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Report by Miss Kathleen G. Christie, Nurse with the Canadian Forces at HONG KONG, as given on board the SS Gripsholm November 1943

1. Sailed from Vancouver, B.C., on October 26th, 1941, on *Awatea* (Military Transport E334) escorted by destroyer *Prince Robert*, carrying in all approximately 2,000 Canadian troops composed of Royal Rifles of Canada and Winnipeg Grenadiers.

2. The hospital [onboard the *Awatea*] had accommodation for 54 patients, was fairly well equipped with medical supplies and linen, etc., but had no laundry facilities which meant that each patient must wash his bedding, towels and pyjamas before being discharged. Orderlies' duties were performed by five stretcher bearers of Winnipeg Grenadiers who adapted themselves and co-operated very well. At night, patients were in care of RCAMC* Private who had stowed away on ship. During the trip we had from 30-50 patients at all times - included 'flu, sore throats, bronchitis, pneumonia, trench mouth, sea sickness, one suspected appendix, mumps and VDs. One man, Rfm. Schraeder [Schrage], admitted complaining of sea sickness, and very obviously hiding his true symptoms, died the following morning and was buried at sea, Nov. 1, 1941. Later, when Medical Officer went through his personal effects, he found a syringe and a quantity of insulin.

3. Officers' accommodation and food satisfactory, but men complained of both. Majority slept on deck at night rather than in crowded quarters below. Boat drill frequently strict, blackout from sundown. Sentries very much on the alert for lighted cigarettes or lights showing through portholes of cabins.

4. Nov. 2 at HONOLULU - no shore leave. Japanese ship immediately in front of ours at

* Royal Canadian Army Medical Corps

pier. No additional escort which caused the Brigadier considerable anxiety. Several nights a week lectures relative to Hong Kong were given to officers, who in turn passes the information on to their men.

5. November 14th at MANILLA - no shore leave again. Picked up destroyer *Danny* as additional escort.

6. November 16th disembarked at KOWLOON (on the mainland). Troops marched to SHAM SHUIPO camp, also on mainland. Some officers billeted in hotels. Although only one plane could be seen, newspaper reports said that the colony's "entire air force" was up.

7. We were met by Miss E.M.B. Dyson, QAIMNS**, Matron of the British Military Hospital [BMH] (or Bowen Road Hospital as it was also called) on the island, who took us to the Sisters' quarters of that hospital where we remained. That afternoon we were taken for a sight-seeing tour of the island by G.S.O.II (?) who took great pride in showing us the innumerable pill-boxes which he assured us "would prevent anyone from landing on the island, and if they did land, would not last for more than five minutes." As it turned out later, the majority of these pill-boxes proved to be empty, the equipment having been sent to Singapore some time before.

8. On November 18th, we went on duty - observing British Army hospital methods which, although inferior and definitely antiquated in comparison to those to which we were accustomed, had to be adopted.

** Queen Alexandra's Imperial Military Nursing Service (also shortened to QA)

9. Capt. Gray and Capt. Reid (RCAMC and then Lieutenants) were also assigned to this hospital, already overstaffed with officers. Major Crawford, SMO*, and Capt. Banfell remained at the Camp with the two regiments.

10. At the beginning of December, I was put in charge of a 2-division ward, to replace a QA who was going out on leave. The patients in one division were TB** and suspected infectious diseases, and in the other nearly all Canadians with ailments similar to those on the ship. As 'flu is more or less a rarity there, the symptoms which appeared quite the usual to those accustomed to the disease, proved very puzzling to the hospital authorities, going so far as to want to place them on the SI list.

11. Though not required to economize to such an extent, this 24-bed ward possessed only four wooden tongue-depressors which, after use, were to be washed off and boiled, then used again, during the course of the MO's morning rounds. This procedure had to be repeated each time when throats were painted or sore mouths treated. This same ward boasted only two enamel K-basins and one clinical thermometer which was typical of the entire set-up. With the exception of MO rounds and the desk-work, all nursing was to be done by orderly and VAD's.*** The latter were required to do 8 days' work in the hospital each year. The cleaning and dish washing was done by Chinese boys. There was no elevator or lift of any kind in this building.

12. During the three weeks previous to the war there was no attempts made at organized recreation or entertainment for the troops, or the officers, although the latter because they were officers were admitted into social circles where NCO's and men would never be admitted.

