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Experiences as a Prisoner-of-War, World War 2

Interviewed by

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Charles G. Roland, MD:

Dr. Crawford, I'd like you to tell me your full name, your birthplace and birthdate, your parents' full names.

John N.B. Crawford, MD:

Well, my full name is John Neilson Brown Crawford, and I was born in Winnipeg the 10th of January 1906. My father was Robert Crawford, who was the western agent for Canada Steamship Lines. My mother was Janet Kerr Brown, the daughter of Alexander Brown, who founded the firm of Brown and Rutherford in 1870 in Winnipeg -- so my roots there go back a long way.

CGR:

How do you spell her middle name?

JNC:

Kerr, very Scotch. We're very proud of our Scots tradition as a family.

I attended the usual educational system in Winnipeg -- Winnipeg public schools starting with Luxton School, then St. John Technical High School, and then the University of Manitoba. I graduated in medicine there in 1930 and interned at St. Boniface Hospital. I spent my fourth year in medicine (when I should have been working at my books) as an intern in the children's hospital, the old children's hospital on Aberdeen Avenue with Harry Medovy. He was my mentor. As a result of this dereliction of duty but the excellent teaching that Harry did at night, I got the Chown Prize in Medicine that year, which I probably didn't deserve.

After my general internship, I went back to the children's

hospital as a resident, the only resident. Those were the days when you did everything from tonsillectomies in the morning to skin clinics in the afternoon. And following that I went to the Baby's Hospital in New York where Rustin McIntosh was chief of the hospital there. So that I came out a pediatrician and started to practice in 1931, in the depth of the depression, and pediatrics was a very poorly paid trade in those days. So as a result I really was a general practitioner with a large practice of small children.

In '32-'33, I got into the militia in a peculiar sort of way. A fraternity brother from a Toronto chapter came to Winnipeg as the District Medical Officer and convinced his fraternity brothers that he needed help and we should all join the militia. So we did. We went to the military ball all dressed up like peacocks. This was lovely. Well, I was attached to a machine gun battalion and had to go out to the butts when they were doing their shooting. This was a boring sort of job, so I decided to be a machine-gunner and learned the trade -- still, of course, officially a medical officer. The trouble is I got to like the army. I started to enjoy what I was doing. I took all the staff courses that were available to militia people and ended up finally as a major [in 1940] with, I'm very proud to say, a certificate in equitation, which I achieved after falling off my horse many times. But I have the certificate and if ever I find a horse that can read my certificate, now, I'll ride him.

Well, I was a major [correction: captain] in 1939. This time, because the machine gun battalion had amalgamated with the Winnipeg Grenadiers, I was the medical officer for the

Grenadiers. And on the first of September, 1939, the Grenadiers were mobilized for active service. Now I could have had lots of reasons for not going overseas, I guess, but I had to live with myself and I had been a chocolate soldier all these years and now was the time to pay the piper. So I went with the battalion to Jamaica and I was there for a year and a half. Under the tutelage there of a very professional Scotchman, the Royal Army Medical Corps, who was the commanding medical officer, I learned to have a great respect for doing things by the book. I found out that the British army, after years and years and years of trial and error, had finally found the efficient ways of doing almost everything. And this turned out to be quite valuable experience because I did do my best, in the years that followed, to stick by the book, keep the records that were required by regulation, and I managed to get quite a lot of valuable information home that I collected in this way.

We came back from Jamaica in '41, the fall of '41, and immediately outfitted, refurbished equipment, and went off to Hong Kong as part of C-Force. C-Force consisted of two battalions -- the Winnipeg Grenadiers and the Royal Rifles of Canada -- which were recruited mainly in the eastern townships -- and brigade headquarters details, signalers, postal...and so on, sort of auxiliary troops that make up the Force.

CGR:

Excuse me, but perhaps before we get on to that part of the story, I'd like to ask you a few questions about the time in Jamaica. First of all, do you remember the name of the Scottish

medical officer? Names are always tough to come up with.

JNC:

[Lt.Col.] Alexander "Sandy" Robb.

CGR:

What was the medical situation in Jamaica?

JNC:

It was a well equipped British garrison. And we went there at the time that the Germans moved into Holland and the Dutch West Indies were threatened, or at least we thought they were, so the British garrison from Bermuda and Jamaica moved down to Aruba and Curacao and the Grenadiers took over in Bermuda and Jamaica. They left one company in Bermuda and the rest of us were sent to Jamaica. But the garrison support was all there. We had a dandy military hospital with four medical officers, I guess, plus nursing sisters and nursing orderlies and so on. And I just fitted into this pattern, insisting however on having my own way with my own troops, which was the bulk of the garrison.

We were there for a year and a half, from April '40 to October '41. It was a very pleasant station really. Wartime conditions, of course, made it a little hard to get some things, but the local population was very good to us. We were automatically made members of the golf clubs and the yacht clubs, and so on and so on. We worked very hard training as best we could. I had a company up at Newcastle, which was up in the hills, and another company out on the coast, at Montego Bay, the recreation resort now but it was pretty barren then. We had a tented company out there doing field training, and the remaining companies in Kingston, rotating them around. Since my parish was

this size, we could always get a staff car and go tootling around the island to see the various troops and the various locations so I got to know the island very well.

In Christmas, '40, it looked like an awfully phony war (as it was down there), so I sent for my family and brought my wife and two children down to join me. We took a house in Kingston and it was a really a very pleasant war. Because of its location, we were ostensibly defending the Panama Canal, among other things, and this entitled us to the Defence of Britain Medal for getting shot out of the air in the Battle of Britain. I got mine for swimming in Myrtle Bank Hotel pool, you know, but there it is; they come with the rations.

Well, we came home from Jamaica, then, in the fall of '41 and re-equipped to go to Hong Kong. We arrived in Hong Kong on November 16th, I think, middlish November, and immediately started to familiarize ourselves with the terrain. Nobody at that time really believed we were going to be attacked, but the evidence was clearly there to see. As a major I was sort of an embarrassment to the command medical officer, Colonel Simpson, who asked me if I would become second-in-command of the field ambulance, which was a volunteer group, really. But he wanted what he felt was a regular soldier to be in on the management side of it. So this is the job I did all during the war, really, because my troops were dug in, the Canadians were dug in, in various parts of the island; medical coverage was good. My job really was to collect the wounded from wherever they were and get them back into the hospitals, and there were not a lot of

hospitals -- Bowen Road Military Hospital, a very good one, well staffed; ad hoc hospitals at places like St. Stephen's College and other places -- scattered over the island. The plan for medical coverage in event of attack was really quite sound, considering the terrain and the disposition of troops.

My own medical group consisted of three other medical officers (Banfill, Reid, Gray), two nursing sisters (Christie and Waters), two dental officers (Cunningham and Spence), and support staff for the dentals -- technicians of one kind and another, perhaps a half dozen of them. As 2/IC of the field ambulance, I spent a good deal of time wandering around the New Territories with the field ambulance, and from our positions day after day, we could see the Japanese massing on the other side of the border. Very obvious. We were called in on the 6th or 7th of December from the field because of the imminence of war and on the 8th of December at dawn (the 8th of December is coeval with the 7th of December in Pearl Harbor because of the date-line, so the same time they hit Pearl Harbor they hit us), and there we were at war.

Now I'm not going to try and describe the battle. I'd say it's been done; I think that the official history gives a very good summation of it, and two books by Oliver Lindsay (I don't know if you know them), but I think they're excellent, excellent, and they tell the story. In summary, we were out-manned, out-gunned, out everything. And the Nips had complete superiority of the air. We couldn't move without attracting trouble. I think we did very well to hang on until Christmas Day from the 8th of December. We were certainly on the run most of the time, being

pushed up and up the hills and the mountains. Militarily, I don't think we were finished, we could have gone on longer. It would be hopeless but we could have done it, except that the town was being so badly shelled and civilians were getting massacred, so the governor (I think, very wisely) packed it in and there we were -- after a very brief war but a very bloody one. I lost a lot of troops (the figures are available to you somewhere, killed in action and wounded, died of wounds); and the Canadians put on a very gallant battle and I was very proud of them.

My commanding officer (I was second-in-command of the field ambulance), my commanding officer was a man named [Lt. Col.] Lindsay Ride [HKVDC] who was later knighted, but at that time was professor of physiology at the University of Hong Kong. Lindsay knew the country like the back of his hand. I guess about the 26th or 27th of December we ended up, way up the Peak, near the top, at War Memorial Hospital. He and I started off (got a pass from some Japanese officer) and we tramped around the island looking for casualties. We must have walked about 20 miles that day. It was a long tiring day and a very traumatic one, because we found masses of dead who had been butchered -- hands tied and bayoneted and so on -- very rough. However, the Japanese, though they were very curious about what we were doing -- Ride and I -- didn't actually bother us. As I say, we had this piece of paper that said we were to be left alone, I guess.

