

THE BATTLE FOR MILNE BAY AND ARMY'S WORLD LEADING FIGHT AGAINST MALARIA

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The Allied defeat of Japanese military forces in Papua's Milne Bay is mostly remembered as the first defeat of Japanese land forces during the Second World War.¹ However, there was another significant victory: the start of the re-advancement of the Australian Army's knowledge of the prevention and treatment of malaria during operations.² That was because the relevant lessons learned during earlier wars were forgotten.³

The operational picture

The Allies and Japan saw Milne Bay as strategically important, not least because of its relative proximity to Port Moresby. Just before midnight on 25 August 1942, around 2,000 Japanese sailors and naval labour forces made an unopposed, night amphibious landing at Milne Bay, about 11 km east of where they had intended.⁴ This placed the Japanese further from their intended objective – the seizure and control of Milne Bay's three airstrips which would allow the Japanese control over the surrounding waters including the safest sea approach to Port Moresby. Disastrously, the Japanese underestimated the number of Allied troops garrisoned in the Bay to defend the area, which numbered around 8,825 (7,460 Australians and 1,365 Americans).



The dense jungle foreshore that the Japanese faced at their landing at Milne Bay. An abandoned Japanese barge in the foreground.

¹ Anderson, N. 2018. *The Battle of Milne Bay 1942*. Australian Army Campaign Series, Big Sky Publishing, Canberra, ACT, p. 177.

² McLeod, J. 2019. *Shadows on the Track : Australia's Medical War in Papua 1942-1943 Kokoda - Milne Bay - The Beachhead Battles*, Big Sky Publishing, Newport, NSW, Australia.

³ Quail, G. 2017. *Lessons Learned : The Australian Military and Tropical Medicine*, Big Sky Publishing, Newport, N.S.W, p. 80.

⁴ Coulthard-Clark, CD. 2001. *The Encyclopaedia of Australia's Battles*, Allen & Unwin, p. 227.

There followed a series of actions and engagements, and the landing of another 800 Japanese sailors on 29 August. By 7 September, Australian infantry battalions forced the Japanese to evacuate by sea.⁵ RAAF air support was pivotal to the Allied victory.

In addition to the care of battle casualties, one of the operational difficulties for the Australian Army in Milne Bay was the preservation of the force against the effects of malaria.⁶ Around 6,000 patients were hospitalised because of the disease at Milne Bay from July to December 1942.⁷ This malaria epidemic was among the worst ever suffered by the Army.⁸ It drew acute attention to Australia's broader battle against malaria in the war in the Southwest Pacific.⁹

Malaria

Although other diseases such as dengue fever and dysentery affected troops in Milne Bay, the mosquito borne disease malaria was the ubiquitous and predominant one.¹⁰ Australian medical experts knew of the effects that malaria had in earlier wars.¹¹ They also knew of and ensured that military planners understood the threat of malaria in Milne Bay.¹²

Australian troops began arriving in the Bay in June 1942.¹³ However, they were mostly inadequately prepared for malaria.¹⁴ This was because of a combination of factors that included the urgent need to deploy troops, supply constraints, and a degree of planning inattention.¹⁵

The first soldiers to arrive had few tents, no mosquito nets, no effective mosquito repellent, and wore rolled-up shirtsleeves and shorts that left them exposed to mosquitos.¹⁶ Their only practice was to begin taking quinine tablets, the then antimalarial drug, within a week of arriving. Rumours that quinine caused impotence were not helpful.^{17 18}

⁵ *Ibid.* pp. 227-229.

⁶ McLeod, J. 2019. *Shadows on the Track : Australia's Medical War in Papua 1942-1943 Kokoda - Milne Bay - The Beachhead Battles*, Big Sky Publishing, Newport, NSW, Australia, p. 109.

⁷ *Ibid.*

⁸ Howie-Willis, I. 2017. Australian malariology during World War II (Part 3 of 'Pioneers of Australian military malariology'), *Journal of Military and Veterans Health*, Vol. 25, No. 2, p. 51.

⁹ McLeod, J. 2019. *Shadows on the Track : Australia's Medical War in Papua 1942-1943 Kokoda - Milne Bay - The Beachhead Battles*, Big Sky Publishing, Newport, NSW, Australia, p. 106.

¹⁰ *Ibid.* p. 110.

¹¹ *Ibid.* p. 108.

¹² *Ibid.*

¹³ *Ibid.* p. 104.

