

## CHAPTER II

### THE MILITARY OCCUPATION OF GERMAN NEW GUINEA

THE terms of surrender granted to the Governor of German New Guinea involved the effective military occupation of the outlying parts of the colony, and the maintenance of the economic and industrial conditions that existed in respect of the civilian population and indentured natives. The Government was also morally responsible for the health of the general native population. Thus the medical service had important responsibilities in addition to its primary duty of maintaining the health of the force in a tropical station during the period of occupation. The detachment was dispersed in widely scattered outposts, and in each was faced with difficult problems of administration and service. A serious outbreak of malaria was experienced by the first contingent before its relief early in 1915 by a specially recruited "Tropical Force."

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The two most pressing duties which faced the Principal Medical Officer were the provision of hospital accommodation for the garrison forces, and the care of their health under conditions of continued residence in an isolated tropical country with few of the resources of civilisation. Hospital accommodation presented no great difficulty, since in each of the places now occupied satisfactory hospitals had been established for both Europeans and indentured natives. The fine European hospital at Rabaul was made the base hospital for the force. Small European hospitals were found also at Herbertshöhe and Madang, each of which became a military hospital, arrangements being made also for the accommodation of European civilians. The services of three German doctors, residents of the occupied localities, were engaged for attendance upon the natives.

**German  
hospital and  
doctors**

The housing problem was satisfactorily solved by taking over two large stores belonging to the important trading companies which had played a dominant part in the development of German New Guinea. Good kitchen and messing accommodation was provided on the ground floor, and the troops were comfortably housed in the upper story. Sanitation was organised on garrison lines, a pan system of latrines on an eight per cent basis being installed cheaply and efficiently by Chinese labour and attended to by natives. To increase the water-supply—which was chiefly from house tanks and shallow wells, supplemented at Rabaul by reticulation from a small reservoir in the hills—a condensing plant was set up, which provided twenty tons of water daily. In these satisfactory quarters the garrison force at Rabaul was housed during the next five years. Provision on similar lines was made at Herbertshöhe for the Naval Reserve.

In Garrison Standing Orders of September 17th there was laid down a system of sanitary discipline directed chiefly against gastro-intestinal infection and malaria. To guard against the former, besides various general provisions, the boiling of all drinking water was enjoined, and to promote compliance with this order liberal issues of tea and coffee were made. Though the season of malaria was not normally due till November, from the beginning of the occupation quinine was issued as a prophylactic and mosquito nets were provided for all personnel. Suitable tropical clothing was obtained after some delay, and hours of work were regulated. At the beginning of October the situation in regard to health was in every respect satisfactory.

On the 4th of that month the *Berrima* returned to Australia, and with her went the Principal Medical Officer, who had obtained from the Administrator permission to return in order that he might enlist in the Australian Imperial Force, of which the departure for Europe had been postponed through events connected with the movements of the German squadron. In commending to the Defence Department the services of Lieutenant-Colonel Howse the Administrator referred to the

**Troops' quarters**

**Disease prevention**

**Change of control**



118. THE MILITARY HOSPITAL AT NAMANULA, RABAUL

*Lent by Sister C. F. Leibrich, A. A. S.  
Aust. War Memorial Collection No. 293*



119. MAUPI ISLAND QUARANTINE CAMP, 1915, FOR THE RECEPTION OF  
"MEASLES" FROM THE *Tc Anau*

*Aust. War Memorial Collection No. H13995*

*To face p. 794*



120. A WHITE MEDICAL ASSISTANT IN A HOUSE BUILT BY HIMSELF OF  
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NATIVE MATERIAL

*Aust. War Memorial Collection No. 42833*



121. MEDICAL EXAMINATION OF NATIVES IN A RECENTLY OPENED AREA

*Aust. War Memorial Collection No. 42834*

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fact that up to the time of writing (15th October, 1914) "nearly 2,000 men had been transported by sea and disposed on shore in a tropical country, and up to the present not one single case of serious illness had occurred." Lieutenant-Colonel Howse was succeeded as Principal Medical Officer by Captain F. A. Maguire.

In dealing with the medical aspects of the next phase of the occupation, it is necessary to give full weight to two factors: first, the provision in the terms of surrender that civil conditions should for the most part continue unchanged, and, second, the medical system that had been evolved by Germany to meet the requirements of the industrial system built up to develop her Pacific possessions.

In view of these it was proposed that the civil population should be left alone in respect of their health administration, except when the welfare of the troops was menaced. But early in the occupation it became evident that this policy of detachment was not possible, and there was issued an ordinance<sup>1</sup> which, in addition to laying down general principles of sanitation for the troops, placed definite obligations on civil individuals in respect of the prevention of diseases known to be prevalent, and in connection therewith gave to the Principal Medical Officer certain rights of interference, including the levying of a penalty. This ordinance dealt with such fundamental matters as mosquito prevention, sanitary accommodation, disposal of nightsoil and refuse, and the protection of water and foodstuffs.

At the beginning of October medical personnel were disposed as follows: at Rabaul (headquarters of the force), the Principal Medical Officer with fourteen other ranks, assisted by two German doctors who attended civilian Europeans and all native patients;<sup>2</sup> at Herbertshöhe, a medical officer with three other ranks had charge of the small hospital

**Disposal of  
medical  
personnel**

<sup>1</sup> No. 3, dated 23 Dec., 1914. The white population of the Bismarck Archipelago was 821, of Rabaul 266.