We finally got down with our unit to Bowen Road Military Hospital where we spent a few days before we were all gathered up

and taken down to the Star Ferry and across to the mainland. The future was very uncertain, we had no idea of what might happen to us. But I thought that sooner or later I was going to have to play doctor, so I loaded my pockets with everything that I thought might be useful -- sulfa drugs, quinine, some chloroform, mercurochrome -- things that you could carry and that you might need -- and a couple of pocket cases of instruments; forceps and scalpels and scissors, suture materials. Well, we needed them, because we got up to Sham Shui Po camp, which had been our barracks before the war, meant to accommodate about 2,000 people and we jammed in God knows how many thousands, the whole lot -- Hong Kong volunteers, two battalions of Indians, two battalions of Brits, and ourselves. Then to a camp which had been thoroughly vandalized; everything out of it that was movable had been taken. However, we got the place cleaned up. I got up a little sick bay, a hospital, going. This time the place was stiff with doctors because we had all the RAMC people and the Indian Medical Service people and the Canadians -- not the nursing sisters, they were left behind, thank goodness, up at Bowen Road.

CGR:

How had your medical establishment survived the fighting war? Did you have any casualties?

JNC:

Well, no, because I didn't have any medical establishment except the ones I've named. We were on a battalion basis, which meant that I had some bandsmen as stretcher-bearers and one orderly who was useful, very useful. Turned out later on

to be indispensable [Earle Mawson].

Banfill had a hell of a war. He got caught up -- he was at a field dressing station up in the hills, the Japanese swept over him, massacred a lot of the people around him, and then pushed him off as a sacrificial goat to detect mine fields. Fortunately he didn't hit any, and survived. The other two, Gray and Reid, I had sent to Bowen Road Military Hospital and they were working there during the fighting, and my two nursing sisters were there. So they were reasonably comfortable.

I myself, as I say, was lying low all day and moving at night, getting out of there as best we could. We did get bombed a couple of times. I was trying to get an ambulance vehicle along one of the roads. A Jap plane came along and strafed us, didn't kill anybody fortunately, and dropped a bomb which raised the tail of the truck about a foot off the ground. They're very narrow roads and very steep-cut sides, so we felt very fortunate that we stayed on the road. But no casualties at that point in my own group.

Well, we landed in Sham Shui Po and we started to look after the sick, and God knows we had lots of them. Although the severely wounded were in Bowen Road, we had walking wounded (and some of them shouldn't have been walking), and dysentery was beginning to show up and before very long it became full blown; it was a very serious problem in those early days. But we managed to clean the place up by dint of very hard work and get it going as sort of a hospital, although we had nothing to work with. The Japanese brought in eventually some sacking that we

could use to cover the holes in the windows. It gets pretty cold in Hong Kong that time of year, Christmas time. We were glad to get what shelter we could. Then that sacking was used as bedding and so on.

Food was a definite problem. We were really on a starvation diet for several weeks in those early days. I think that here might be a good time to say something about Japanese philosophy, because it colored everything that happened then and later. The Japanese, with their code of bushido, don't believe in prisoners-of-war. You're supposed to die fighting, and anybody that doesn't, doesn't deserve much respect. So this is the starter. We were an embarrassment to them. They didn't know what to do with us. We were costing them troops to look after us, to guard us; we were costing them rations. I think they wished that we would just quietly die and go away, and they did their best to encourage this end. On the other hand, they were a queer mixture of indifference, viciousness, and kindness. A lot of things happened that they didn't have to do. For example, after a while they closed down the University of Hong Kong, and they brought in (this is a couple of years later) all the books from the library from the University of Hong Kong. And I read things that I promised myself to read for years, [But there they were and I could read them.] Dante's Inferno, and things like that, that were educational really, and well worth the time spent on them.

On the other hand mail, when it finally began to trickle through through the Red Cross: we got very little. I think in four years I got four letters from my wife. Outside the wire the room's full of mail to us, that they just didn't bother bringing

that extra 100 yards, you see.

So that we were never able to understand them, except that their system of military justice was very direct and very efficient. When we have a soldier who commits a crime, like littering on the street or something, we have a series of procedures to be followed, company orders, battalion orders, finally a court martial if it's that serious. Not with the Japanese. Somebody commits a sin, his immediate superior -- corporal, or sergeant, or whatever he happens to be - then and there beats the hell out of him. And then it's all over. The man has sinned, the man has been punished, the man is back at work, there's no time lost, no face lost through it, everybody happy.

CGR:

It's very economical.

JNC:

Very economical and very efficient. But this is the way they handled us and we weren't used to it. Because face is so important: if a lieutenant was disciplined by his captain, he passed it on to his sergeant-major, the sergeant major passed it on to the sergeant, to the corporal, to the private, and there wasn't anybody lower than the prisoners-of-war, so we finally caught it, you see. It was rough. However, I'm digressing, but I've left us trying to run a hospital in Sham Shui Po.

We were there some months when the Canadians -- I think, because they hoped to drive a wedge, an understandable political stunt -- they moved the Canadians back to the island, back to

North Point Camp. North Point had been a refugee camp. Conditions there were much better. There hadn't been the physical damage to the buildings and we set up shop there as a distinct group, a Canadian group. So the great advantage was that I was not very far from Bowen Road Military Hospital, and at this time my ill, seriously ill [patients], I could move up to Bowen Road, and did, and this was a great help.

However, it was in North Point that the first signs of this nutritional syndrome began to appear. I one time thought I knew exactly what it was. Miller Fisher had done a great series of autopsies on the spinal cord [see ref. 1 at end]; now I'm not so sure. But at any rate, part of it was it looked like a peripheral neuritis with great discomfort, pain, burning feet, and so on, skin rashes, beriberi, pellagra, sort of combination.

CGR:

This was the "electric feet" syndrome?

JNC:

Yes, that's right. That began to appear, and then diphtheria. I recognized the diphtheria right away, perhaps as a result of my pediatric training; I could smell it and knew what I was dealing with, but I couldn't convince the Japs. And I had absolutely nothing to work with. Now I could, at this point, send these cases up to Bowen Road.

CGR:

Tell me about the beginning of the diphtheria. You said you had trouble convincing the Japanese. What level were you trying to convince? That is to say, were you talking to a trained officer, a medical officer?

JNC:

We had a medical officer, his name was Saito. He was the only medical officer I ever saw; but his job was to look after us. He delegated it to me and the others but gave us nothing to work with. Every month I would indent for supplies and I'd ask for 1,000 sulfa tablets, so much quinine, and so on and so on. And invariably I got a few aspirin tablets, occasionally a few sulfa tablets, and invariably a gallon of carbolic acid. This was the key to Japanese medical success, I guess, this disinfectant. At least it helped keep the stench down a bit which was something.

But just as this diphtheria epidemic was really getting rolling, they moved us back to the mainland and I couldn't get my cases up to Bowen Road. I had to take the several cases of flagrant overt diphtheria with me across to Sham Shui Po, so I got it well established on the other side again. And it was a terrible, terrible problem. In October '42 I was able to buy some anti-diphtheritic serum through the black market. I was able to buy it because the Japanese -- again, when I say a mixture of good and bad -- had decided to pay the officers, the Canadian officers, and the Canadian officers in turn gave me, I think, 15 percent of everything they got in, or established a fund to which I had access, and we could buy stuff through the black market. This is the bitter part of it because we knew where to get it, we knew where it was stored in the warehouses in town, and the Nips wouldn't produce it. However, we had this little paltry amount of anti-dip. serum, and doled it out in

homeopathic doses. Even that little bit saved lives. We got paralysis and all sorts of horrible after-effects, but after the deaths I had had, which were numerous, it helped. And eventually the Japs began to recognize the fact that it was diphtheria; they brought in a hygiene team and did throat swabs on everybody, and we isolated carriers, and did handle it in a reasonable sort of way. And they gave me some serum, so this put the end to that.

CGR:

Did Saito not examine any patients?

JNC:

No. Never looked at anybody.

Their system of selection for work drafts I think typifies this. Everybody in camp was out, in five lines. First line, step five paces forward; second line, five paces forward; third line, five paces forward. Anybody that could walk five paces was fit to go. That was their method of selection.

No, I don't know what real medical qualifications Saito had. I never could discuss it with him. He spoke no English. We communicated a little in German, but I never did find out whether he was a real doctor or a horse doctor. I don't know.

CGR:

The men had not been immunized for diphtheria?

JNC:

Not at that point. You see, we went to Jamaica in April of '40. The general immunization of troops didn't start till after we were away, and we were never caught up. Now, some of our lads had been immunized as school children, but I had a lot of boys from Grand Manan and places in the outback that had never been

exposed to infection. And they died like flies. And that was the problem there.

CGR:

Could you have a stab at describing a typical case of diphtheria? Diphtheria is a pretty rare disease in Canada, especially amongst adults.

JNC:

I guess I'm one of the few people who's seen diphtheria from the initial infection to the terminal death, untreated. You don't see that.

CGR:

The natural history of diphtheria.

