giant Cranes. From there we went to the third company — of 35 offices and 250 men — of Mohawk aerial reconnaissance fighter-bombers. They take fantastic aerial photographs, fly aerial radar and infrared heat detection missions, and most of the details are still classified.

Then we returned to Long Binh, where we often go for our blood for transfusion, and in a different part of the same huge complex saw Divisional Headquarters. Here we had our final briefing on the incredible complexity and bewildering statistics of the Army's air war — quite independent of the Air Force. The day finished with a dinner at the helicopter pilots' mess, which was a very relaxed and congenial affair. Nearly all of these chaps are professional soldiers, and it was fascinating to listen to them talking shop just as we do ourselves. That day there had been a tactically perfect operation without loss, and the organisers were congratulated, just as Graham Wilson and Doug Townsend might congratulate Rod White on a tricky orthopaedic operation.

Interest in the election is mounting steadily, and you will be pleased to know that we are being extremely cautious in all our movements. We no longer use the back road to Saigon, since we had a six-year-old girl brought in with fatal chest and abdominal injuries, who had been wounded in a VC attack beside this road. Two of our girls went to Saigon on Saturday along this road and came upon a train which had just been mined and was lying on its side. You are not to worry about me, for I restrict myself now to the two well-guarded routes to the hospital and an occasional trip to a PX.

I had thought that it would hardly be possible for them to find space for more election posters, but they have done so, and every wall is liberally plastered with them. Interestingly enough, there are none in our immediate vicinity for AVM [Air Vice-Marshal] Ky [who became Vice-President], so I suppose that our Province-Chef has been bought out by his opponents. We see and, what is more to the point, have our ears jangled by little Lambretta buses rigged out with loudspeakers. They play strident music as loudly as possible, interspersed with records of election speeches and

slogans. People stop to read the posters, with apparently close attention, and our interpreters tell us that there is widespread interest.

Frank military activity seems to have settled down, implying that the VC are husbanding their resources for a major demonstration closer to the actual day — Sunday week, 3 September, anniversary of the outbreak of World War II. In the north and south and in the Delta actions continue, but apparently not at as accelerated a tempo as a few weeks ago. It is certainly a very interesting time to be here, for the amount of political activity and interest exceeds anything ever seen in this country before.

...

If you are concerned about my health, you need have no worries. I am full of energy, I like the climate and have actually gained a little weight. At times of heavy pressure I get a bit tired, but I soon pick up in between.

All my love,

Peter

TO MY MOTHER

Bien Hoa
31 Aug 67

Dearest Mother,

I have suddenly realised that the week is nearly over and I haven't written to you, for which I apologise. Time is slipping by very quickly now, with only five weeks tomorrow to the day that I leave, and life is both hectic and routine. I hope that you haven't been worrying unduly about me as tension mounts before the election. We are confining ourselves strictly to this house and the hospital, and our little excursions to the market or exploring the funny little railway line have been totally abandoned. Actually I shall probably not be here on election day, which is next Sunday, for Rod White and I, with two of the girls, to go to Vung Tau to stay with the Australian 8 Field Ambulance. The camp is right beside the sea and should be one of the safest places available, more so than here, as the town is off-limits. Because of the problem of curfews we shall probably take a weekend from Saturday to Monday, and returned here before lunch on Monday.

Since I last wrote the principal events have been two religious ceremonies and the arrival of a couple of medical students. It appears that both religions hold an annual ceremony in the hospital to offer up prayers for the faithful departed. All day Wednesday last week there was unaccustomed strenuous activity. A big team of men constructed a dais out of old tables in the open space in front of the male medical ward; set in place a row of poles along the natural roadway leading between the detached ward buildings from the passageway through the obstetric block; hung up streamers; and rigged up amplifiers.

The first event was an open air mass at 7 am on Thursday morning. An altar had been set up facing the people, and behind it was a plaster statue of the Virgin brought from Lourdes and the most precious object in the church. There was a row of women holding candles and all having a dark green shawl across their shoulders. Across the front were chairs for the dignitaries — including ourselves, but I declined — backed by a little group of novitiates all in white and a small sketchy choir, carrying a banner. The mass was sung in Vietnamese at a good swinging tempo, which was very suitable to the occasion. Most of the people here are Buddhists and many curious spectators gathered about, chattering amongst themselves even at the most solemn moments. Patients were brought out in their beds, and many took communion. At the end of the ceremony bread rolls were distributed to the patients by the Vietnamese head doctor (a Buddhist) and some of our staff.

