

## SOUTH OF THE CLOUDS TALK

My mother's maiden name was Rita Dangerfield and this is her story of her wartime experiences with the Quaker Friends Ambulance Unit in China as a nursing sister.

My mother set her career early on as a member of the caring professions, becoming a student nurse at Mile End hospital, London, during the last war. She remembered one of her duties was fire duty on the roof of the hospital, during the Blitz, armed with no more than a bucket of sand. She spent her time praying that no bomb would land; the first of many answered prayers.

She met members of the Quakers' Friends Ambulance Unit at the hospital. Their keen desire to salvage and build up life in the midst of destruction and devastation had made a deep impression. With three of her brothers serving in the Army, one of them in Burma, she decided she would join the Friends Ambulance Unit to serve with them in China. This was a great surprise to one of her sisters, who remarked that she would hate it there since she didn't like rice pudding. After a six week crash course in Mandarin, she set sail to China in early 1944 at the age of 21. Surviving air attacks in the Mediterranean, she was one of the first convoys through the re-opened Suez Canal.

German fighters attacked the vessel off Algiers and, sadly one of the escorting aircraft was lost. After flying over the Burmese war zone, she finally arrived in Yunnan province the site of the China/Burma front between the Japanese and Chinese armies, close to the Salween River.

The name of Yunnan has the poetic meaning 'south of the clouds' and its higher regions are blessed with a climate happily described as 'spring at all seasons'. In the region bordering Upper Burma there is a pageantry of ethnic minorities which have existed there during long centuries. There are the Lisu peoples, fun loving and gregarious, the shy and mysterious Miao, the wild Kachins, the people of Tai race known here as Shans, and many others, still conserving their special cultures and distinctive dress. But in this same border region the Mekong, Salween and Shweli rivers have carved out ravines where malaria is rife, especially in the rainy season. Here, in a 100-mile broad strip running from north to south, is one of the most malarial sections of the earth.

### The Military Background

As their purpose was to help staff and provide mobile medical teams on the China/Burma war front an explanation concerning the strategic situation may not be out of place. The Japanese not only had a firm grip on Burma since April, 1942, but also occupied a strip of Yunnan along the frontier with Upper Burma. They held well-nigh impregnable strong-points commanding the passes over the north-south mountain range which runs west of the Salween River. With the Chinese not wishing to risk a costly attack on this front, it had remained quiescent, and meanwhile the famous 'Burma Road', laboriously built for the transport of war supplies to China, was cut. On the other side of Burma, facing Assam, the Japanese in 1943 planned to capture Imphal, in preparation for a possible move against India. They did attack in mid-March 1944, but the British 14<sup>th</sup> Army repulsed them with heavy losses and saved Imphal.

United States and British strategy was now directed towards driving the Japanese out of Upper Burma, in order to make the air route to China more secure and enable overland communications with China to be established as well, thus opening up new possibilities for action against Japan. To bring the maximum pressure to bear on Upper Burma it was decided that a simultaneous Chinese

offensive, designed to break Japan's hold over the Salween front, was essential. Generalissimo Chiang Kai-shek was most reluctant, however, to risk an attack at a time when the Japanese threat in Central China was increasing, and it was only after persistent pressure from the U.S. Government that on 14<sup>th</sup> April, 1944, he at last gave the necessary orders, and fixed a date for the crossing of the Salween. The arrival of my mother's small party on the very next day, that is the 15<sup>th</sup> of April, was indeed timely.

In addition to being on the spot in the hour of need, they could also claim the distinction of being the first women to join the China operations of the Friends' Ambulance Unit. By June 1944 four women members of the Friends Ambulance Unit from England had arrived in China – Margaret Briggs, Connie Bull, Elaine Conyers and Rita Dangerfield.

