A REGIMENTAL MEDICAL OFFICER IN BORNEO

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FOR my second tour in the Borneo Territories I had the good fortune to serve as Regimental Medical Officer to a Gurkha Battalion in one of the more picturesque parts of Sarawak—Third Division. Third Division is the home of the IBANS, world renowned as the head-hunters of Borneo. In the past a prospective Iban bridegroom had to produce a human head before he could ask for the hand in marriage of his bride. The custom is fortunately in abeyance, although with the present trouble there has been the isolated decapitation of the border terrorists. The Ibans live in longhouses, ten to fifty families sharing the one thatched roof. An open verandah runs the length of the building overlooking the river along which these dwellings are always found, and a covered corridor separates the verandah from the family rooms which jut out at the back. The whole commune is built on stilts with a floor of slatted bamboo, waste material of every description falls to the waiting pigs below, which are the only form of sanitation.

Third Division has three towns and two villages built along the Sungei—or river—Rajang, the vast waterway which is the highway of the territory. The Rajang rises in the Hose mountains—high country separating Sarawak from Indonesian Borneo, and gathers tributaries as it travels to the flat mangrove swamp, its mouth in the South China Sea. Travelling down from the border along the only route—the river—the first medical post is in Kapit at the junction of two major tributaries of the Rajang. Here is a Mission Hospital provided for by an American religious group. The two doctors and the sisters are American, and the staff Chinese and local populace. Writing from memory they have about sixty beds of all descriptions, and treat patients from all round. Their medical supplies are obtained by collecting all the samples that fill the letter boxes of their colleagues back home and shipping them out. It is apparently cheaper than buying them !

The hospital is situated on one of the many hills overlooking the town, and the path to it passes a beautiful lake almost entirely covered with pink Lotus. When I first saw the lake I noticed a party of troops practicing " river crossing " using rafts made from poncho capes stuffed with lalang grass. As the lake appeared to be the main exit for the sanitation of the surrounding houses I took a sample and referred it to the base hospital for analysis. Back came a one word reply—" Lethal "—so now the lake has returned to its original unmilitary beauty, but, as ever, the local populace use it as a wash house.

Following the Rajang down to the sea the next village is Song with about thirty shop houses and a mission school. The four administrative buildings include a dispensary, a sort of sick bay run by a trained medical assistant of the Sarawak Medical Services. At Song the Sungei Katibas joins the Rajang to swell it to a fast flowing river about a quarter of a mile wide. Down river lies Sibu the administrative centre of the division—a growing town with eleven and a quarter miles of road and a thriving Chinese population. Here in Sibu we had our headquarters and here I was lucky enough to

have a hospital. The Sarawak Medical Services consist basically of a hospital to each division with dispensaries in some of the villages and a few partially trained personnel in the longhouses. All the doctors in the service, thirty five in 1964, work in the hospitals. The patients making their own way there or being sent in by the hospital assistants from the dispensaries.

In Sibu I had the advice and assistance of a first class surgeon who thought nothing of doing a pneumonectomy with only his theatre sister as assistant. He had trained his own anaesthetist, one of the brighter hospital assistants. When I spoke with him about gunshot wounds he was most cheerful, for as he explained the Ibans largely lived by hunting and some of their weapons were extremely primitive often causing as much damage to the hunter as the hunted. He then took me to the male surgical ward to see a patient lying face down with a cradle over his backside. This poor unfortunate had been hunting by the old silent method of trapping and had been shot from his perch in the creepers by a modern hunter who mistook his bare buttocks for his prey the baboon. I was later to appreciate greatly Mr. Wong's skill with gunshot wounds.

On the medical side the houseman showed me the wards—male, female and children with everything ranging from aplastic anaemia to diphtheria, and I tried to appear reasonably intelligent as the Senior Medical Officer discussed some of the more obscure cases with me. As is common in the tropics " Pyrexia of unknown origin " presented frequently.

So much for the civilian medical " set-up ", except that in Kuching—the capital of Sarawak—the civilian authorities had put a complete ward at the military's disposal, as a staging point before Singapore, the ultimate destination of all evacuations.

As R.M.O. I had trained four orderlies to each company and had four more who had been on a course at B.M.H. Singapore. Together with the Pipe and Drum band, trained in first aid and stretcher bearing, we had achieved about one man in ten trained in some aspect of medical care. This was to prove useful in the scattered locations as time progressed. On arrival in Sibu I also acquired four R.A.M.C. personnel.