In spite of the fact that they have so many more adherents, the Buddhists did not put on such a large display. They set up two altars, one in the porch which usually forms the entrance to the ward, and the other was simply the Catholic altar (a trestle table) stripped of its furnishings. The ceremony began at 7 pm on Thursday night (24 August) and was to go all night and finish at 11 am next day.

It began in steady rain, too dark for photography even with a flashlight, and barely a dozen took part. There were two priests, one an inferior one in purple, and the senior man in traditional yellow. Next day it was a bit better and easier to see and photograph. The same two priests were still there, but I have no idea if they actually did keep it up all night. The prayers were said very quietly, and even when I was close I could barely hear the sound of their voices, let alone what was said. They rang a little bell and tapped on a votive bowl, and the little congregation, all barefooted, made little ducking bows and then fell on to hands and knees with heads bowed to touch the floor. The altars were crowded with candles and offerings of food, including eggs and prawns. Around the dais on tightly stretched string were hung crude little mannikins cut out of paper and what I later discovered to be imitation banknotes. At the end they all came down to the

lower altar for the reading of a solemn scroll and ceremonial scattering of rice. Then they burned all the paper symbols in a rusty old drum, the idea being to provide for the spirits in the afterworld.

They are not a very devout lot. At one stage a man was slouching about on the dais lighting and setting up the incense sticks that we so often see at the little shrines outside people's houses. He had a cigarette dangling from the corner of his mouth, and when it expired he took another and casually lit it from one of the altar candles. Quite a little crowd gathered to watch the end of the ceremony, but the number of active participants never exceeded 20. It was quite a good insight into the difference between the religious observances of the two groups. The Catholic minority are organised, demonstrative and disciplined; the Buddhist majority have scant corporate sense and appear casual and relaxed in their religious observances, although I am certain that their convictions are probably deep and the force of their religion may be equally great.

I have had another trip to the Leprosarium, in a gunship in this time, sitting beside a big Negro and his impressively lethal heavy machine gun. This time we finished early and had a pleasant long lunch with the genial and garrulous Father Basset. It is a beautiful little oasis with the jungle flattened all about it. While we worked the windows rattled every now and again as bombs fell within a mile or two. But as always when we got outside we could never see anything to show for it. The usual air traffic of helicopters and light aircraft potted about overhead, and in the sultry air it wasn't even possible to be sure of the direction from which the bangs were coming. That is the oddest feature in this extraordinary war — we constantly hear the sounds of weapons, even now as I write, but none of us has ever seen a shot actually fired in anger — and we hope that we never do.

Arising out of my initiative when I last visited Cho Ray Hospital in Saigon to lecture, we have two Vietnamese sixth-year medical students staying with us for a fortnight. They share the room next to mine and take their meals with us, and have fitted in gratifyingly easily. One accompanies me and the other helps the surgeons, and I have found them cheerful, intelligent fellows, with a very good and eminently practical grasp of medicine. They take their finals in two months and then a minimum of four years in the Army before they can start their careers.

I have had very interesting letters from Jenny, the most recent from her last night before Brisbane. She will soon be on her way home again, and seems to be having a very enjoyable holiday. I haven't heard it all from [my brother] John as yet.

I do hope that you are well and managing all your affairs. I shall be home in six short weeks now.

All my love,

Peter

Bien Hoa
30th September 1967

SOME BRIEF INITIAL IMPRESSIONS OF SERVICE IN AUSTRALIAN SURGICAL TEAM

JULY—OCTOBER 1967

From both a professional and every other point of view, it has been a valuable and fascinating experience to have served in this capacity in Vietnam. I am very grateful to the Department of Repatriation for having released me temporarily for this purpose. This brief report is set down at the request of Dr J. S. Boxall, currently visiting the Team, in view of my imminent departure. The opinions in it are personal, and any criticisms, direct or implied are intended solely in a constructive sense.

A. PREPARATION BEFORE DEPARTURE

We saw copies of some previous Team reports, rendered monthly by the Leader, and had issued to us a copy of advice on clothing and protocol issued to the Embassy staff. We asked for and were given some Departmental pamphlets. No attempt whatever was made to prepare us for the considerable difficulties and frustrations of the Asian temperament and Vietnamese customs. Only after many weeks did we discover that these people must not be beckoned to with one finger, spoken to in a loud voice, touched upon the back, or pointed to. An incident in which a formal apology had to be rendered to the acting *Medecin-Chef*, and thus publicly losing face for the Team and our country, would never have occurred had the responsible person (myself) had prior warning on Vietnamese prejudices. If this sort of information is not known to the Department, it certainly should be, and it should be promulgated before members leave [Australia].