<sup>2</sup> Two German nursing sisters were retained in the Namanula hospital, where they are reported to have done excellent work. Early in 1915 Miss M. Gibbon, A.A.N.S., arrived with three staff nurses and took over the hospital as matron. Thereafter this staff was maintained at strength from Australia.

and the garrison, while a German doctor performed similar duties to those of his colleagues at Rabaul;<sup>3</sup> at Madang, a commissioned and two non-commissioned officers and six privates, A.A.M.C. After the occupation of other islands belonging to the colony of German New Guinea,<sup>4</sup> most of the above-mentioned medical staff were withdrawn to serve in these occupied possessions, and the medical staff in New Britain became unduly weakened.

In the meantime a "Tropical Force"<sup>5</sup> had been enlisted and organised in Australia, and on December 17th arrived at Rabaul to relieve the 1st Battalion. Before the arrival of this force, malaria had attacked the first contingent with some severity. The summer<sup>6</sup> of 1914 was unusually dry, the rainy season being deferred till late in December; until that time the health of the troops was excellent. One mild case of enteric occurred, and an epidemic of dengue fever in November affected sixty per cent of the troops at Rabaul and Herbertshöhe. A slight outbreak of diarrhœa (fifteen cases) occurred at Rabaul.

It was, however, fully realised by the P.M.O. that this situation could not last, and that with the break of the drought malaria was inevitable. Efforts were made to check the breeding of mosquitoes; quinine was administered, and every man was provided with mosquito netting. Yet, shortly after the onset of the wet season cases of malaria occurred, and the disease soon attained

**The "Tropical Force"**

**Onset of malaria**

<sup>3</sup> The services of these German doctors were availed of till the first force was relieved.

<sup>4</sup> See p. 807. These included New Ireland, New Hanover, the German Solomons, the Admiralties, the Western Islands, and Nauru. Circumstances partly strategic, partly political, led to an arrangement whereby the German possessions north of the equator—the Marianne, Marshall, and Caroline groups—were occupied by Japan. After the war they were mandated to that power.

<sup>5</sup> Known also as the "3rd Battalion, A.N. & M.E.F." The terms of enlistment of this force was for the duration of the war; that of the 1st Battalion had been for six months only. The "2nd Battalion" was that which sailed from Queensland in the *Kanowna* (see p. 787). The force comprised 30 officers and 219 others.

<sup>6</sup> Generally speaking the annual climate of New Guinea is divided between the "south-east trade," extending over the months of June to Oct. inclusive, and the "north-west monsoon" from Nov. to May, the latter being the rainy season. The changes of season are always marked by a period during which the winds are light and variable, interspersed with frequent storms and occasional gales almost of hurricane intensity. The average annual rainfall varies from 80 inches (Rabaul) to 150 (Madang) and 240 (Morobe). By reason of its great variety of physical features almost all climates are found, but the main part of the settlement is on the narrow plains at sea-level most suited to the growth of coconuts. In these areas the temperature fluctuates between a maximum of 92 degrees and a minimum of 68 with a humidity of 70, much more marked in the wet season.

a serious prevalence. The type of disease was chiefly sub-tertian. Two patients died with meningeal symptoms. The heavy incidence was undoubtedly in some measure due to carelessness engendered in the troops by their long immunity; it was also candidly acknowledged by the medical staff that lack of practical experience in tropical hygiene was a heavy handicap.

All stations were affected in a greater or less degree. At Madang the epidemic began early and was especially severe. The admissions for disease at this station for the last quarter of 1914 are shown in the following table:—

Infectious diseases.				Non-infectious diseases.			
Malaria	..	..	87	Colic	..	..	8
Blackwater fever <sup>7</sup>	..	..	2	Appendicitis	..	..	1
Dengue	..	..	46	Hæmorrhoids	..	..	2
Tonsillitis	..	..	2	Constipation	..	..	6
Furunculosis	..	..	1	Inflamed scrotum	..	..	1
Septic legs	..	..	10	Synovitis	..	..	1
Abscess	..	..	2	Lumbago	..	..	1
Epididymitis	..	..	1	Hernia	..	..	1

The reduced medical staff in New Guinea were in difficulties until the arrival of the Tropical Force, with which came Major C. L. Strangman as specialist in tropical diseases. A general exchange was then effected. Colonel S. A. Pethebridge became Administrator. Major Maguire returned to Australia, Major Strangman becoming P.M.O. with a staff of seven medical officers. All the administrative staff except a few special officers, together with the personnel of the 1st Battalion and the Naval Reserve, returned to Australia. The commanding officer and P.M.O. left Rabaul on January 7th, most of the remainder of the force on February 10th.

During the period of its service abroad the 1st Battalion and the Naval Reserve of the A.N. & M.E.F. sustained, apart from the casualties incurred during the landing operations,<sup>8</sup> four deaths, two from injury and two from malaria. Two more deaths from malaria occurred in Australia among invalids returned by the *Eastern* in February.

<sup>7</sup> See p. 800.

<sup>8</sup> See p. 790.