



**FUNERAL SERVICE FOR THE LATE MAJOR GENERAL SIR
WILLIAM DUDLEY REFSHAUGE AC CBE ED
THE ADF EULOGY LED BY
MAJOR GENERAL PAUL ALEXANDER
SURGEON GENERAL AUSTRALIAN DEFENCE FORCE**



1. Sir William Refshaug displayed a commitment to the military from an early age at Scotch College, Melbourne where he was a Company Sergeant Major and then a Cadet Lieutenant. Later in life he credited this early service in cadets and reserves, for giving him the understanding of discipline and army methods, which proved to be so valuable to him later as a medical officer during World War II.
2. He started his medical course at the University of Melbourne during the Depression and he had to give up the Army in order to do other work. Upon graduation he became a Resident Medical Officer at The Alfred Hospital where a medical mentor, and WW1 veteran, Fay Maclure, suggested that he join the Army which he did in January 1939 as a Medical Officer at the 2nd Field Ambulance.
3. Fay Maclure impressed upon him the need to understand how to treat trauma and war wounds, as the wounds of war are not the same as civilian practice.

Middle East Service

Sir William served in the Middle East from April 1940 – August 1942. He saw action in the Battle of Bardia, the capture of Tobruk and in the Greek campaign and the Battle of Crete.

4. In 1940, he and other medical officers received little information before they were deployed to the Middle East. On arrival at the Australian General Hospital they received some limited training on the principles of military medicine.
5. As a regimental medical officer in the campaigns of Greece and Crete, Sir William severed with forward units and understood very well the difficulties faced by junior medical officers working in isolation in forward areas. He worked in difficult circumstances during the Greece campaign, often not knowing where and when he would expect his casualties to be evacuated. This affected him considerably and he would later remark that:

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When in a more senior position he would always ensure that his junior regimental medical officers would always see and know, that there was a medical evacuation system to support them.

When he did become “more senior” Sir William always made a point to visit the junior medical officers as regularly as possible to ensure to they knew they were not on their own.

6. On an occasion in Crete, when Sir William, after taking patients to a British naval hospital, returned to his unit to find the situation had changed and felt quite vulnerable. He discussed this with his medical orderly and thought they should move the sick post to where there was better cover in the olive trees. The senior orderly suggested they wait and Sir William agreed. Unfortunately his earlier hunch proved correct and at 6.30 that morning they were bombed and his orderly was killed, along with four others and several were wounded. Sir William was also wounded and was Mentioned in Dispatches.

Pacific Service

Sir William served in New Guinea between 1942 and 1944 and the South West Pacific in 1945. He served in the Wau – Salamaua Campaign in 1943, the Ramu Valley-Madang Campaign in 1944 and the invasion of Borneo in 1945.

7. During the war Sir William showed clearly his leadership skills and that he was a man of principle. He was never afraid to offer a dissenting point of view and being a very clear thinker was never afraid to make the hard decisions.

8. During his service in the Pacific for example, he was at Kanga Force Command Headquarters in New Guinea discussing the implications of future military operations with the commander, when a General came into the room to take the commander to task for not progressing fast enough. The General went on and on about it and eventually Sir William proceeded to tell him what he thought and added that he, the General, ought to be extremely proud of what had happened instead of bellyaching! The General accepted that and left!!

9. In 1942 at Milne Bay, he was the senior medical officer in charge of the main dressing station and again demonstrated his perception and leadership skills. At the time Kokoda was happening with the potential to isolate Wau, he had thought through this scenario and had determined what would be needed. He thought back to Crete. He proceeded to develop a detailed medical plan, if indeed he was cut off at Wau.

10. Five days after Christmas he was summoned to 6 Division Headquarters where he was told he was going to Wau. He knew exactly what he needed and selected the people, equipment and other resources he would need.

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11. Sure enough, the Japanese attacked suddenly on the second day he was there. The unit performed so well due primarily to his forward planning and preparation and he would later say :

“Never overlook things and be prepared.”

12. For his outstanding service in the Pacific he was awarded the OBE the citation reading :for: ***“Meritorious service and devotion Wau/Salamaua areas.”*** He was also Mentioned in Dispatches four times – twice in the Middle East and twice in the South West Pacific regions for:

“Gallant and distinguished service”

13. Throughout his life Sir William was a man of vision. He believed the major developments that occurred in wartime medicine were:

- the increased use of blood products, including early transfusions, which stabilized the patient to an extent they would survive an operation much better:
- improved resuscitation methods and transport of patients, because of the new idea of stabilizing the condition of the patient, prior to moving further to the rear.

14. In Korea, due to some of the advances of WW II, battle tired or shell shocked casualties were held in a forward medical post behind the unit for two or three days and then they were able to be rehabilitated and sent back to their units. Sir William believed this saved a lot of cases from becoming more psychologically damaged by being sent back and labeled. He believed it was a much more understanding, professional and humane way of dealing with these patients and one of the great medical advances that happened at the end of WWII and the Korean War.

We strongly endorse all of these principles today

15. In mid 1951, during the Korean War, he rejoined the Australian Army and was appointed Deputy Director General of Army Health Services. In 1955, at the age of 42, he was appointed Director General Army Medical Services and promoted to the rank of Major General. He was a mentor to many in Army Medical Services including those Major Generals and Brigadiers who followed him, several of whom are here today.

16. Amongst many achievements as Director General, Sir William was instrumental in giving the Royal Australian Army Medical Corps a home by assisting

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in the establishment of the School of Army Health at Healesville in Victoria. The School is now located at Bandiana, Victoria and is still very much the home of the Corps and the focal point for its training.

17. In 1959 he was recognised by his country by being awarded the CBE – Commander of the British Empire for his services to the Australian Army which he completed in 1960. He was the Honorary Physician to Her Majesty Queen Elizabeth II from 1955 to 1964.

18. He was the first to recognize the importance of Navy, Army and Air Force working together in a joint capacity and was instrumental in advancing this to Defence as Joint Service Advisor in the Department of Defence and Chairman of the Defence Forces Medical Services Rationalisation Committee.

19. Sir William was a great Australian who gave a lifetime of outstanding service to his country and to humanity.

20. The name and achievements of Major General Sir William Dudley Refshauge, AC CBE ED will forever be imprinted with great pride on the pages of history of the Australian Army and the Royal Australian Army Medical Corps.



MAJGEN Paul Alexander is the Surgeon General of the Australian Defence Force and Commander Joint Health. For further information visit www.defence.gov.au/health