As the battalion took up its positions spread out along the border and in strategic locations, I placed my Corps staff in critical spots keeping the N.C.O. back in Sibu where he was able to help with the administration and cover for me as I visited forward positions. In the Battalion Headquarter area in Sibu I had a sick bay to which all patients were evacuated initially and where I could care for the minor sick and ill without using the valuable hospital beds. The sick bay backed on to the local sports ground which became a regular landing zone for the untiring helicopter pilots as they brought in the sick. It was evident that all sick except the most minor ailments had to be treated back in base and not in the forward positions. The R.A.M.C. N.C.O. and two of my trained orderlies were kept very busy running the sick bay and had much valuable experience.

Troop movements in the densely jungled forward areas were necessarily on foot, with terrain so formidable that it might take a patrol three days to cover three thousand yards. River patrols by longboat, the traditional dugout canoe with a forty horsepower outboard on the back, added to the range of the troops, and the maid of all work the helicopter, bridged the gaps. Thus the sick were either seen by me on routine rounds and special visits or sent back by helicopter in response to a call for a " medivac " as the

case warranted. With posts up to one hundred and ninety miles away I soon became a seasoned helicopter passenger.

Gradually the Ibans came to know the routine visiting days and my sick parades swelled from a few soldiers to a few soldiers and scores of Ibans, men, women and children. The military suffered from the usual tropical ailments with skin disease and upper respiratory tract infections for the major part. The civilians presented with anything from frank tuberculosis to frank curiosity, the latter fortunately in preponderance. However as it is a great part of the battle for " Hearts and Minds " to provide aid and assistance all cases were seen whenever possible and my orderlies with their daily clinics referred cases to me. Vast quantities of harmless brightly coloured pills, vitamins and iron for the most part, were dispensed, and as all the population suffered from vitamin deficiency and anaemia some good was surely done. Many of the intricately tattooed warriors had weird designs in " brilliant green " and " gentian violet " as treatment for obscure skin conditions which contrasted sharply with the flowers and birds of tradition. As the confidence of the inhabitants was gained they began to show some of their seriously ill patients who would normally have been left to die. In several cases this presented a very difficult problem. If the patient died in his longhouse, this was acceptable but if he were taken away—no matter where—by helicopter, then the blame for his death lay fairly and squarely on the doctor, and with him the troops. This could easily, and did on one occasion, alienate a complete longhouse or group of longhouses with disastrous military consequences. It was with deep regret that I had to leave one or two cases who were in all probability incurable, but we moved many sick and injured. Two in particular come to mind. One was a twelve year old boy who when first seen lay hidden away behind a screen in a remote longhouse. He weighed only four stone and was being fed just enough to keep alive—but only just. After considerable argument with the headman we persuaded him to let us take him back to Sibu. There the principle diagnosis of tuberculosis was made and four months later when I last saw him he was doing very well. The other memorable civilian evacuation was a flight by the Squadron Commander in terrible weather conditions to bring in the victim of an " amok ". The patient had deep parang wounds in his chest and would certainly have died without prompt medical attention.

Evacuation amongst the troops was not only due to skin conditions and respiratory infections unfortunately. It is to be remembered that I was serving with Gurkha troops, troops who had been on active service in the jungle almost continuously since 1948, and what they did not know about " Hygiene in the Field " was hardly worth knowing. Naturally I had made sure that all possible precautions against disease were being taken and kept a close eye on hygiene doing a location tour after each sick parade giving whatever advice was appropriate. The troops lived in modified " bashas," huts made of bamboo frames and thatch. These were cool and airy but the deep logged and sandbagged emplacements they concealed were hot and damp. In the forward positions deep trench latrines were most effective and beautifully built from local materials. We even managed to persuade some of the longhouses to follow the example, but they were so poorly maintained that the evil smelly pigs were a better bet in the long run.

The main problem was water. In a country with one of the highest rainfalls in the world—we recorded seventeen inches of rain in one period of twenty four hours—and where rivers rise twenty five feet overnight, water was everywhere. But not water for

washing or drinking. When we first established bases we searched for springs above previous tide marks and led the flow along tortuous channels of split bamboo to a central point. Here it was filtered through Millbank bags into clean empty fuel drums, sterilized by chlorination and then piped to the washing points and cooking areas. Later on the Engineers established more sophisticated waterworks.

In spite of all possible precautions however I began to receive a flow of ' medivacs ' from one location who appeared suspiciously like Leptospirosis to me. Admission to hospital and discussion with my civilian colleagues gave me pause however as they were adamant that the condition had not occurred before in that area, and to their knowledge did not occur in Sarawak. Subsequent tests however supported the diagnosis and we treated them as such with successful outcome although at the time we were very worried. Discussing the cases later we came to the conclusion that the population at risk were exposed at a very young age and either succumbed or developed an immunity. Obviously as soon as the diagnosis was suspected it was necessary to seek the cause of the outbreak, and so I visited the locations from whence the casevacs had come. The trouble appeared to stem from a small tributary of the Sungei Katibas, an area which had been extensively patrolled with the troops of necessity at times up to their waists in water and suffering frequent duckings. As the Battalion had already had the occasional case of Leptospirosis whilst patrolling in Malaya they were well aware of dangers and took no unnecessary chances. Heavy rains, the monsoon season had just begun, had swollen the brooks into raging torrents and I presume the infective material lying above the normal water level was swept down into the main channel for the cases stopped as suddenly as they had begun as the rivers flowed full.