B. DUTY STATEMENT

None of us has seen or heard of a duty statement. We have never been told what our relationships should be to the Vietnamese and American military and civilian personnel with whom we come in such frequent contact. We have managed by some sort of administrative osmosis, but we have felt ourselves, perhaps a little self-consciously, to be our country's representatives, applying national policies, but not knowing what these are. Dr Boxall has informed me that a duty statement has been prepared, and its contents will be awaited with interest.

Muted friction, both in this Team and at Long Xuyen, would have been prevented by a duty statement of the responsibilities of the Administrator and his relationships to the Team Leader and other members, with special reference to allocation of transport vehicles.

C. CONTACT WITH THE EMBASSY

1. For individual Team Members, this has been so minimal as hardly to exist. The Ambassador and his wife came one Saturday, accompanied by the Belgian Ambassador, and had lunch and a chat with us. This was very congenial and we were grateful that Mr Border could find time for this. Mr Bailey brought out the Swedish Ambassador and his daughter for a few minutes. I have been informed that Mr Corkery visited the hospital briefly at least once during the last three months, but I did not see him. A small but revealing detail is that the Embassy always telephones through the Vietnamese Post Office, so that a Team Member has to be fetched and taken to the front of the hospital. The Army exchange line to the Surgical Suite, where most of us work, is used only when we telephone them.

2. Response to requests

My correspondence has been packed to send home, so I cannot give exact dates for the letters concerned. About mid-August I wrote to Mr Corkery asking for an ECG machine to help in the management of the numerous cases of rheumatic heart disease seen here. The reply came as a verbal message through the Administrator that this could be ordered through the USAID with a scrap of paper bearing a catalogue number (which happened to be incorrect). An order was placed, but I was told yesterday at Vung Tau, that stocks are exhausted. No other acknowledgement has been made by the Embassy.

A much more serious matter relates to the failure to clarify extension of appointment by two of our nursing staff, Miss Harvey and Miss Leak. In our original meetings with Mr Adlam, the Department's representative in Adelaide, we were encouraged to extend our term. Soon after arrival Miss Leak and Miss Harvey have described to me how the Team Leader, Mr Smith, had heard, quite understandably, from the Embassy that an early decision was required. They decided to apply for an extension, and Miss Leak's application was posted on the 9th of May 1967. A reply from Mr Adlam (64/2 of 16th of May 1967) was received by both of them, stating the conditions for re-employment, and that the matter had been referred to Canberra for decision. Mr Smith had also included his recommendation in his monthly report at about that time. No further communication occurred until about 22nd of August 1967, when a letter arrived, giving the names of the next Team. From this it seemed that no established vacancies existed, and the two young women were deeply disturbed by inability to initiate definitive arrangements for transport home and subsequent employment. Before that Mr Corkery had verbally intimated that an unfavourable decision was probable, and had promised to confirm this but had not done so. Miss Leak has decided to remain in this country, working for Interchurch Aid, but Miss Harvey decided to continue in her present duties. Having heard nothing, she initiated arrangements to depart, but about a month ago, Mr Wilson, Team Leader, having had a message from the Embassy, asked her to stay for a period of six months. After an interview with Mr Corkery and Mr Devereux in relation to responsibility for air fares, she finally received on 14 September 1967 a letter confirming her extension (221/3/1/5) which was the eventual reply to her original request of 9th of May 1967.

In the capsule community of a Team working under great clinical pressures, what seems a minor administrative episode, such as the above, can assume a disproportionate degree of importance. In the case of Miss Harvey, who is a superlative theatre sister and who has established excellent relationships with the Vietnamese, it has only been because of her own high motivation that her services have been retained.

3. Salary Arrangements

Errors in payment of salaries in Australian banks have been a readily avoidable cause of emotional stress to Team members and their wives. Mr Quirk's salary was paid for a time into a bank in New South Wales, instead of South Australia. When some team members left after three months the Embassy informed Canberra that Dr Townsend had left Vietnam, and it was not until his wife wrote to him that they discovered that salary payments were temporarily stopped. In my own case, advice slips give my salary as being paid into a Branch of the Bank other than that given to the Department before departure and into which earlier payments had been made. No statements of deductions have been seen for many weeks. To staff on detached duty such matters again assume disproportionate importance and strengthen the impression that the Department suffers from administrative incoherence.

D. THE PECULIAR SITUATION AT BIEN HOA

This is the nearest Provincial Hospital to Saigon, and is an obvious place to bring any visitors who have only a few hours to spend, especially if they come by road and go on from the Air Base nearby. The Australian image is readily evident here from the new water tower, the most

prominent local landmark in the area. Whilst this is being built the construction sign indicates its association with Australia, but on completion this will remain only a transitory local memory.