JNC:

Well, of course, the classical case was pharyngeal. With the development of membrane, this was one of the criteria we used for the administration of serum when we first got it, in the minute doses that were available. Obviously it wasn't going to do anybody any good who was terminal. But we made a rule of thumb procedure, after very serious discussion, that anyone who had had membrane for 24 hours wouldn't get serum, and this was a terrible decision to have to make. However, it worked. We gave doses of a thousand units and saved lives. People got paralyzed, cardiac damage, all sorts of horrible things, but they didn't die once they got these minute doses of serum.

However, as I say, the classical case was pharyngeal, but the troublesome ones were cutaneous. I had a lot of people just covered with sores of one kind or another, this pellagra thing

with great open ulcers and so on. And this made a hot-bed, apparently, for diphtheria culture, and the absorption of toxin from those skin cases was unbelievable. They just went into shock -- diphtheria, cutaneous diphtheria -- died very quickly. The bad ones, the pharyngeal ones, choked to death finally. The membrane got so thick, so profuse, they just choked to death.

CGR:

Was tracheotomy not useful?

JNC:

Well, yes, we did tracheotomies and they didn't choke to death, but they were dying of toxemia anyway, and we had no tubes. We had to improvise tracheotomy tubes out of bamboo shoots and that sort of thing. As a matter of fact, the whole exercise was one of ingenuity, making do for what you didn't have. Well, we got rid of the diphtheria after black October, '42, and I had 40-some deaths that month [41] among the Canadian troops. No more deaths from diphtheria from about November-December.

In 1943 they began to move work drafts out. Four drafts went that year totaling about 1100 people, which left me with 300 or so in camp. That was the population that I was concerned with thereafter. Now this is a considerably easier to handle. Jack Reid went with them, by the way. He was the only Canadian officer that did go up to Japan. But he was alone and the troops were divided into camps all over Japan, so he was helpless to do anything except with the small group he was with himself.

Things got better in '43. Red Cross supplies arrived, a bulk shipment of Red Cross food that really saved the day for us.

We were going downhill pretty rapidly. But this arrived, and came up through Goa, I expect, the Portuguese colony. The Japanese let it in, and we certainly hoarded it. We had rations officers, medical officers, calculate how long it might be made to last, and we stretched it out for almost a year. A good thing we did because no more arrived until late '44 and then we began to slide downhill again at that time.

Weight loss was, of course major, starvation was a constant threat. I've never really tried to sort out deaths from starvation because it seemed to me they were always associated with dysentery, so that it's starvation and/or dysentery.

CGR:

What about your own weight? Did you lose a lot?

CGR:

Well, I now weigh 225 and I came home weighing 160, so that I was pretty thin [JNC is about 6'5" in height].

One of the very bad sequelae of this syndrome was an optic atrophy, and thank God I was spared that, but I did have some auditory nerve degeneration and this is a bit of a nuisance, and some sort of interference with my conducting mechanism in my heart muscle which gives me a continuous sort of fibrillation, which is nicely controlled by the government's digoxin. I'm quite happy.

We're in '44, and things are beginning to go downhill. In '45 they were really serious. In May of '45 they kicked me out of the mens' camp -- up to this time I had been with the other ranks, there were more of them. The officers were, some of them,

still with me, others in officers' camps. They kicked me out of the mens' camp and put me in the officers' camp. Whereupon for the first time, really, I broke down physically -- I was, you know, on the go all the time -- but suddenly I didn't have an important job and I swelled up like a poisoned pup with edema and so on. That was in May '45. Well, I still was the senior medical officer in the group, and the fellow running the officer's camp was Simon White, who was the commanding officer of the Royal Scots, anyway a very gutsy man.

In August, we heard through our rather good intelligence service that the atomic bomb had been dropped, and this was very encouraging to us because we were living under machine guns all the time. And then the Japanese told us that if there was an attempted relief landing, that the Hong Kong machine guns would be put into operation. They weren't going to have any fifth columnists in their backs; and I couldn't blame them. It's very good military thinking. A little rough to be on the wrong end of the gun, though!

So the atomic bomb was dropped and then the second was dropped. We were out on parade, nose count, tenko, and the Japanese warrant officer or something was taking the parade. So after the parade, Simon White stepped up and said, "We understand that the war is over and the Japanese are suing for peace. If this is so, inform Colonel Tokunaga (who was the camp commandant) that he should discuss with me the take-over of the colony." The machine guns were still pointing at us. And I was his senior medical officer so he called me and the senior administrative people into his office and said, "We'll wait to see what

happens." I knew bloody well what was going to happen. We were going to get shot! But not Simon White.

A little later there was a runner came down from Tokunaga. "Colonel Tokunaga would like to see Colonel White in his office." Colonel White replied, "Oh, no way. If Colonel Tokunaga wishes to see me, he sees me in my office." Very unhappy, but off he went and Tokunaga came down. Well, all the bluster in the world didn't alter the fact that Tokunaga had come down to see Simon White, and we had it made.

So we armed ourselves with bed legs and patrolled our own wire to keep the looters out, really, from the camp, and arranged with compradores and merchants to bring in food supplies, and so on, and we began to live pretty high off the hog.

A lot of the merchants who had collaborated with the Japanese, quite understandably, they were now very anxious to get back to the British Raj and they were appearing with gifts, mainly of booze. We hadn't had a drink for four years, we were pretty susceptible.

Scared, frightened, because there was cholera all around us. And one night I got a call that one of our officers was dying, and I went over to see him late at night and here he was flaccid, pale, collapsed, practically pulseless, vomiting, diarrhea and I thought, "Oh my God, cholera! What am I going to do? If I quarantine this lot -- the war was over, we would go home, eventually -- they'll lynch me, you know. What do I do?" Well, by this time the Americans had dropped supplies on us and I had enough supplies to last me for two or three wars, at this point,

in camp, so I could get an intravenous going. It wasn't cholera at all, it was just bad booze. I never was so grateful in my life to see a drunk.

CGR:

Nobody was making booze in the camp?

JNC:

No. Oh no. We ate everything; we didn't waste any rice that could have been brewed up. It was pretty precious stuff. We had an invasion of pigeons on the veranda here [in Ottawa] and when we got home from the south, I found a nest with one egg. Well, I threw the nest and egg out, but I thought, "God, in '42 I'd have eaten that." Oh it was crude.

No. The war was over and the atomic bomb had been dropped. (I must say that I get a little tired of all the breast-beating that goes on about the atomic bomb, admitting that it was an evil thing, that we shouldn't have to demolish cities to win a war, innocent civilians and so on. But on the other hand, if it hadn't been dropped, I'd never had gotten home. So I'm inclined to weigh my life against a quarter of a million Japanese, you know, and weigh the balance so it comes out on my side).

However, it was over, but nobody came. The navy, the British navy, was hanging off outside because the harbor was mined. We didn't know the harbor was mined and we were sending some of our volunteer officers over to Stanley in a boat. There's a story about this too, that Tokunaga, talking to Simon White, asked how it was that when they had found it impossible to move their land transport because of lack of petrol, we could run a boat across the harbor to Stanley. And Simon White said, "Ah

yes, let me see. How long have you been here?" Tokunaga said, "Four years." "Ah yes. You see, we've been here a hundred. When you've been here as long as we have, you can get things done too." That was the answer to that.

Well, the harbor was mined and the navy didn't come in. They hung off for about two weeks. We were in radio communication with them by this time, but they didn't come and they didn't come. When they finally did, Admiral Harcourt stepped off at Holt's Wharf, met by Simon White and some of his officers. Simon White saluting very smartly said, "Sir, I take great pleasure in handing back to you his Majesty's Colony of Hong Kong. We lost it. It's only right that we should give it back." Well, so there was the navy. And then of course everything was fine.

A royal naval medical officer came trudging up forward through the gates of the camp to report to me, and said, "I have come here to assist you." I said, "Well, thank you very much, that's very nice. Let's have a look around and see what's to be done." So we did rounds in the hospital. The cases -- by this time, I had them all categorized as people who could fly home, people who could go home on troop ships, people who had to go by hospital ship -- all categorized and listed, so that was that. Night came and this fellow said, "Now, where do I sleep?" And I said, "Well, back to your ship and sleep, of course, where you're comfortable." He said, "Oh no, I'm going to stay with you. I'm here to help you and I'm going to stay right with you." So I picked out a corner of the hut that didn't have a hole in the

roof where the rain would come through. You see, that's where my bed was and any place else I said you can sleep. So he set up a camp bed and a brand new mosquito net, beautiful mosquito net, draped that around and then he brought out a thing of white powder -- a bloody witch doctor. He spread a circle around his bed and sprayed it all over his bed, and I said, "What is that?" And he said, "That's DDT." I'd never heard of it. Never heard of it. So he explained what DDT did and I said, "Well, I'll have some of that," and he said, "Oh." And I sprayed my bed and I couldn't sleep that night because I had no bed-bug companions; I was lonesome!