13. One week after our arrival in Hong Kong, Major T.G. M. MacAulay, RRC, told me of a meeting of the heads of military departments at which the senior Canadian officers were present. Its purpose was to outline the plan of defence of Hong Kong, which all hinges on the Japanese entering by one certain route. When one of the Canadian officers asked what the plan was in case the enemy used a different route he was assured that they could come as close as planned, and when he persisted with his

question was given the same answer. Needless to say, the Japanese did not use the route they were expected to use.

14. With the outbreak of hostilities on December 8th, there began a wholesale discharge of patients from the hospital to their respective units. Only those who were really ill were allowed to remain, and these were sent to the shelters each time the air raid siren sounded. As there were a sufficient number of VAD's in the shelters to look after the patients there, I spent that time on the ward to which the wounded were being admitted, keeping syringes filled with sedative and watching post-operative cases.

15. At 1:30 a.m. Dec. 11th, the Japanese began to shell the island from the mainland, the first four shells striking the hospital or its buildings. One Chinese boy was killed instantly while sleeping. Those of us not on duty were ordered to the shelter just outside our quarters where we stayed until that attack was over, after which we all went back to our rooms to pack up all our belongings keeping enough in one small case to take with us to the hospital in the morning, and out of which we "lived" for the remainder of the siege. After having dinner there that day, we never returned to the Residence again (except on two occasions after hostilities had ceased, when a few of us made very hurried visits to salvage what we could without the Jap guards catching us there - looting, even though they were our own things we were taking, was punishable by being shot on sight). For the next two and a half weeks we slept in the shelters under the hospital. The following day the two top floors of the hospital were evacuated to two auxiliary hospitals which had been opened, the equipment being taken from BMH. Our hospital then served as a CCS*. I was then assigned to assist in the ward set up for officers, and on a 2-division ward for casualties. Capt. Gray was MO i/c of the latter, Capt. Reid having been sent out to assist in the field. Capt. Gray worked hard all day and long into the night attending to the wounded, and in addition removed splintered glass from window frames and nailed cardboard or blankets over the openings. These repair jobs had to be done many times a day as a result of the shelling and bombing. The hospital was set in the centre of a number of military objectives - Command Headquarters were immediately below us;

* Senior Medical Officer

** Tuberculosis

*** Volunteer Aid Detachment

* Casualty Clearing Station



NAC PA 141659

Nursing Sister Lieutenant Kathleen G. Christie meeting her father at the Bonaventure railway station in Montreal following her repatriation from a Japanese internment camp, December 1943.

Magazine Gap where huge supplies of munitions had been stored, was above us. A water pumping station was located to the east, and there were large guns stationed in many spots in all directions. During the first week a bomb was put through the hospital kitchen (on 3rd floor) leaving it completely unfit for use. All cooking and preparing of food was then done in an outside building (formerly Sgt.'s mess) which adjoined the hospital, and carried to the various messes at meal time.

16. By the 19th the Japanese were on the island "in small numbers" we were told, and it was not until on the 21st when Capt. Bush, the staff Captain, came to the hospital for treatment of minor facial injuries, that we learned the true state of affairs. It was then we heard of the deaths of Brigadier Lawson, Col. Hennessey (S.A.O) and Major Lynden, the Brigade Major. These all occurred at different times and places, but within a few days of one another. Some months later S/Sgt Clarke of the Postal Corps came into BMH as a patient, and let me read from his diary the details of Colonel Hennessey's death. He and Capt. Davies, RCAPC were killed at the same time on Dec. 20th, by a shell bursting in the room in which they were at Mt. Austin Barracks (one of the highest peaks on Hong Kong Island), according to Clarke's report the two officers had been summoned to their breakfast which was being served in a basement room, but the

Colonel said he first wanted to satisfy himself that the cloud of smoke rising from the ground at the rear of the building was really a fire and not a smoke screen from the Japs. They proceeded to a room several flights up and while studying the situation, a shell burst in the room. Captain Davies was killed instantly, apparently from concussion as there was not a mark on him when he was found lying face down, with the heels blown off both his shoes. The Colonel's two legs were practically severed from his body but he was still conscious when Clarke found him. He applied tourniquets to try and stop the bleeding, and then set off for medical aid. He made his way with considerable difficulty to the nearest first aid post, where he was finally successful in persuading a Chinese doctor to go back to the Barracks with him. When they arrived there, the doctor found he had neither syringe nor sedative with him and Clarke had to retrace his steps and bring some. They removed the Colonel to War Memorial Hospital where he was pronounced dead on admission. His body was claimed by Canadians who took him to the cemetery in Happy Valley for burial. From Clarke's diary I also learned that the Brigadier was killed instantly by a shell which struck him as he emerged from Brigade headquarters. This was, I think, on the 17th. Captain R.W. Philip, Winnipeg Grenadiers told me that he had submitted his report on the death of Major Lynden, who is believed to have been