The next serious problem was the occurrence of two cases of encephalitis, soldiers who within hours of feeling slightly headachy became comatose. Both had helped in the construction of a forward camp in dense primary jungle and both were evacuated within six hours of the first symptoms. Unfortunately one died, the other made a long slow relapsing recovery to end as a mental cripple only just able to remember his name and feed himself.

My first taste of action followed soon after when a company had a pitched battle with a party of terrorists. Early in the action two of the Gurkhas were badly wounded and I was asked if I could go in and help them. I was flown to the site of the action, a small island in the Rajang Delta and winched down on to a river craft as requested—a very alarming experience ! It was then seen by the pilot that he could get to the injured and so with extremely skilful manoeuvering he hovered over the mangrove swamp whilst the two wounded were lifted aboard. I was hoisted back up and we returned to Sibu twenty minutes away while I tended their wounds as best I could. There we landed in the grounds of the hospital, the staff of which responded immediately to the situation, and three quarters of an hour later we were operating on the first of the wounded, having given him blood. He had been shot in the belly, the bullet dividing various structures to come to the rest in the disc space between the lumbar vertebrae and the sacrum where it remains to this day. Owing to the brilliant work of the surgeon I mentioned before, the soldier survived, took an interest in medicine and is now a very efficient M.I. Room Sergeant! The other Gurkha had been shot in the chest whilst trying to help his wounded comrade. He stood the injury well and has received the M.M. for his pains. Whilst we were still operating two more wounded were brought in—they were the terrorists

who had survived the military operation. These we repaired and we finished the night's work, at four a.m., with the removal of a retained placenta for good measure.

Life was not always so serious—fortunately, and in fact " Beer and Skittles " was often the order of the day. The beer being duty free and the skittles the ancient ten pin alley dating from 1936. Nothing like the modern American version. We had great knobbly bowls weighing up to thirty pounds which thundered down the warped and battered boards to smash the carefully set up pins in all directions. Again the top floor of the local hotel—a sort of night club—had its attractions but these all had had repercussions. I write not from personal experience, but because I had to treat them! Visits to the longhouses as guests were most entertaining and the drinking of the potent tuak or rice wine quite an experience. The Iban's hospitality can become an embarrasment as it extends to all possible requirements and moral considerations aside their ideas of beauty and ours are poles apart.

Travelling by river is a wonderful experience once you stop having that nasty feeling that an ambush is just round the next bend. The longboat is driven by a local Iban " Border Scout " on the stern manipulating the motor with a lookout in the bows picking the way between the submerged rocks. Shooting the rapids is most exhilarating, stuttering down at thirty knots with the last minute wrench at the engine slipping the bows past the jagged boulders. Around the bend the river suddenly becomes smooth and manageable as it widens and the whole scene is peaceful. Overhead the jungle almost meets with the great trees reaching up to the blue sky. The brilliant flash of the kingfisher abounds and sometimes one is lucky enough to see the sacred bird, the hornbill sitting sentinel on a dead stump. The different greens of the trees and the creepers are interlaced with the brighter colours of the tree orchids and the occasional ' Flame of the Forest ' appears to flood the green canopy with its brilliant scarlet flower.

This leisurely travel is in stark contrast to the functional clatter of the helicopter as it dashes from ridge to ridge and comes to rest on some remote landing zone cut deep in the jungle. It was on one such routine trip that I had my worst experience when we failed to make a perfect landing and crashed down a hillside. Fortunately for all of us the helicopter did not explode and happily another was soon with us to take the only injured passenger and myself to hospital. Two days later I was given a " heart in the mouth " flight in the smallest helicopter the Squadron had,—a sort of motorized goldfish bowl, to get my nerve back. It seemed to work.

Soon after this incident the battalion was relieved and I handed over the twenty five thousand square miles of my practice to another " Jungle Doctor " to return to the peace and quiet of the Malayan mainland.

King Edward VII Convalescent Home for Officers, Osborne, Isle of Wight

Surgeon Captain W. J. F. Guild, C.B.E., M.D., has been appointed House Governor and Medical Superintendent in succession to Surgeon Rear Admiral E. T. S. Rudd, C.B., C.B.E., M.B.