Well anyway, he was a very fine fellow. When we started off, I was coming home, I think, in the Empress of Scotland, down to the Philippines where we were going to be processed, and this MO said, "Now, I don't know what the pay arrangements will be. You may be paid aboard ship, you might not. You may need some money, you'd better take this. Here you go, I'll lend you 5 pounds. Is there anything else you want?" And I said, "Well, I'd love to have a watch (because I'd eaten my watch long before, you know, swapped it for groceries)." So he gave me a Hunter watch. I got home (I was paid on the ship, I didn't need his 5 pounds), so I got home, I wrapped up the watch, gave him the 5 pounds, the whole thing in cotton batting in a box and sent it back. I got a letter from him explaining that I had been quite illegal; it was illegal to ship currency to the United Kingdom at this time, thanking me for the watch and explaining that he had been relieving prison camps all up the coast, up Singapore, Malaya, Indo-China, and wherever he'd been, the medical officers

he met wanted a watch, so he had a whole supply of them. This was the first one that had been returned. It was very kind of him.

We got to Manila under canvas there -- marvelous reception. I reported at the reception tent, Crawford, Major, RCAMC. "Ah yes, Major, row D, tent 4, bed 3," so all right, down I went. On the bed was a kit of toothpaste, soap, razor, things we hadn't seen for years. And a letter from my wife. They'd notified her that they would be able to deliver mail, and there it was. So this was great. Then to get home. Oh, we were interrogated. We had people from intelligence wanting to know all about what had happened. And I spent long hours talking to them.

They weren't at all sure when we would get out of Manila because we were Commonwealth troops, we were supposed to go down through Australia, across to England, and home. This seemed damn silly when there were American troops going straight from Manila to San Fransisco. So we got in touch with the Americans and made a deal with them and they said sure, come along with us. So I came home from Manila to Frisco, the first draft of Canadians, in the Admiral Rodney, I think, a liberty ship -- no portholes, four-tiered bunks. Never knew whether it was day or night unless we were outside, but it didn't matter because the mess hall was open 24 hours a day and if you decided that you wanted breakfast, you went in and had breakfast. If you wanted dinner, you went into the same mess hall and had dinner -- at any time; it was wonderful. People put on weight and suffered from the result of it, you ballooned up.

We got to Frisco and then to Gordon Head, and then home, and home then to me was Winnipeg. I think I was entitled to 6 month's leave, or something like that. I was all settled down, prepared to feel sorry for myself and take this leave when the phone rang and I was to report immediately to the hospital in Fort Osborne Barracks, in Winnipeg. They had a riot. My Hong Kong boys were there and they wouldn't talk to anybody except Major Crawford. So I was yoked out on my second day of leave and have been working ever since. I have never had that leave yet. Best thing in the world that happened to me because I had no time to ever feel sorry about myself at all. I got cracking. And then they had trouble elsewhere, in the eastern townships, and they sent for me and I was vibrating across the country.

Then Jack Reid and I did this article that you've read [ref. 2] and this apparently appealed to Hurst Brown, who was then director of medical research in army headquarters. And Hurst conned me into taking over as the director of medical research at headquarters. At this time I wasn't fit, really, I was in pretty poor physical shape. And I was obviously so far behind in medicine -- on the trooper on the Rodney coming home I'd take a sick parade and the sergeant would say, "Perhaps a little penicillin, sir." And I'd say, "What the hell is penicillin?" Beyond carbolic acid and aspirin and sulfas I was lost. So I had to do a lot of catching up. And the army was enticing and I liked it, so I stayed on as director of medical research for a while and then when the Defence Research Board appeared....

CGR:

This is all here in Ottawa?

JNC:

All here in Ottawa. I came down to Ottawa in April '46, the family came down that summer and we've been here ever since. As I said at the beginning, I liked the army and I've been very happy in the army. Every time I would feel guilty and feel I ought to be making my living in some other way, they'd promote me again. It got to be sort of a game, until they couldn't promote me any further. I was director-general then, so they kicked me out to the Department of Veterans Affairs and I was Director-General of Treatment Services there, and this was a little anomalous. As long as I was in the army and had access to these records, individual Hong Kong veterans writing to me, I could check out and say to the pension commission, yes this is so, or no, I'm sorry I have no record of it. It was simple.

And I could do a little politicking, you know. For instance, Jimmy Melville (a wonderful man), chairman of the pension commission at that time -- Jimmy had a terror of giving any disability award on other than demonstrable, physical grounds. Understandable, this is what the book said and this is what he was doing. But a lot of my lads had demonstrable physical disabilities for which they were receiving an adequate pension, but they also had psychological difficulties; they were all crazy when they got home, no doubt about it. [We were all a little crazy when we got home. Sometimes I wonder if I personally have fully recovered.] Some of the lads had tremendous trouble re-establishing themselves. There were some domestic problems, four years, in debt, domestic problems, work

problems, because one of the effects of this syndrome was a very marked fatigueability. It was really amazing how tired you could get, so they couldn't do an honest day's work. Up until the time Richardson published his paper at my instigation, this never was recognized, but it finally was.

However, when I took over Veterans' Affairs, I was in a different category. Suddenly my parish was much wider than Hong Kong. I not only had three services to worry about -- army, navy, and air force -- but I also had all the theatres. I couldn't, in all conscience, show any special favoritism to one group unless I was prepared to do it for others. And the government wasn't prepared to do it for others. So there I was, stuck. I'm sorry about this -- but a lot of the Hong Kong veterans feel I've let them down. I came home as God and now I'm -- somewhat less -- in the view of many, but not all, thank goodness, simply because I could not, in all conscience, support some of their claims, which I felt were in some instances extravagant and unrealistic. As a matter of fact -- no, I won't go into that all, except to say that I have very good reason for not being able to support [some of] them because I followed them for 25 years, every death of every Hong Kong veteran.

The veterans' affairs thing lasted 10 years and then they kicked me out of that and made me the Deputy Minister of Health, and that's where I finished up, in the Department of Health, very happily, and very happy to be finished. Not only the Hong Kong episode but everything that followed it. It's very comfortable to be a parasite on the body politic, you know. So I think that's it.

CGR:

Very good. Can I go back and ask you a number of questions?

JNC:

Sure.

CGR:

First of all, could you just say a few words about your family -- your wife's name, when you married, children.

JNC:

Well, yes my wife was Maude Hopper. She was the girl of my dreams from about 1925, we were married in 1932, in January. We have two children -- a son, John David, who has his own firm of management consultants in Toronto and has done very well, he did his work at Birkbeck College, University of London. And my daughter -- Natalie Gibb-Carsley -- lives in Perth and we see a lot of her and her family because that's very handy, Toronto is a little further away. They each have three children so I have six grandchildren. Three are home with my son's family and were down to spend a couple of weeks with us in March in Florida. So that's the family. My wife and I are very fortunate in our children and in our grandchildren -- a great pride to us.

CGR:

One of the questions that I've asked people whom I've interviewed in this regard is the whole question of sex.

JNC:

Well, I would say as a general rule that if you're hungry enough you're not interested in sex. The only dreams you have are dreams of food and eating. One notable exception. I sent a

work party out one day (the Japanese insisted on work parties, they built Kai Tak Airport) and one of my poor, haggard, skinny troops went out on a work party and came back a couple of days later, reported with a case of gonorrhoea. He picked it up in a ditch working on Kai Tak Airport, tired as he was there was time for that. That's the only case I had.

Homosexuality. No. I quite honestly had no indication of any trouble except once. We put on theatre productions in the camp, we tried to entertain ourselves. And we had a little Portuguese boy there [Sonny Castro] who did a magnificent Carmen Miranda. He really dickied himself up as Carmen Miranda and he was very good, very good. One of my troops, I thought, was getting perhaps a little too interested in Carmen Miranda. All I had to do was talk to him and say, "Look, now..." But that is the only hit I ever had of any homosexual activity in the camp. There sure wasn't any heterosexual activity in the camp.

CGR:

I assumed that wasn't too likely.

Were there medical repatriations?

JNC:

No, none. Now my nursing sisters -- as I said, I left them at Bowen Road during the war, and they thereafter were sent to Stanley, which was the civilian internment camp. They got repatriated in '43 sometime, the two girls got sent home. I never saw them until I left Hong Kong.

CGR:

No. I interviewed Miss Christie, so I knew about that. But I was thinking about amputees, or men who had been blinded.

JNC:

No. None at all. These were how I could easily figure out the people who had to come on the hospital ships.

CGR:

You mentioned earlier a particular orderly with the Grenadiers, I think, whom you said turned out to be a real god-send. What was his name? Can you name any of the names. Names are good to have on this kind of thing.

JNC:

No I can't. But I could give you a list of people [see Appendix] who volunteered as nursing orderlies in this diphtheria hospital, a tremendously brave thing to do because they knew jolly well if they got diphtheria they'd likely die. But they volunteered.