NAC C 49743

Soldiers of the Canadian Brigade line up outside their barracks at Kowloon following their arrival in Hong Kong, 16 November 1941.

killed, in error of course, by our own men. As nearly as I can remember the facts, Maj. Lynden spoke to Capt. Philip on his way over to Brigade Headquarters - it was evening and he was going to do some reconnoitring on the way. He said definitely he would not be back, and that anyone approaching would undoubtedly be Japs and to fire. For some unknown reason he decided to come back - Capt. Philip said the men did exactly as he would have himself, but they found out later who they had fired at.

17. The Canadians being admitted at this time (around Dec. 20,-21st) were telling of being cut off from their units; of being without food for four and five days; they had difficulty distinguishing Japanese from Chinese and frequently the sentries' challenges were answered in perfect English, only to discover too late that they were Japanese who had reached them.

18. On Dec. 24th, Miss Waters and I went on night duty, relieving the two sisters who had been on for the previous fort-night. I was in charge of the large casualty ward, with one orderly and two VAD's. On Christmas morning we read in the papers again how satisfactory the situation was, and after attending Communion where we all stood with our helmets on, as usual, while

shells and bombs fell all around us, we went to the shelters to try and sleep. Early in the afternoon we were wakened by two MO's talking about surrender and heard one of them say "I'm going to pack my things and get the H— out of here." Wondering what it was about, we questioned them and were told that another (the third) peace talk was on, but that this time the Colony was surrendering. At 5:00 p.m. the official announcement was made.

19. That evening we went on duty again at 6:30 p.m. and the wounded continued to pour in, many of them unaware of the surrender. The OC ordered all liquor in the hospital to be done away with before the Japanese would arrive, so every patient who wished it was given beer, while officers and staff had liquor. What remained then was poured down the drains. Large quantities of tinned goods were taken from the officers' mess and hidden on the wards under blankets and other equipment to keep it safe. However, no Japs appeared until the following afternoon when an officer arrived to officially take over the hospital which they declared a POW Camp.

20. For the next few days wounded men were still being brought in from the Stanley district where, they said, they did not know until the 26th of the surrender, and that the fiercest

fighting had taken place Christmas evening and night and on the morning of the 26th. When the 2 Sisters and remaining 3 VAD's arrived back from the auxiliary hospital there, they confirmed all the reports which the men had given. The sister i/c at Stanley was very high in her praise of the Canadian officers with whom she had come in contact - Col. Home, Capt. Atkinson, Lt. McDougall, all RRC, and especially Capt. Barnett U/C Chaplain. It was in Stanley hospital also where Captain Hickey, R.C.A.S.C. was killed by the Jap when he, in spite of his own wounds, tried to protect the nurses. (A full account of his death is being submitted by Mrs. S.V. Logan, who was given the facts by a man who was present at the time).

21. On Dec. 31st at 7:30 a.m., the first lot of men were marched from Bowen Road to camp - among them Maj. Crawford, Capt. Gray, Capt. DeLourier (R.C. Padre) so that the only Canadians left were patients.

22. Now that the nursing staff, numbering 78, had to be housed within the hospital itself, one large ward on the third floor was taken over, where the beds were as close as possible together, in order to make room for everyone. At one end on the centre of the floor, the tables were set up for eating. On January 1st, the Sisters acquired a small adjoining room which we set up as our mess. The roof and walls of this ward had holes in several places which added to the inconvenience when it rained.

23. On January 3rd I was taken off nights to open up a ward for Dysentery patients who were already beginning to come in. This was the same ward I had been on before outbreak of hostilities, and was now even more poorly equipped than before, because the top floor wards had been stripped to equip auxiliary hospitals. Furnishing of wards these days was done by "scrounging" - which is just a polite word for stealing - from other wards or from any place where there was anything which could be used. I might say it is neither a commendable or satisfactory method. All water had to be boiled in small kettles on a fireplace in the office of each ward. The MO was the radiologist and the Laboratory work was done by a RAMC Corporal, the former Bacteriologist having been sent to Camp by the Japanese directly from his auxiliary hospital. After about six weeks the Corporal committed suicide. The OC ordered the usual simple burial,

but the Japanese objected, saying that as a soldier he was entitled to the same honors as an officer of any rank, and made a great deal of the event.