At the Hospital, the sole indication that Australians work there is a sign put up by an American signals battalion. In the Team mess, the flag on the wall was acquired informally, and was not supplied by the Embassy. If it is asked why no request was made for a flag, the response is for us to ask why this should be necessary.

I feel very strongly that, if the aim of the Surgical Aid Teams is to present an image of an Australian contribution, Bien Hoa is ideally situated for this purpose. For this reason I believe that the Embassy should take a close and continuing interest in our work, and that this should be signified by appropriate publicity. Every Australian contribution should be marked with a kangaroo symbol and Vietnamese/Australian inscriptions. Signs should be placed on the Hospital gate, the Surgical Suite, and the drying shed, built when the Australian Army was in the area. The Hospital should fly Vietnamese, American and Australian flags. If it is not too late to do so, a kangaroo symbol should be incorporated in the water towers currently being erected with Australian help.

More than any other member of the present Team it has fallen to me to show visitors around the Hospital. Of these there have been many, ranging from Ambassadors, American Presidential investigational teams, journalists, and many others. They have expressed keen admiration for the work that we are doing under what are obviously very difficult conditions. I must confess that I have been embarrassed to know how to answer the obvious question, “What is your Government doing to improve this?” especially as I have yet to discover what the policy is on this matter.

E. SPECIFIC RECOMMENDATIONS FOR FUTURE TEAMS

1. Laboratory

The present room is sixteen feet square and hopelessly overcrowded. Additional space has been provided and equipment ordered. This is now the only Provincial Hospital in this country in which a Vietnamese technician can do bacterial sensitivity tests, with no aid from a Caucasian. The technician, Mr Nguyen Van Hung, has applied for a Vietnamese government scholarship to Australia, and I wish to support him strongly as an ideal candidate. He lives in Bien Hoa and needs about three months to learn new techniques. If he comes to Adelaide, I can help to arrange accommodation and appropriate experience.

In addition, future teams should include a laboratory technician to help further development of laboratory services.

2. Pharmacy

Drug dispensing is chaotic, all drugs are being jumbled together, unlabelled and with no instructions to the patient. I have heard that the President of the Pharmaceutical Guild of New South Wales, Mr WJ Wilkinson, is anxious to offer help of this kind by one of his members. This should be taken up, and an appointment made for not less than six months.

3. Research

Appropriate material is readily available, and an initial contact has been made with Walter Reed (US Army Medical Research Team, Vietnam, LTC L R Jones). Two obvious fields are haematology and the epidemiology of diarrhoeas. In association with the concept of developing Bien Hoa as a minor show place of Australian endeavour, it would be worth suggesting to the National Health And Medical Research Council that liaison be established for a continuing project with an Australian organisation.

F. RESPONSE OF THE VIETNAMESE

1. At the purely clinical level, responses are almost always favourable. Patients are grateful for what we do, and staff respect us for the fact that we work much harder and set higher standards than they do. By implication, they lose face because of our presence, and this may be a major factor in their general attitude of indifference.
2. I am convinced that almost all of the Vietnamese do not want to learn how to improve their ways of doing things, which we consider as slipshod, grossly unhygienic and failing to accept any sense of professional obligation, as we understand the concept. While we are here we can, to a very limited degree, persuade them to improve things, but we all feel that, as soon as we go, they will promptly revert to atavistic practices. At night and at weekends and on the 35 declared holidays, all drugs and case records are locked away, and the hospital is left in the care of two nurses — one for Casualty and one for the 350 inpatients.
3. Like the team at Vung Tau, we persuaded them to allow us to give lectures, but these petered out from poor attendance and lack of interest. These people certainly do not respond to demonstrations of how things should be done, and, it must be admitted, in the local context manage extraordinarily well. The kitchen is unutterably squalid, but it does provide two hot meals per day.
4. The decision as to how long this type of Aid is to continue is clearly a political matter. It seems that if anything is to be accomplished it will need to continue for many years, probably a generation. Inevitably, the whole scheme has an atmosphere of improvisation, one expedient piled on another like Pelion on Ossa. Perhaps this is the time to take a detached, calculated and protracted view of the Aid problem. It is my personal view that the effort is well worthwhile, and that of the three hospitals with Aid Teams, it is the Bien Hoa unit which is by far the busiest, most efficient and the best one to convey to the Vietnamese and to others the impression of Australian medical aid in this country.

(PM LAST)

SPECIALIST (MEDICINE)