There was a fellow named Mawson, and he'd been with me in Jamaica. He was a defrocked druggist. He pulled a boner somewhere along the line and his dispensing license had been withdrawn, but he was a very knowledgeable fellow and invaluable to me. I made him a staff sergeant and came back and persuaded the powers-that-be that he should get this. I was in Victoria a few years ago and heard that Mawson was in the veteran's hospital, so I went up to see him and he was a poor, wizened-up little fellow, obviously dying. He was asleep and I leaned over and shook him by the shoulder and said, "Wake up Staff, Tenko," which was roll call you see. And he said, "Jesus Christ, the major!" So we had a wonderful talk. But anyway, that's the list of people that helped me in Jubilee Hospital, the diphtheria

hospital. I had another hospital with dysentery and other things and avitaminosis and so on.

CGR:

You mentioned the role of ingenuity and gave one or two examples. I'm just wondering if anything else comes to mind.

JNC:

Well, I think I've described [ref. 3] our attempt to measure visual fields where we set up an apparatus, you know, moving targets. The only trouble was that I was dealing with a central scotoma and nobody could focus on the target. My operating room table (this I was particularly proud of, I think I described it in one of these articles) the REME fellows made me a table that was adjustable, three positions, head up, head down, and sort of a break in the middle. An operating room lamp that burned peanut oil. That's the only source of illumination we had. We had highly polished tin reflectors. It was good. I had no shadow, essentially. I could work at night, if I had to -- with choice we didn't but occasionally we ran into an emergency --with this peanut oil lamp and it worked.

Instruments were, of course, irreplaceable, so cutting edges had to be kept sharp. The boys -- one of the work parties -- liberated a straight-edged razor that they found somewhere that had a great gouge out of the middle, useless. The REME fellows ground this down on the lintel of the door, the stone lintel, hours grounding away until they got it to a cutting edge. I still have that razor somewhere, I brought it home. It's my pride and joy.

I know I've talked about my tuning fork too. We were

obviously dealing with [spinal] cord changes of some kind -- posterior, postero-lateral -- and I wanted to do a vibration test, sensation of vibrations, so they made me a tuning fork. Now God knows what the frequency was, but it really shook I'll tell you.

The ingenuity of conning the guards into bringing black market supplies. You had to be pretty subtle. I think my most effective ploy -- when they'd get venereal disease, they'd get syphilis and they'd have a nice primary chancre and they were afraid to report to their own medical officers because they'd get beaten up so they'd come to me. And we were using Salvarsan in those days for the treatment of syphilis and I knew where to get it and I'd need Salvarsan, and surprisingly enough I needed thiamine, nicotinic acid, and sulfonamides, quinine --all the things I needed to treat their primary chancre. So they'd bring it all in and very solemnly we'd squirt them full of Salvarsan and of course the chancre would clear up and I'd say, "Now my boy you're cured." God, I'd bet Japan is full of GPI! That's not my worry.

But if you could get them obligated to you in some way. Now there were a few [Japanese] people who really tried to be decent. One was a little fellow named Watanabe, who was an interpreter, and he took some real risks in bringing me stuff. I knew that he tried very hard. One of the sergeant-majors, a professional Japanese soldier, who disapproved, I think, of the whole business and he was severe but just. And you know, you could follow his rules with some confidence that that's all that was expected.

But I'm very ambivalent now about my feelings towards the Japanese. For a long time I was pretty resentful. And then I began to think, well, what would you do if you were in their shoes, with an enemy force that couldn't be trusted farther than you could throw them -- because we tried to scupper everything they did. I think we wouldn't have been petty, mean, the way they were. I'm not all sure that we wouldn't have been pretty hard on them ourselves. I was in Japan in '66, I was sent back there to do the ceremony for the 25th anniversary of the attack on Hong Kong, and I was being taken out to the cemetery near Tokyo, a military cemetery, in a cab with a young Japanese boy driving. We were passing some signs in Japanese and I was pointing out to my wife these signs, what they meant, and the driver turned around and he said, "Do you know Japanese?" And I said, "I speak a little." "How did you learn? Oh, you're going to the military cemetery. You were a prisoner-of-war." And I said, "Yes, I was." "Was it so terrible?" Now, he's just a kid. "Was it so terrible?" And he said, "I was in Tokyo during the fire bombing, I was at school, and we were called out from the school to assist in putting out the fire." And I just thought, there's two sides to every question. So ever since then, as I say, I've been ambivalent. I'm not prepared to open my heart to them; but I can avoid kicking them in the teeth, you know.

CGR:

Well, speaking of the horrors you mentioned, the atrocities, did you have anything to do, personally, with the really bad things that happened on Christmas Day [1941] and on the 26th, in the hospitals and so on?

JNC:

That was at St. Stephen's where that massacre took place and the rape of the nurses, and so on. No, I was -- that was away down toward the Repulse Bay end of the island and I was on the other side of the dividing line. There was really no communication between east and west at that stage in the game. No, I have seen some atrocities over the wire, the way they were treating the recalcitrant Chinese, pretty horrible. Four of my lads attempted to escape and were caught and the Japs told me they were executed, beheaded I guess, I don't know. But atrocities, no. I didn't see any. Demonstrations of what they would call military discipline -- plenty of those. They'd beat up on people savagely. One of my very good friends in the Grenadiers got a terrible beating simply because he was the officer, the company commander, and someone in his company had committed some minor offence. It was his fault. No, they're funny people -- not all bad.

CGR:

Miss Waters, is she still alive?

JNC:

Yes. May lives in San Diego [actually, Los Angeles]. Her background was in TB. She worked in the TB clinic in Winnipeg with Tony Scott, and she came into the army and came with us. And then after she was repatriated she worked for a while in the TB clinic again, but she went down to the US Public Health Service and worked in the leper colony in Maui for years and became an American citizen, and now is retired and living in San

Diego. You've talked to Kay Christie. you know what an outgoing person she is, and a good chunk of her life, I suspect, is concerned with Hong Kong veterans. She's thrown herself into that.

May Waters is a relative recluse. I hear from her at Christmas and she comes up and visits her family in Winnipeg, occasionally, but she lives very quietly in San Diego.

CGR:

Do you know Jacob Markowitz?

JNC:

Jake Markowitz of Winnipeg?

CGR:

No, he was in Toronto.

JNC:

Oh. He'd been in Singapore.

CGR:

That's right, a Canadian but in the RAMC.

JNC:

Yes, I've met him.

CGR:

His name came to mind when we were talking about ingenuity because he was much involved in inventing apparatuses.

Are there any other things that you can think of -- any anecdotes or stories of particular patients that stick for one reason or another -- good or bad?

JNC:

Well, I've told you my stories about Simon White. It was very rough, it really was rough, but there were some very good

times in the camp, a sense of camaraderie. I used to bully the boys badly, I know that, but I did it deliberately. All I could do really was try to keep up morale. Our staff Captain, Howard Bush, who lives in Ottawa now [died 1987], was immaculate. He slept on his ragged trousers so that they'd be pressed, you know, and he always turned out impeccably as far as it was allowed to be impeccable with what he had. The troops would turn up dirty, unshaven, sloppy and I'd give them hell. And they'd say, "But sir, how can we keep neat?" And I'd say, "How do you think Captain Bush does it?" I think they hated poor Bush. But this was all an effort to keep up morale, which was about all I could do. It was witch-doctoring at its worst really, the laying on of hands, and conning people into feeling better.

We had "latrinograms," rumors, which were useful propaganda tools. We got a report through the local Chinese newspaper, which was brought in by work party [and translated into English]. It told the story of the Japanese version of the first Battle of the Coral Sea, in which the American navy had been destroyed, annihilated, and also severely damaged, first Battle of the Coral Sea. A week, 10 days later, the report of the second Battle of the Coral Sea. Obviously many miles to the north of the first battle. Again, the American navy had been annihilated, destroyed, and also severely damaged. So I started a latrinogram, the story of the admiral of this victorious Japanese fleet going home to report his triumph to the Emperor. And the Emperor was greatly impressed and told the admiral to go back and produce further victories. And the admiral said, "Well, your

Majesty there's just one difficulty. I have no more ships." Whereupon the Emperor, bestowing on the admiral the greatest compliment that the Emperor could give -- a set of ceremonial wooden cups -- handed them to the admiral and said, "Never mind Admiral, sail these." Well, that was the sort of thing. Sick humor, a lot of it, like me publishing a report, when we were losing weight so fast, the average weight was going down 45, 50 lbs, like that, and I published a camp bulletin that, by my estimation, on the first of September the camp would wake up with an average weight of 4 ounces. But you know, all this was grist to the mill, it kept people laughing and that's what's important. I think the British prisoner-of-war, Far Eastern Prisoner-of-War Society have a motto which I think is very applicable. "Nil nisi horas serenas" -- Nothing but the happy times. You know, it's a good note to end on I think, because if you remembered only the bad ones you'd go nuts.

CGR:

True.