24. It was difficult to treat dysentery effectively with the limited food and drugs at our disposal, and the patients were obliged to go from a liquid diet directly on to full diet - mostly rice, instead of gradually increasing it.

25. We opened up the ward next door for surgical cases being brought in from other hospitals, as each of these hospitals was taken over by the Japanese for their own use. A shell had gone through the roof and out the wall of this ward and when it rained the patients from that part of the ward had to be crowded to the other end in order to keep them dry. We had to leave the area near the opening in the wall clear also, as the wall was in danger of collapsing. The Japanese refused to do any repair work.

26. Hot water for washing on these two wards had to be carried (in fire buckets) from the ward at the far end on the floor below. This was available only two mornings a week. The Chinese boys had cleared out of the hospital early in January and all cleaning had to be done by VAD's or patients if they were able, or willing. The bedding was washed by VAD's (in cold water and very little soap). During part of January we had no bread and "hard Tack" was used. Many of the men had lost their dentures during the fighting and to them the biscuits were not very satisfactory. As the food became poorer and more scarce, the men became more difficult to control. When asked by the OC on his daily rounds if there were any complaints, any who did not complain were put on the list to go back to camp. The men were cold as well as hungry as there was no glass in the windows, not enough blankets and no heating system. Many men asked to be sent back to camp.

27. In the middle of February I was moved to a surgical ward on the ground floor, where the patients more seriously wounded were, which was also overcrowded and cold. Some of the worst cases were put on the verandah in order to give them as much fresh air as possible but the Japs accused us of being cruel to our wounded and ordered to keep them inside, which did not add to their comfort at all.

28. At the beginning of April, Col. Sutcliffe, OC Winnipeg Grenadiers, was admitted to hospital from camp in serious condition with dysentery beri-beri and anemia, from which he died a few days later (April 6th). His funeral was held the next day at cemetery at BMH, conducted and attended by Canadians, 50 of whom the Japanese brought up from North Point Camp, and those in hospital.

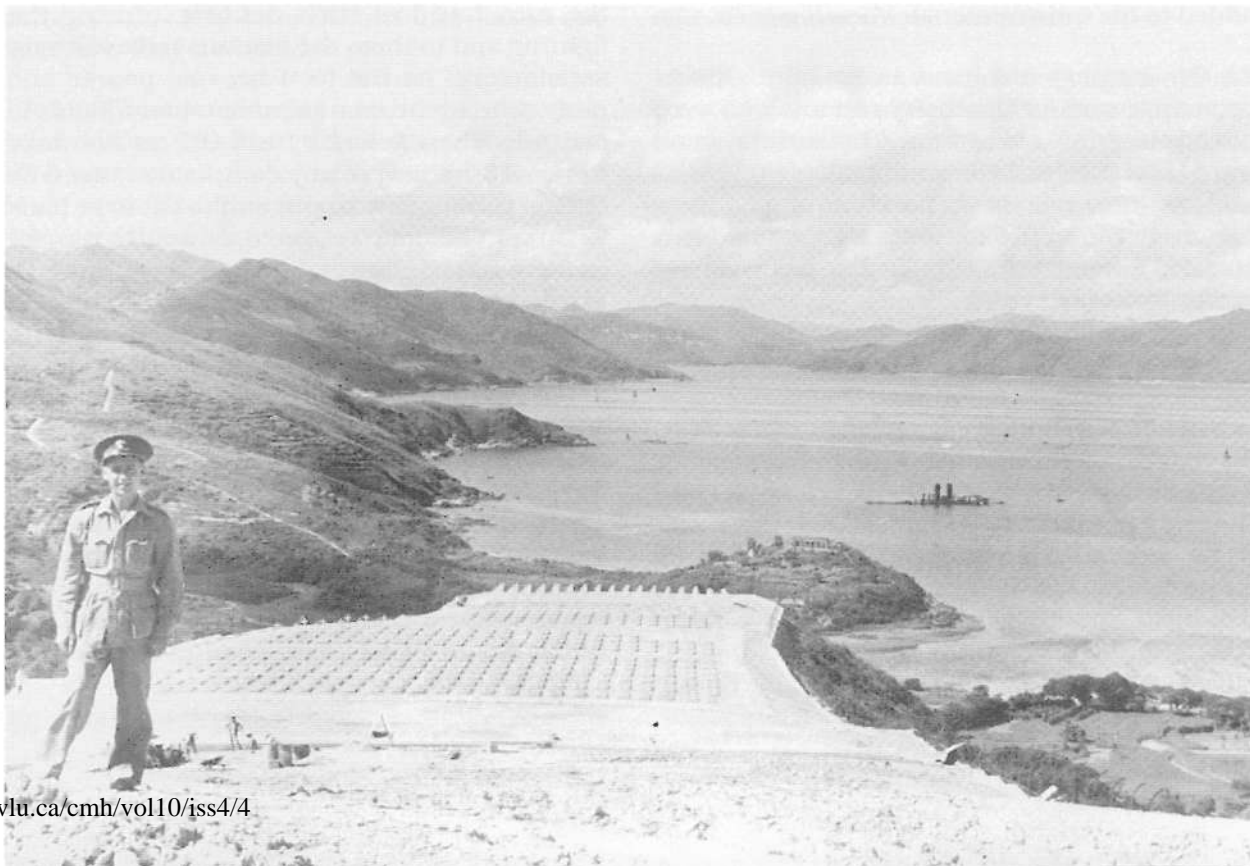
29. By this time all Canadians were in North Point Camp which is on the island, where there was the usual poor accommodation, overcrowding, filth and inadequate food. In June, the Navy was moved to the camps on the mainland, leaving only Canadians in North Point. There the MO's carried on with great difficulty looking after the sick until the Japs would consent to send them to hospital. In some cases the men had practically recovered, but because his name was on the list for hospitalization, he had to go. At first they were brought in on a truck, heavily guarded, but later a bus was used, also guarded. Those ready to return to camp went back on the same vehicle, after being thoroughly searched before leaving hospital and again before being admitted to camp.

