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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 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)

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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 VADs 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;

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
'tflu 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

* Senior Medical Officer
** Tuberculosis
*** Volunteer Aid Detachment

* Casualty Clearing Station

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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 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 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 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 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 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 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 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 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
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
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 VADs or patients if they were able, or willing. The bedding was washed by VADs (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
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 VADs 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 VADs 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, pellagra, 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.1 = $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
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.

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.

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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.