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INDEX

Aberdeen Avenue, Winnipeg, 1
Absorption, 16
Acid, 13, 24, 31
Administration, 15
Administrative, 18
Admiral, 21, 23, 35, 36
After-effects, 14
Airport, 28
Ambulance, 5, 6, 7, 9
American, 23, 33, 35
Americans, 19, 23
Amputees, 28
Anecdotes, 34
Angeles, Los, 33
Annihilated, 35
Anti-diphtheritic, 13
Appendix, 29
Army, 2, 3, 24, 25, 26, 33
Aruba, 4
Aspirin, 13, 24
Atomic Bomb, 18, 20
Atrocities, 32, 33
Atrophy, 17
Auditory, 17
Australia, 23
Autopsies, 12
Avitaminosis, 30

Bamboo, 16
Bandsmen, 8
Banfill, Capt. S. Martin, RCAMC, 6, 9
Barracks, 8, 24
Battalion, 2, 3, 8, 11
Battle, 5, 6, 7, 35
Bayoneted, 7
Beaten, 31
Beating, 33
Bed-bug, 22
Beheaded, 33
Beriberi, 12
Bermuda, 4
Birkbeck College, London University, 27
Blinded, 28
Bombing, 32
Boniface, St., 1
Books, 1, 6, 10
Booze, 19, 20
Bowen Road Military Hospital, 6, 7, 8, 9, 12, 13, 28
Brigade, 3
Britain, 5
British, 3, 4, 19, 20, 36
Brits, 8

Brothers, 2
Bully Beef, 35
Bushido, 10
Bush, Capt. Howard, 35
Butchered, 7

Camaraderie, 35
Camp, 8, 12, 14, 16, 17, 18, 19, 20, 21, 22, 28, 35, 36
Camps, 16, 18, 22
Canada, 1, 3, 15
Canadian, 12, 13, 16, 34
Canadians, 5, 7, 8, 11, 23
Canal, Panama, 5
Carbolic Acid, 13, 24
Cardiac, 15
Carmen Miranda, 28
Carriers, Diphtheria, 14
Cases, 8, 12, 13, 16, 21
Castro, Sonny, 28
Casualties, 7, 8, 9
Cemetery, 32
Ceremony, 32
Certificate, 2
Chancre, 31
Children, 2, 5, 14, 27
Chinese, 33, 35
Chloroform, 8
Chocolate, 3
Choked, 16
Cholera, 19, 20
Chown Prize, University of Manitoba, 1
Christie, Lt. Kay, 6, 28, 34
Christmas, 5, 6, 10, 32, 34
Civilians, 7, 20, 28
Clinics, 2
Code, 10
Collaborated, 19
College, 6, 27
Columnists, 18
Commandant, 18
Commonwealth, 23
Communication, 21, 33
Compradores, 19
Conscience, 26
Consultants, 27
Coral Sea, Battle of the, 35
Cord, Spinal, 12, 31
Corporal, 11
Cotton, 22
Course, 2, 4, 15, 17, 21, 30, 31
Court, 11
Crime, 11
Cross, Red, 10, 16
Cunningham, Capt. Winston, CDC, 6
Curacao, 4

Cured, 31
Cutaneous Diphtheria, 15, 16
C-Force, 3

Dante's Inferno, 10
Date-line, International, 6
Daughter, 1, 27
DDT, 22
Death, 15, 16, 26
Deaths, 14, 16, 17
Debt, 25
Defrocked, 29
Dental, 6
Depression, 2
Diarrhea, 19
Die, 10, 15, 29
Died, 7, 15, 16, 35
Diego, San, 33, 34
Diet, 10
Digoxin, 17
Dinner, 23
Diphtheria, 12, 13, 14, 15, 16, 29
Disabilities, 25
Discipline, 33
Disciplined, 11
Disease, 15, 31
Disinfectant, 13
Dispensing, 29
Doctor, 8, 14, 22
Doses, 14, 15
Drafts, 14, 16, 23
Dreams, 27
Druggist, 29
Drugs, 8
Drunk, 20
Dutch, 4
Dying, 16, 19, 29
Dysentery, 9, 17, 30

Eating, 27
Edema, 18
Egg, 20
Embarrassment, 5, 10
Emergency, 30
Emperor, 35, 36
England, 23
English, 14, 35
Entertain, 28
Epidemic, 13
Equipment, 3
Equitation, 2
Escape, 33
Evil, 20
Executed, 33

Family, 1, 5, 25, 27, 34
Father, 1
Favoritism, 26
Ferry, 8
Fibrillation, 17
Fighting, 8, 9, 10
Fisher, Dr. C. Miller, 12
Flies, 15
Florida, 27
Food, 10, 16, 19, 27
Forceps, 8
Fransisco, San, 23
Fraternity, 2

Garrison, 4
German, 14
Germans, 4
Gibb-Carsley, Natalie, 27
Gifts, 19
Girls, 28
Goa, 17
Gonorrhea, 28
Government, 26
GPI, 31
Grandchildren, 27
Gray, Capt. Gordon, RCAMC, 6, 9
Grenadiers, Winnipeg, 2, 3, 4, 29, 33
Groceries, 22
Guards, 31

Hanging, 20
Harbor, 6, 20, 21
Harcourt, Admiral, 21
Headquarters, 3, 24
Health, 26, 33
Heart, 17, 32
Height, 17
Heterosexual, 28
History, 6, 15
HKVDC, 7
Holland, 4
Holt's Wharf, 21
Home, 3, 5, 17, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 30, 35
Homeopathic, 14
Homosexuality, 28
Hong Kong, 3, 5, 7, 8, 10, 18, 21, 24, 25, 26, 28, 32, 34
Hopper, Maude [Mrs. Crawford], 27
Horrors, 32
Hospital, 1, 2, 4, 6, 7, 8, 9, 11, 12, 21, 24, 29, 30
Hospitals, 5, 6, 32
Hotel, 5
Humor, 36
Hung, 21
Hungry, 27
Hunter Watch, 22

Hygiene, 14

Illegal, 22
Immunization, 14
Improvise, 16
Indians, 8
Indies, Dutch West, 4
Indo-China, 22
Infection, 15
Ingenuity, 16, 30, 31, 34
Instruments, 8, 30
Intelligence, 18, 23
Interference, 17
Interned, 1
Internment, 28
Interpreter, 31
Interrogated, 23
Interviewed, 1, 27, 28
Intravenous, 20
Isolated, 14

Jamaica, 3, 4, 5, 14, 29
Japan, 16, 31, 32
Japanese, 6, 7, 9, 10, 11, 12, 13, 14, 17, 18, 19, 20, 28, 31, 32, 33, 35
Jubilee Hospital, 29

Kai Tak Airport, 28
Killed, 7
Kingston, 4, 5
Knighted, 7
Kong, Hong, 3, 5, 7, 8, 10, 18, 21, 24, 25, 26, 28, 32, 34

Latrinogram, 35
Leper, 33
Letter, 22, 23
Letters, 10
Liberated, 30
Library, 10
Littering, 11
London, 27
Looters, 19

Machine-gunner, 2
Mail, 10, 23
Mainland, 8, 13
Malaya, 22
Manan Island, Grand, 14
Manila, 23
Manitoba, 1
Markowitz, Dr. Jacob, 34
Married, 27
Massacre, 33
Massacred, 7, 9
Maui, 33

Mawson, Earle, 9, 29
Medal, 5
Medical, 2, 3, 4, 5, 6, 8, 12, 13, 14, 17, 18, 21, 22, 24, 28, 31
Medovy, Dr. Harry, 1
Melville, Jimmy, 25
Membrane, Diphtheritic, 15, 16
Memorial Hospital, War, 7
Mercurochrome, 8
Militia, 2
Minister, 26
Miranda, Carmen, 28
MO, 22
Mobilized, 3
Montego Bay, 4
Morale, 35
Mosquito, 22
Mountains, 7

Navy, 20, 21, 26, 35
Nerve, 17
Neuritis, 12
Newcastle, 4
Newspaper, 35
Nips, 6, 13
Nurses, 33
Nursing, 4, 6, 8, 9, 28, 29
Nutritional, 12

Offence, 33
Officer, 2, 3, 4, 5, 7, 12, 13, 16, 18, 21, 33
Officers, 4, 6, 13, 17, 18, 19, 20, 21, 22, 31
Operating, 30
Operation, 18
Optic Nerve, 17
Orderlies, 4, 29
Orderly, 8, 29
Osborne Barracks, Fort, 24
Ottawa, 20, 24, 25, 35
Outfitted, 3

Pain, 12
Panama, 5
Parade, 18, 24
Paralysis, 14
Paralyzed, 15
Parasite, 26
Patients, 12, 14, 34
Peacocks, 2
Pediatrician, 2
Pellagra, 12, 15
Penicillin, 24
Pension, 25
Perth, 27
Petrol, 20
Pharyngeal, 15, 16