30. On one or two occasions Capt. Cunningham and Capt. Spence (ADC) would bring a Jap guard

in, ostensibly for X-ray of a troublesome tooth, and while this was being taken the officer had an opportunity to visit with any Canadian patients.

31. In March or the beginning of April the Japanese gave the medical and nursing staffs Parole statements to sign, threatening reprisals on the patients if everyone did not sign. In this statement we were classified as "Prisoners of War" and therefore the OC told the Japs that we would not sign unless that term was changed to "medical personnel caring for wounded P.O. W." or words to that effect. All forms of recreation for patients were prohibited, and the already scanty rations cut still further, for some days, and then we were presented with another form, worded as the OC had suggested. It was pointed out to us by the matron that it was our duty as nurses to stay and care for the patients and, therefore, was unnecessary to promise not to escape, but in order to remove the possibility of further reprisals, we were to sign. She said she would uphold our doing so in a letter she had composed to be sent to the principal matron of the various services which we represented. (We were unable to bring a copy of this letter as the Japanese restricted us to a passport and Bible, as the only papers we could take with us when we left Stanley Camp). In a few days, similar

The Sai Wan War Cemetery in Hong Kong, photographed in 1947. This cemetery is the final resting place of over 1,600 Commonwealth soldiers (including 283 Canadians) who were killed during the battle or who subsequently died while prisoners of war.



forms were distributed to the patients, both officers and men, as was also done in camp. The Japanese allowed Col. Home to come up from North Point Camp to speak to the Canadians in hospital and to authorize their signing. The one man in camp who did not sign was taken away by the Japs, and returned some days later saying he had been starved into signing. Three British officers in BMH refused to sign and were tagged and confined to their wards except for one hour's exercise each day. One of these, Major Boxer, a British Intelligence Officer and official interpreter for the hospital, had a permanent injury and had to stay there, but the other two when ready for discharge were taken by the Japs to Stanley Prison until they signed.

32. From this time on, we had roll call twice daily - 8:00 a.m. and 6:00 p.m., at which time all up-patients had to climb to the tennis court and stand there, often times in the blazing sun; the nursing staffs (Sisters and VAD's separate) lined up outside their quarters, and waited until the Japs accompanied by Major Boxer and the British S/Major, and the Matron, counted and checked their numbers. No one could leave until everyone had been accounted for. On one occasion they decided to have a check-up at midnight, but only those doing the checking had to get up, but the Matron had to swear that we were all in our places.