### First Impressions

When their plane touched down at Kunming, several members of the team walked to temporary headquarters, whilst a colleague and my mother stayed behind to keep an eye on their personal effects and equipment. A noisy crowd of coolies (a term which has since become taboo) collected, anxious to be away with their luggage. She was told that the average coolie's life span was 30 years, hardly surprising when you consider their heavy loads and appalling living conditions. Malnutrition was one of the most common medical problems and often their first task was to treat both civilians and soldiers for deficiency diseases such as scurvy and beriberi.

In 1943 three Friends' Ambulance Unit teams were functioning under the wing of the Chinese Red Cross. The team would comprise about 8 people, including two doctors, two nursing sisters and a laboratory technician who doubled as a dispenser and was also called upon to be a delousing expert. In addition there was a quartermaster, preferably Chinese, to look after food supplies, accommodation and other problems, and to act as interpreter. The complement was made up by a capable handyman or technician who could turn his hand to X-ray equipment, not to speak of splint, bandages and drugs, and finally an administrator, if available, so leaving the rest to concentrate on urgent medical and surgical work. The teams might be working in hilly, heavily forested country with no roads, so that equipment had to be light yet fully comprehensive, including generators to work the X-ray apparatus. In the wilder, more remote parts a team would be fortunate if it could have the use of trucks. Most often the best means of transport would be strong wooden cases loaded onto mules and moved from one location to another over rough tracks and ancient caravan routes. In practice the teams developed into multi-national compact groups of British, Chinese, American, Canadian and New Zealand volunteers. Sleeping and working in barracks, temples, private houses and tents, they lived off the country, always ready to move on a sudden call or emergency.

After 24 hours in Kunming they travelled by rail north-eastwards to the town of Kutsing (now Quijing) and here they spent six weeks learning Chinese hospital methods at the Church Missionary Society hospital and had more Chinese lessons so that they would be able to communicate with the patients about their ailments.

On 22<sup>nd</sup> May 1944 my mother was called at 6 am by the team leader who said that there had been a serious rail accident on the Yunnan-Szechwan railway. My mother set off for the train accident with one doctor, and four experienced first aiders and stretcher bearers. It was a disaster area. A troop train had become derailed while negotiating a viaduct which had a steep gradient, and the engine

and most of the carriages had toppled off the viaduct and dropped 50 feet into a stream. The dead and injured were strewn everywhere. The injured had to be given morphine and tetanus injections before they could begin to cope with their injuries. When Dr Alan Lonshore, an American, and my mother had done this, they wrote 'M' and 'T' on their foreheads to remind them that at least for the time being they were out of pain. Officers found them a farm with some buildings where they could begin the work of dressing wounds and splinting fractures. 59 soldiers were killed and 66 were injured. Some weeks later, when the first pangs of grief had lessened, the Railway officials and Chinese Army representatives invited them to a banquet in which they expressed their gratitude for their help.

On 10<sup>th</sup> May 1944 Chinese forces crossed the Salween River at several places on a front of approximately 60 miles and were unopposed. According to reports 20,000 men crossed. By the end of May they had recaptured several passes through the mountains on the further side of the Salween, and in June were within striking distance of Tengyueh and Lungling. These towns were important strong-points of the Japanese on this front, and to recapture them as soon as possible was a principle target. The Chinese Expeditionary Force in this region was said to have a total force of 72,000. Besides being supplied with a considerable amount of U.S. material it had support from the Fourteenth Air Force. It was however poorly supplied with artillery.

By mid-June the Chinese were held up by stubborn Japanese resistance and had suffered heavy casualties. The Expeditionary Force's headquarters were at Baoshan and at the army hospital there, casualties were pouring in from the battle front. Qualified observers have attributed the heavy casualties to a lack of tactical sense on the part of their officers. It was in these conditions that my mother and two colleagues were asked to go to Baoshan to join the staff of Mobile Team 5 at the base of the hospital there.

The hospital consisted of huts situated some 4 miles outside the town, and the team lived in tents and one small hut, rat-ridden and lice-infested, nearby the pharmacy. Before getting into bed, which consisted of boards with a palliasse and a sleeping bag, they would dust themselves down with D.D.T. and duck quickly underneath their mosquito nets, listening to the sounds of bullfrogs and a Yunnanese rat eating their precious English soap.