Philippines, 22
Philosophy, 10
Physiology, 7
Pigeons, 20
Po, Sham Shui, 8, 9, 11, 13
Point, North, 9, 12, 14, 19
Poisoned, 18
Portholes, 23
Portuguese, 17, 28
Prison, 22
Prisoners-of-war, 10, 11
Prisoner-of-War, 1, 32, 36
Problems, 25, 26
Professor, 7
Propaganda, 35
Published, 26, 36
Punished, 11

Qualifications, 14
Quarantine, 19
Quinine, 8, 13, 31

Radio, 21
Raj, 19
RAMC, 8, 34
Rape, 33
Rashes, 12
Rations, 5, 10, 17
Razor, 23, 30
RCAMC, 23
Records, 3, 25
Recreation, 4
Red Cross, 10, 16
Refugee, 12
Reid, Capt. John, RCAMC, 6, 9, 16, 24
REME, 30
Repatriated, 28, 33
Retired, 33
Rice, 20
Richardson, Dr., 26
Ride, Col. Lindsay, 2, 7
Rifles, Royal, of Canada, 3
Riot, 24
Rumors, 35

Saito, Dr. Shunkichi, 13, 14
Salvarsan, 31
Scalpels, 8
Scissors, 8
Scotchman, 3
Scotland, 22
Scotoma, 30
Scots, 1, 18
Scott, Tony, 33
Scottish, 3

Second-in-command, 5, 7
Sequelae, 17
Sergeant-majors, 31
Serum, 13, 14, 15
Sex, 27
Sham Shui Po, 8, 9, 11, 13
Shipment, 16
Ships, 21, 29, 36
Sick, 8, 9, 24, 36
Signalers, 3
Simpson, Colonel, 5
Sin, 11
Singapore, 22, 34
Sisters, 4, 6, 8, 9, 28
Smell, 12
Soldier, 3, 5, 11, 31
Sores, 15
Spence, Capt., CDC, 6
Star Ferry, 8
Starvation, 10, 17
Stephen's, St., 6, 33
Strafed, 9
Stretcher-bearers, 8
Sulfa, 8, 13
Sulfas, 24
Sulfonamides, 31
Supplies, 13, 16, 19, 31
Suture, 8
Swabs, 14
Swimming, 5
Syndrome, 12, 17, 26
Syphilis, 31

Tak, Kai, 28
TB, 33
Technicians, 6
Teeth, 32
Tenko, 18, 29
Test, 31
Theatre, 28
Theatres, 26
Thiamine, 31
Throat, 14
Thumb, 15
Tokunaga, Col., 18, 19, 20, 21
Tokyo, 32
Tonsillectomies, 2
Tools, 35
Toothpaste, 23
Toronto, 2, 27, 34
Toxemia, 16
Toxin, 16
Tracheotomy, 16
Training, 4, 12
Translated, 35

Treatment, 25, 31
Troops, 3, 4, 5, 6, 7, 10, 14, 16, 23, 28, 35
Trousers, 35

Ulcers, 16
University, 1, 7, 10, 27
Unshaven, 35
Untreated, 15

Vandalized, 8
Vehicle, 9
Venereal, 31
Veranda, 20
Veterans, 25, 26, 34
Vibrations, 31
Viciousness, 10
Victoria, BC, 29
Victories, 35
Volunteers, 8
Vomiting, 19

Warehouses, 13
Watanabe, John, 31
Waters, Lt. May, 6, 33, 34
Weight, 17, 23, 36
Wharf, 21
White, Col. Simon, 18, 19, 20, 21, 22, 34
Wife, 5, 10, 23, 27, 32
Winnipeg, 1, 2, 3, 24, 33, 34
Wire, 10, 19, 33
Wounded, 5, 7, 9
Wounds, 7

JUBILEE HOSPITAL PERSONNEL.

Copy of list loaned me by Dr. John Crawford;
volunteers serving in diphtheria hospital.

Shamshipo Camp, 15th December, 1942.

NO.	REG. NO.	RANK	N A M E	Unit	OCCUPATION
5864	K-80593	Sgt.	Squires, A.R.	Bde.	Wardmaster.
5013	H-86620	Cpl.	Morgan, F.J.	W.G.	Senior Nursing Orderly 2nd Floor.
5202	I-22289	Cpl.	Willis, J.G.	"	Senior Nursing Orderly 1st Floor.
6398	E-30730	Cpl.	Drover, A.F.	R.R.C.	S.N.O. (3rd Floor)
6327	E-30161	Cpl.	Claricoates, R.	"	Charge Night Staff.
4988	H-6708	L/Cpl.	McIntichie, A.	W.G.	S.N.O. Charge of 2nd Floor.
6751	F-40262	"	Savage, C.F.	R.R.C.	N.C.O. in charge fatigues.
6221	R-24237	"	Varley, J.L.	"	N.O. (1st Floor)
6400	E-30393	"	Duguay, J.A.	"	S.N.O. (4th Floor)
6712	E-30271	"	Poirier, J.P.	"	(N.O. Charge of dysentery. 2nd Floor)
5858	R-8466	Pte.	O'Brien, J.G.	Bde.	Hospital Clerk.
4629	H-41687	"	Atkinson, H.A.	W.G.	N.O. (3rd Floor.)
4650	H-6405	"	Bennett, R.V.	"	Fatigue.
4665	H-6124	"	Booth, J.	"	N.O. (3rd Floor)
4728	H-6283	"	Cox, W.T.	"	N.O. (4th ")
4777	H-6071	"	Evans, D.L.	"	N.O. (2nd ")
4798	H-41750	"	Fortin, A.J.	"	N.O. (3rd ")
4811	H-6385	"	Furey, J.	"	N.O. (3rd ")
4835	H-46573	"	Hallida, G.A.	"	N.O. (3rd ")
4911	H-77628	"	Kitteringham, J.H.	"	N.O. (2nd ")
4967	H-6263	"	Mayne, W.M.	"	N.O. (3rd ")
8	H-6865	"	McKnight, G.E.	"	N.O. (1st ")
5061	H-6203	"	Peterson, M.A.	"	N.O. on Special Rations.
5071	H-20688	"	Poquet, A.	"	N.O. (1st Floor).
5098	H-6769	"	Rodgers, W.A.	"	Fatigue.
5147	H-41606	"	St. Germaine, T.R.	"	N.O. (2nd Floor)
6291	E-30704	Rfm.	Arsenault, A.A.	R.R.C.	N.O. (1st ")
6245	G-27036	"	Babin, A.	"	N.O. (1st ")
6249	E-30117	"	Barnes, K.R.	"	N.O. (4th ")
6261	E-30316	"	Bernier, D.	"	N.O. (3rd ")
6303	B-75063	"	Campbell, W.R.	"	N.O. (2nd ")
* 6310	G-27224	"	Chambers, Donald M.	"	N.O. (2nd ")
† 6314	E-30553	"	Chapman, Frederick O.	"	N.O. (2nd ")
6341	B-68226	"	Cooper, P.A.	"	N.O. (1st ")
6430	E-30475	"	Henry, T.R.	"	N.O. (2nd ")
6504	E-29864	"	Hunt, J.A.	"	N.O. (3rd ")
6506	E-30751	"	Huntington, W.	"	Fatigue.
6510	E-30728	"	Innes, K.S.	"	N.O. Charge of Special Rations.
6746	F-40964	"	Lake, G.M.	"	Fatigue.
6669	E-30097	"	Metallic, P.	"	Charge Sanitation
6639	E-30714	"	McCom, M.R.	"	Fatigue.
6601	E-30565	"	McDonald, E.L.	"	N.O. (2nd Floor)
6609	E-30458	"	McKnight, E.J.	"	Fatigue.
6709	B-43098	"	Phisher, A.K.	"	N.O. (1st Floor)
6744	B-68208	"	Rawen, A.H.	"	N.O. (1st ")
6762	F-40810	"	Smith, E.C.	"	N.O. (2nd ")
6779	E-30376	"	Smith, W.D.	"	Fatigue.
6718	G-18634	"	Walah, J.E.	"	Fatigue.
6843	B-28366	"	Wilson, L.J.	"	N.O. (4th Floor)
6850	E-30138	"	Wyrwas, F.A.	"	N.O. (3rd ")

* 6310 G 27224 Chambers, Donald M.

† 6314 E 30553 Chapman, Frederick O.

1010 - 1833 Riverside Dr
Ottawa K1G 0E8
11 July 1983

Dear Dr. Roland:

At long last I am returning the typescript you sent on 14 June. The delay is not an indication of lack of interest or co-operation on my part. The fact is that until today I have not had an envelope big enough to put the typescript in. A poor excuse.

Yes, Jack Reid is dead. However, the girl he was married to divorced him shortly after our return. The details are not relevant, but any fault was on his side. I am sure that she could not help you, and I am not going to give you her address. He married again, but I don't know anything about his legal widow.

May Waters address is Miss A.M. Waters, Apt 105, 1520 E 2nd St., Long Beach, Cal., 90802. But I don't think you will get much from May. I hear from her at Christmas, as does Kay Christie, but that is the extent of it. She seems to have pretty well cut herself off from her Hong Kong friends, as if she wanted to obliterate all memories of the experience. You can of course try.