33. By this time the rainy season had set in and the roof of our dormitory leaked so badly that it was found necessary for the Sisters to take over several smaller rooms and leave the VAD's with the entire large ward so that they could move the beds out of the wet sections. In order to relieve the crowding, four Sisters slept out on the balcony, but when rainstorms or what looked like a typhoon came, we all had to crowd inside. Almost half the VAD's and two of the Sisters had from time to time gone out to Stanley Camp, or if third nationals, were living in town, which helped out also. A number of the most seriously wounded and ill patients had died, and the remainder were progressing so that the work on the surgical wards became much lighter, and with the number on the staff, we all worked only 5 days a week. This was very fortunate in view of the inadequate rations we were receiving. The medical wards were busy, however, as men from North Point were coming in in increasing

numbers with Dysentery, and as months went on more Beri-Beri, pellagora, general malnutrition. One mental case, with definite malnutrition and possibly TB had to have constant attention and a room by himself. He was still being "specialized" by RAMC orderlies with experience in the care of psychiatric patients, when we left the hospital in August, 1942.

34. In March the question of pay arose. The Japs decided to pay the officers only, as from January 1st, and forbade them to give the men any money. This was overcome by the use of credit slips at the canteen, and covered by a fund to which all officers subscribed in proportion to the amount they received. All men received the same amount each month but the amount varied from month to month as officers were being discharged and men admitted. The Matron insisted that the Sisters, at least, should be paid as they rated as officers, although the QA's had not yet put up their pips. The Japs maintained they had not that rating in the Japanese army, and therefore they could not receive pay. However, according to Maj. Boxer's report to Maj. MacAulay (RRC) they were willing to pay the two Sisters who wore "two stars" and our money was in the hospital, but because all the sisters wouldn't be paid, the Matron and OC would not allow us to have the money. In June the Officers' Mess from North Point wrote to us explaining that the 3 Chaplains were not being paid by the Japs either, so they had established a fund out of which they could pay the five of us an equal and same amount each month. From then on, we received H.K. \$25. each month, and when the currency was changed to Military Yen, at rate of M.Y.I = \$4 we continued to receive M.Y.25. right up to the month we left Stanley Camp. It was due entirely to this money that we were able to carry on and keep as well as we did. As a matter of fact, three of us benefitted, as the third in our room was not receiving money regularly, and so we all pooled our resources.

35. In January, the Japs put up barbed wire (both straight and concertino) around the hospital, and a few weeks later reinforced it with electrified wire. At all times there was an armed guard who at the beginning made a nuisance of themselves by strolling through the wards and demanding wrist watches or any jewellery they

fancied. One VAD whose husband had been killed in the fighting had her wedding ring taken from her finger by a guard when there was no one else around. They confiscated out radios, cameras, steel helmets, respirators, (these we slashed before handing them over so they could not be used by the Japs), flashlights, (an RAMC Corporal who drove the ration truck for the Japs retrieved my flashlight for me with a long story of it being a special gift to me); knives with more than 6" blades - a bread knife could be kept on each ward but we had to submit a signed statement saying we had it and for what purpose.

36. Cigarettes were so scarce that it was a common sight to see the men and sometimes an occasional officer walking around searching for, and picking up, any butts they could find. This apparently was also the case in camp and considered a definite factor in the cause of some of the Dysentery cases.

37. For some months a number of VADs whose service could have been quite easily dispensed with, had been asking to be sent out to Stanley Camp but always were refused by the Japanese. Then on August 10, 1942, with less than 48 hours' notice, they ordered all female nursing staff out of the hospital, leaving the patients to be nursed by the orderlies. The only military hospital on the mainland, St. Theresa's, which had been operating since Feb. 26/42, was closed on that date also and the nursing staff sent to Stanley with us. Any of their patients requiring further hospitalization were sent to Bowen Road.

In order to make room for them we had to send 50 men back to camp, some of them really not fit to go, but the Japs said that if we couldn't pick 50, they would pick 100 and send them. At this time also, the OC and DMS who had been there since the war, were both ordered to a POW Camp on the mainland. The newly appointed OC who was in higher favour with the Japs (and quite legitimately so) than the first had been, tried to explain to them that he must have some nurses there, even if only three or four, but they refused to listen and we all had to go. That was the last date on which we saw any of our Canadian Military associates.

38. In camp, we were not permitted or required to do any nursing as the hospital there had all their own nurses, so the Matron made repeated applications to the Japanese authorities to allow us to go back to BMH, but all her requests were flatly refused. In April of 1943, the military nursing staff was asked to do night duty to relieve some of the civilian nurses for holidays, and each of us did two one-week periods of duty.

Kathleen G. Christie joined the Royal Canadian Army Medical Corps at Toronto Military Hospital, 27 November 1940. Following a posting in Toronto, she was selected to accompany "C" Force to Hong Kong. Following the battle and a period of internment, she was repatriated during a prisoner of war exchange in late 1943. Ms. Christie passed away a few years ago.