

## Military History

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### The Magnificent Men Return!

*Peter Hurly*

*WGDCR Peter Hurly is currently the Director of Air Force Medicine for the RNZAF. He has been a member of St John Ambulance since 1964 and was involved in ambulance work and training. He trained as a pharmacist in South Africa and studied medicine obtaining his MBChB in 1983. He worked in hospital medicine and Accident and Emergency. He was a member of the South African Military Medical Service and saw active service in South Africa. On moving to New Zealand, he joined the Royal New Zealand Army Medical Corps. He then moved to general practice in Palmerston North and took up a Reservist position with the RNZAF. He obtained a Diploma in Aviation Medicine and a certificate in Air Retrieval medicine, subsequently progressing to a Masters in Aviation medicine. He moved back into full time military medicine in 2002 and became the Director of Air Force Medicine in 2004. He is due to retire from the Regular Force at the end of this year.*

Presentation surrounding the planning, logistics and support for 30 RNZAF veterans of Bomber Command, who returned to London for the unveiling of the Memorial to WW2 Bomber Command. All veterans were in their nineties and flew by RNZAF military aircraft to London and back to New Zealand for the commemoration. Back ground is given and description of the selection process, itinerary planning, personnel support and, particularly relating to the medical planning, care and support provided during the mission.

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A woman at war: The life and times of Dr Phoebe Chapple MM, an Australian surgeon on the Western Front.

*A/Prof Susan Neuhaus, MS Sharon Mascall-Dare*

*Susan Neuhaus CSC served with the RAAMC in both regular and reserve roles between 1987 and 2009. She has held a variety of clinical and command appointments and is a graduate of Command and Staff College (Res). Her operational deployments include Cambodia, Bougainville and Afghanistan. Susan works in fulltime surgical practice and is actively involved in Veteran's health issues, a member of the Veterans Health Advisory Council (SA) and Chair of the Repat Foundation. Awarded a CSC in 2009, Susan was a finalist for Australian of the Year 2012.*

At the outbreak of World War I female doctors were not universally accepted. Both the Australian Army and initially the British War Office, saw no role for female medical officers and refused to entertain the idea of medical woman serving in military hospitals.

Quite undeterred however, and determined to prove their medical skills, 14 of the 129 female doctors in Australia at the time found their way to European theatres of war. These women served with the Royal Army Medical Corps (RAMC) and with a variety of "All Women Medical Units". They served in France, Belgium, Greece and the Balkans, including as military surgeons. The conditions of their service and their prospects of recognition were however, quite different to those of their male counterparts.

One of these remarkable female doctors was Dr Phoebe Chapple whose experiences reflect the social and historical circumstances of the time.

Born in Adelaide on March 31 1879, she entered the University of Adelaide aged just 16, graduating with bachelor's degrees in science, surgery and medicine. Frustrated with the Australian army's refusal to appoint women doctors, she travelled at her own expense to England in February 1917 to enlist in the RAMC where she was appointed as surgeon to Cambridge Military Hospital in Aldershot. Later, she was attached to Queen Mary's Army Auxiliary Corps (QMAAC) and sent to France. Chapple was accorded the honorary rank of Captain and was one of the first two women doctors sent to the Western Front, which she 'regarded as an honor [sic] for Australia.

On 29 May 1918, Chapple was inspecting a Camp near Abbeville in France when it came under a German 'aerial bombing' attack. Her actions that night tending the wounded were recognised with the award of the Military Medal (MM). Chapple was the first woman doctor and the first Australian woman to receive such an honour "For gallantry and devotion to duty during an enemy [action]".

Chapple (now with the rank of Major) went on to serve as a doctor with the Women's Auxiliary Army Corps in Rouen and Le Havre. She returned to Adelaide in 1919 and resumed clinical practice. She died on March 24, 1967 and was cremated with full military honours.

This paper will discuss the wartime contribution of Dr Pheobe Chapple MM within the context of Australian society during WWI. Despite significant foreign awards from the governments of Britain, France, Serbia and Greece, the service of these women passed largely unnoticed within their own

country. The reasons why the wartime service of Dr Chapple and the other women doctors serving in Europe and on the Western Front has been overlooked in the official history of WWI will be explored.