Here they lived from June to October 1944. Casualties from the Salween and Shweli River fronts poured into base hospital and they had their hands full. Those who survived were often in a poor state, as they would have already had to wait several days before reaching a first aid post, and from there been carried by bamboo stretcher over mountainous terrain before continuing the journey by truck. During the height of the fighting from 50 to 100 soldiers might be admitted every 24 hours. The two surgeons would be operating from 9 am to 11 pm as well as being subject to call during the night on emergencies such as an air raid. The chronicler of the Friends Ambulance Unit recorded the names of the members of Team No. 5 other than the two surgeons. " Rita is running the 40-bed surgical ward, Connie and Ron are theatre sisters. Derek Cox is the anaesthetist and X-ray man; and Alan McBain has the odious task of delousing."

The Chinese Red Cross arrived one day at the hospital with a large quantity of cotton pyjamas. "How wonderful", they thought "now we can give them a clean change of clothing," but no such luck. You can imagine their frustration when the soldiers insisted on putting on their uniforms straight on top of their fresh clean pyjamas!

Incidentally, they received no salary, but pocket money amounting to the Chinese equivalent of five shillings a week. This gave my mother and her fellow nurse, Connie Bull enough for a coffee and a Chinese moon cake once a week in a local restaurant, basic needs such as toothpaste and soap already being provided.

The team leader, Dr John Perry, when he noticed that strangers or “traditional healers” were coming into the ward, decided that provided they did not disturb the dressings or worry the patients, they keep a discreet eye on them and allow them to practice their skills. One such “healer” placed metal discs on the chest of one of my mother’s patients, it was not acupuncture and my mother wondered what on earth he was hoping to achieve by it – it was probably harmless but not all “traditional healing” was harmless. For instance when a boy whose hand had been damaged as a result of picking up a live grenade was brought in with chicken feathers wrapped round it; and afterwards being tied up with banana leaves, hoping that the spirit of the live chicken, with the aid of foreign doctor’s skills, might make it whole but sadly, it did not.

Living conditions at Baoshan were primitive, and after weeks of washing from one bucket of water, my mother’s nursing colleague and herself asked if there was any possibility of getting a bath or at least bathing facilities. After several cups of tea and much polite conversation they were loaned the Colonel’s bath which to their amazement was a large wooden barrel with several little toadstools growing at the bottom. They laughed heartily.

While the Friends’ Ambulance Unit team were busily employed at Baoshan, the Chinese forces on the further western side of the Salween River were involved in a long drawn out struggle to drive back the Japanese. In August 1944 Chinese casualties since the beginning of the Salween operations were estimated at between 22,000 and 24,000, whilst Japanese casualties were estimated at between 4,500 and 7,000.

The bitterest battles occurred when the Chinese were besieging Tengyueh. A British Consulate had existed from about 1900 until 1942 when the last Consul prudently withdrew in the face of the advancing Japanese.

On 2<sup>nd</sup> August 1944 U.S. bombers breached the town walls of Tengyueh by air attack, but it was not until the 14<sup>th</sup> of September that Chinese ground forces finally put the Japanese to flight in Tengyueh.

After its recapture, Tengyueh was in urgent need of rehabilitation. Since it had no civilian hospital, several of the Team at Baoshan were asked to form a new team to go there and start up a new hospital and medical service, sponsored by the Friends’ Ambulance Unit. They had hoped to get an airlift from Baoshan but it could not be arranged, so they started by road, knowing it would have to be in a roundabout way as the nearest bridge over the Salween had long since been destroyed.