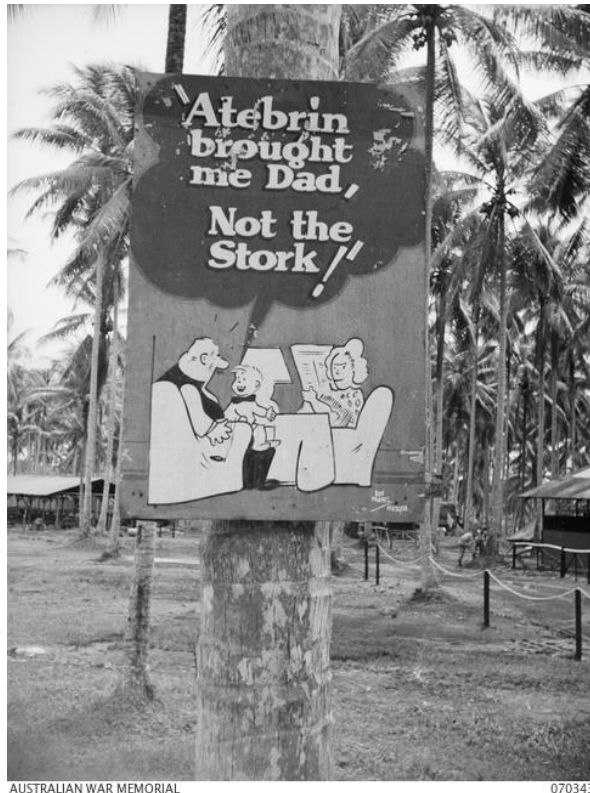
¹⁴ *Ibid.* p. 108.

¹⁵ *Ibid.* pp. 106 – 107.

¹⁶ *Ibid.* p. 108.

¹⁷ *Ibid.*

¹⁸ *Ibid.* p. 110.



AUSTRALIAN WAR MEMORIAL

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The 9th Division's Private Bay Fauvel painted this sign that was one of many at the Reception and General Details Depot of the Milne Bay Sub Area. This cartoon sought to counter the rumour that the anti-malaria drug Atebrin caused impotence.

Expanded knowledge of malaria

The effects of malaria on operations were being re-learned by 1943. That was because along with the epidemic of malaria during the Milne Bay campaign, there were also malaria epidemics along the north Papuan coast at Gona, Buna and Sanananda at the end of 1942 and early in 1943.¹⁹

A personal brief in December 1942 by a senior Army malariologist, Ted Ford, to the Commander-in-Chief of the Australian Military Forces, General Blamey, is said to have noted that, 'unless [you give] the highest priority to the AAMC's [Australian Army Medical Corps] campaign against malaria, very soon there [will] be no army left for [you] to command'.²⁰

Blamey subsequently directed the creation of the Land Headquarters Medical Research Unit (LHQMRU) at Cairns in June 1943.^{21 22} Led by Neil Fairley, the Unit's early research demonstrated that a daily dose of *atebrin* (also known as atabrine, mepacrine or quinacrine) would suppress malaria. When AAMC personnel in the field followed this new clinical advice,

¹⁹ Howie-Willis, I. 2017. Australian malariology during World War II (Part 3 of 'Pioneers of Australian military malariology'), *Journal of Military and Veterans Health*, Vol. 25, No. 2, p. 51.

²⁰ *Ibid.* p. 56.

²¹ Quail, G. 2017. *Lessons Learned : The Australian Military and Tropical Medicine*, Big Sky Publishing, Newport, N.S.W, p. 63.

²² Howie-Willis, I. 2017. Australian malariology during World War II (Part 3 of 'Pioneers of Australian military malariology'), *Journal of Military and Veterans Health*, Vol. 25, No. 2, p. 53.

dramatic falls in malarial infection amongst Australian troops in Papua and New Guinea followed.²³

The Unit's research and experiments were the foundation for the medical world's progress in malaria research.²⁴ The prestigious British medical journal, *The Lancet*, wrote that the Unit "brought a greater advance in the knowledge of chemoprophylaxis [of malaria] than had occurred in the previous 50 years or was to occur in the subsequent twenty".²⁵

Their efforts to combat malaria contributed to the defeat of Japan in Papua and New Guinea.²⁶ The mortality from malaria amongst Japanese troops there was 10% of their total strength.²⁷

The AAMC's units that served in Milne Bay were the 11th Field Ambulance, 2/5th Field Ambulance, 110th Casualty Clearing Station, and the 2/1st Casualty Clearing Station.

The ADF's present Malaria and Infectious Disease Institute traces its history to the LHQMRU.²⁸

Read more in:

Howie-Willis, I. 2016. *Unending War : The Australian Army's Struggle Against Malaria 1885-2015*, Big Sky Publishing, Newport, N.S.W.

Howie-Willis, I. 2012. *Medical Emergency : Major-General 'Ginger' Burston and the Army Medical Service in WW II*. Big Sky Publishing, Newport, N.S.W.

²³ *Ibid.*

²⁴ *Ibid.* p. 64.

²⁵ *Ibid.* p. 64.

²⁶ *Ibid.* p. 51.

²⁷ *Ibid.* p. 54.

²⁸ <https://www.defence.gov.au/adf-members-families/health-well-being/capabilities/adf-malaria-infectious-disease-institute/history> [Accessed 17 August 2022].