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### Courage, Endurance and Care: Australian Army Mobile Hospital teams in the Kokoda Campaign

*Dr Barry E Reed*

*Maxillofacial Surgeon John Hunter Hospital, Newcastle since 1991; Clinical Lecturer School Of Medicine, University of Newcastle; 3rd HSB; Colonel Kenny Award as best Army Reserve Dental Officer 2008 for achievements at AACAP and official visit Brooke Army Medical Center Texas regarding IED facial injuries; Award Australian Army History Research grant regarding the Kokoda Campaign; Maxillofacial Surgeon: Exercise Talisman Sabre 2009, 2011; AACAP 2011; Lecturer maxillofacial battle trauma for annual triservice course HMAS Cerberus since 2007; invited lecturer international meetings and author journal articles on maxillofacial ballistic trauma; Foundation Clinical Director Oral and Maxillofacial Surgery Unit John Hunter Hospital 1992 – 1995.*

Many of the modern principles of combat health support were displayed in the critical 1942 Kokoda campaign of the Australian Army Field Ambulances and regimental aid post teams. The photographic collection of the Australian War Memorial provides a unique view of the essential and difficult work of these Field Ambulances and RAP teams and illustrate this presentation. The Field Ambulances functioned in similar fashion to a current day ADF role two (enhanced) deployable hospital providing initial wound surgery close to the battlefield while being mobile and capable of redeploying quickly to minimise evacuation times over the mountainous jungle terrain as the campaign progressed. Events of the campaign of the Field Ambulances are described in relation to current day principles of combat health support. It appears there was a lack of foresight at the time of the many great obstacles in preparation for provision of effective medical care in a combined mountain and jungle tropical campaign. These preparation shortcomings led to the need for effective improvisations, much adaptability, flexibility and considerable ingenuity by the medical soldiers of the three principal Field Ambulances involved which provided life saving solutions to the unique casualty care challenges of the Kokoda campaign and are described in this presentation. The solutions provided by these Field Ambulance soldiers and the

Brigade Headquarters staff to the challenges posed by the Kokoda Campaign included: “leapfrog” Field Ambulance movements to enable rapid casualty care; Holding non-walking casualties long term in wards; Self evacuation of the walking wounded; Aerial supply drops of urgently needed essential medical supplies; Pioneering the use of aerial casualty evacuation and the related vital role of possession of airstrips; Field training and multitasking personnel for staff shortages in key clinical roles such as providing general anaesthesia and aerial evacuation organisation; Improvisation of hospital equipment from local materials such as saplings for operating theatre tables and splints; location of medical liaison officers at Brigade Headquarters which enabled more efficient casualty care; and very importantly, the vital role of the indigenous carriers, the Fuzzy Wuzzy Angels, in resupply and casualty evacuation. Excerpts from the wartime memoirs of members of these Field Ambulances and RAP teams describing their work, their difficulties and solutions are related in this presentation. In conclusion, many of the modern principles of combat health support were displayed in the Kokoda campaign of the Field Ambulances including: mobility, proximity, flexibility, responsiveness, simplicity, continuity of care, and economy of effort. Of most importance, the timeless military medicine qualities of courage, endurance and care were magnificently exemplified by the members of these Field Ambulances and RAP teams in their Kokoda campaign.

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### Two different shadows: caring for Australian and American ex-POWs after World War II

*Dr Rosalind Hearder*

*Awarded a PhD in History at the University of Melbourne, Rosalind's study of Australian medical officers' work in Japanese captivity during the Second World War was published in 2009 by Allen and Unwin. She subsequently undertook a post-doctoral Fulbright fellowship in the USA, including teaching a university course on the history of military medicine.*

*Rosalind has held positions in academia and government, including two years with the Official History of Australian Peacekeeping project, focusing on medical aspects such as Gulf War Syndrome and PTSD. She currently works in the Victorian Parliament, and is also writing a book based on the diaries of a British police officer in Japanese captivity.*

Thousands of Australian and American troops spent