On 31<sup>st</sup> October 1944 they proceeded from Baoshan by truck down the Burma Road. On 1<sup>st</sup> November 1944 they went onwards by weapon-carrier. They drove through a battery of shell fire coming from Lungling and saw U.S. dive bombers attacking Japanese positions at that place. They also observed Chinese coolies and Burma Road engineers, presumably American, working at terrific pace to get the road finished to Tengyueh. On 2<sup>nd</sup> November 1944 – from here on no transport was available. They hired six coolies who in turn borrowed or hired four thin oxen and on them was loaded their X-ray equipment, generator and boxes with medical supplies and then set off on foot. It

was much more of a climb than a walk and in fact they crossed a mountain range. Three of them – my mother, Dr Robert McClure a Canadian and Doug Crawford, a Scot kept their spirits up by singing “Guide me, O thou Great Jehovah”. To make the journey in the company of a remarkable person – Bob McClure was quite unexpected for my mother. He was the son of a Canadian missionary family, he was born and partly brought up in China, spoke the language like a native and knew many parts of the country like the palm of his hand. He had become a dynamic figure in the medical work in China of the Red Cross and Friends’ Ambulance Unit. Once described as having the energy of a whirlwind, he spared neither himself nor his co-workers and insisted that as we travelled with the Chinese we live like they do which meant a strict regimen of two meals a day.

When they did eventually reach the town of Tengyueh, it was an appalling sight. All except for a few buildings had been razed to the ground. Ditches and wells had been filled in and the bodies of men and mules were lying in shallow graves. Two members of the team had arrived earlier and were attending to more urgent public health tasks; (John Perry arranging for the proper burial of soldiers and mules.) Three quarters of the civilian population had fled or been driven out during the Japanese occupation. Now that they were returning from the surrounding hills, medical services were in demand and they speedily set to work.

On 6<sup>th</sup> November 1944 they began an out-patients clinic but there were so many people needing treatment that they very soon established another one in addition.

The Friends Ambulance Unit proposed to start a civilian hospital at Tengyueh. Fortunately, a large Confucian temple situated just outside the town wall, was placed at their disposal. During the fighting it had been used alternately by the Japanese and the Chinese as an ammunition store, and when they first walked down the road towards it they were warned to look out for wires sticking up out of the ground, as it had been mined. Of course it needed re-conditioning, but it comprised a nucleus of buildings which, enlarged, could be suitably converted into a hospital. Eventually they established their second Outpatients’ Department.

Help for the new hospital to be was forthcoming from various sources, notably the Canadian Red Cross promised medical equipment, the British Government a grant, and a number of far-sighted local dignitaries, including the Tengyueh Guild at Kunming, donated one million Chinese dollars. In no time at all the temple courtyard was a scene of activity as carpenters and masons started to renovate and adapt and there was soon the rudiments of a hospital, with some beds occupied.

On 18<sup>th</sup> December 1944 an outbreak of bubonic plague was reported at Nandian, a village five miles south of Tengyueh, the bacterium having been identified by the team’s own laboratory technician - Alan McBain. The village was immediately subjected to a *cordon sanitaire*, restricting all movement in and out and anti-bubonic serum was urgently flown into Tengyueh. They then began a programme of immunisation first inoculating the Tengyueh population and then the surrounding villages. They had no problems persuading people to be immunised.

On 3<sup>rd</sup> February 1945 the day came when my mother left Yunnan however reluctantly for compelling personal reasons – she had met my father Revd David White on the voyage out on board the S.S. “City of Exeter”. He was on his way to take up his post as Anglican chaplain, Basra and the Persian Gulf, in the diocese of the Bishop of Jerusalem, and additionally to establish the Mission to Seamen in Basra Iraq and when they had parted at Bombay they knew it was only temporary. By January

1945 the situation at Tengyueh had eased. The Japanese were retreating before the British advance in Burma; and thus she knew she could leave China with a clear conscience.

In later years my mother regularly attended meetings of The China Society in London and with the help of the China Society published a booklet "South of the Clouds", which described her time in China. In the booklet she describes her great admiration for the Chinese people's indomitable spirit. She remained a Sinophile, returning to China and Yunnan province many years later, where she was received as an honoured guest at the hospital where she had worked. Apart from receiving the Burma Star, The British Red Cross awarded her their Badge of Honour in recognition of her work there.