Now for comments on the typescript.

- Frontispiece : My initials are J.N., not J.H.N.
P.1 : Comment as above. The chief at the Babies was Rustin McIntosh.
P.2 : A mistake here. I was not a major in 1939. My majority came through in 1940, while we were in Jamaica.
P.3 : The senior Medical Officer in Jamaica was Lt.Col. Alexander (Sandy) Robb, R.A.M.C.
P.4 : The company in training on the north coast was at Montego Bay. The swimming pool was at the Myrtle Bank Hotel.
P.6 : My figures on casualties show 287 killed in action or died of wounds; 270 died of disease as prisoners of war. The O.C. of the Field ambulance was Lt.Col. Lindsey Ride, H.K.V.D.C.
P.7 : It is a little unfair to try to single out individuals among the other ranks who helped me so much, but a few names come to mind - Earle Mawson and Sunny Veale of the Grenadiers; Ray Squires of the RCCS; - but there were many more. Apropos of this, I think I gave you a rather tattered list of names of the men who served me so well in our make-shift hospital. Did you return it? I don't recall getting it back with the photos you returned.

P.10

The top of the page is a little confusing. My guess is that the Japanese sent the Canadians back to North Point to separate them from the British, and thus break up the Empire. In the same way they separated the two Indian Army Battalions. They looked on us as "Colonial" troops. After our return to Canada, when I became Director General in D.V.A., I had Miller Fisher do a series of examinations of the Nervous system of H.K. veterans who died. Fisher was then a neuropathologist at McGill, and worked at Queen Mary Rd. Veterans Hospital in Montreal. He later moved to the States, Harvard, I think. He published his findings, on my boys in Canadian Services Medical Journal, XI:157:1955.

P.11

"Seito" is the spelling as far as I know. Maybe b-a-s-t-a-r-d would be better. About diphtheria - in October 1942 there were 283 Canadians with diphtheria in our makeshift hospital. In total, 58 died of diphtheria.

P.14

In October '42, 41 Canadians died in Shamshuipo.

P.20

Dr. Hurst Brown, an internist in Toronto.

P.21

We were all a little crazy when we got home. Sometimes I wonder if I personally have fully recovered.

P.24

Same comment on names as on P.7
(And I would like Appendix 1 back, if you have it.)

So that is that. If you are reasonably happy with the typescript, so am I. Though I obviously talk far too much.

Today I received the Xerox copies of the photos Ray Squires gave you. (Isn't he a fine chap!). Sorry, but I can't recognize any of the people. I will show them to Howard Bush, and maybe he can help.

I look forward to seeing the completed product.

Yours,


J.N. Crawford.

1010-1833 Riverside Dr
Ottawa K1G 0E8
12 Aug 83

Dr. C G Roland
McMaster University

Dear Dr. Roland:

Thank you for your letter of Aug 10, and the return of the nominal roll of Diphtheria hospital personnel. The name of Bill Maynes appears on this. He subsequently became blind as a result of nutritional optic atrophy, and is now active with the Pearson War Blinded group. Kay Christie has seen him recently, and can tell you how to get in touch with him, should you want to talk to him.

Indeed I do remember Claricoates and Varley. Both fine fellows. I particularly remember Varley. When we were called out for punishment in October 42 because we had allowed too many of our patients to die (without any anti-dip serum), we were told that we were not doing our best, and anyone who said he was doing his best would have his head cut off. Varley insisted that he was doing his best, and the Japs led him off behind the huts, presumably to be executed, then they slapped the rest of us around a little. Shortly later I saw Varley, with his head still on, and he told me that the Japs had merely said that he was a very brave man. Inscrutable Orientals! Sorry, I can't tell you where either of them is now.

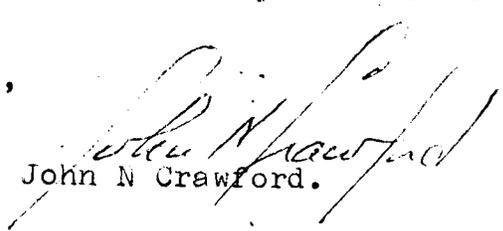
If ever you write this story, I hope that these orderlies are given full credit. In my view, they were the true heroes of the campaign. Knowing full well that if they contracted diphtheria they would probably die, they nevertheless volunteered for this dangerous work. I cannot praise them enough.

Earl Mawson is dead. I saw him shortly before he died in the Veterans Hospital in Victoria. I think this is noted in your interview with me. I do not remember Dr. George Harrison. Might he have been a civilian practitioner attached to Bowen Road Hospital? I do not remember him being in Shamshupo with us. Does Banfill know him?

Glad you have seen Banfill. He would have a lot to tell you, if you could get him to talk. He is very modest about the splendid things he did.

Did you know that two of our lads, Ken Cambon and R. Nixon, studied medicine after they got home. Nixon died in an aircrash in 1962, but I think Cambon is still around, I think a graduate of Leval or McGill. You might be able to trace him.

Yours,


John N. Crawford.

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No. 2

A Medical Officer in Hong Kong

J. N. Crawford, Lt.-Col., R.C.A.M.C.

At a meeting of the Winnipeg Medical Society some weeks ago, I had the opportunity of relating some of my experiences as a Prisoner of War of the Japanese from December, 1941, to August, 1945. My story was well received at that time, and it has been suggested that members of the profession in the province might also be interested in hearing it. This article is the result of that suggestion. It does not pretend in any way to be a scientific article. I hope to publish a fairly extensive account of the scientific aspect of my experience at a later date. Nor do I propose to defend or condemn the attitude of the captor Government; that I leave to more capable and more interested persons than myself. Here I relate merely my own story to my own friends, and if the first person singular seems to loom unduly, I may perhaps be forgiven for it.

As many of you know, I left Canada in October, 1941, as Medical Officer to the 1st Battalion, the Winnipeg Grenadiers. This was a unit of a small force sent to reinforce the garrison at Hong Kong. I was also to serve as Senior Medical Officer of this force. With me were three other medical officers: S. M. Banfill of Quebec, J. A. G. Reid of Vancouver, and G. C. Gray, Jr., of Edmonton; two nursing sisters, May Waters of Winnipeg and Kay Christie of Toronto; and two dental officers, W. R. Cunningham of Souris and J. C. M. Speece of Fort William. The dental officers had a half-dozen other ranks as chair assistants and mechanics. We were well equipped with medical and dental supplies, taking with us a good deal more than was actually needed, considering that we were to be posted in a well-established British garrison.

The voyage across the Pacific was comparatively uneventful. We sailed from Vancouver on October 27th, on the S.S. Awatea, and were reasonably occupied in the care of the casual sick. We met one submarine in mid-ocean, which was discovered, to our relief, to be friendly. We had one medical case of some interest. A soldier who had joined us only a few days previously was admitted to the sick bay, vomiting and semi-comatose. He denied any previous illness or the taking of any medicines or drugs. His urine was sugar free. He died a few hours after admission. The correct diagnosis was made only when an inventory of his personal effects was taken, after his death. We discovered in his kit bag a supply of syringes and hypodermic needles, and enough

insulin to treat a severe diabetic for six months. He was evidently a diabetic who had become seasick and begun to vomit, but who had continued to take his insulin. He died of hypoglycaemia.

We arrived in Hong Kong without other unusual incident. We were housed in Shamshuipo Barracks in the outskirts of the City of Kowloon. We landed on the 16th of November, and for the first few days after our arrival we busied ourselves with the routine tasks incident to "settling-in" such as a check of sanitary conditions, setting up venereal disease control measures, introducing ourselves to the other medical officers in the area, etc.

On the night of November 25th we had a severe outbreak of food poisoning among troops who had been eating sausage meat at the canteen. This is viewed in retrospect with some surprise, as we ate, during the next three years, similar stuff from badly "blown" tins, without similar harmful effect. By the end of November the incidence of venereal disease was reaching alarming proportions, in spite of all our efforts to prevent it. It was indeed obvious that we were living in a very "dirty" station.

During the last two weeks of November we spent a good deal of time in our battle positions in the hills, familiarizing ourselves with the terrain and our duties in case of war. On December 3rd I was posted as second in command to the Hong Kong Field Ambulance. This was a heterogeneous organization composed of regular R.A.M.C. personnel, members of the medical company of the local Volunteer Defence Corps and members of the St. John Ambulance Brigade. The Field Ambulance was responsible for the preliminary treatment of battle casualties, and for transporting these casualties to the various hospitals. At the time I received this appointment, the Field Ambulance was in training at a camp on the border of the New Territories. I at once set out to join my new associates, and spent three days with them, learning something of the geography of the New Territories. The Japanese were in occupation of South China at this time, and on many occasions I saw Japanese patrols on the China side of the boundary. We viewed one another with a good deal of mutual interest.

On the 6th of December, because of the gravity of the general situation, we were recalled from the New Territories. On the 7th we took up our battle positions. On the 8th, we were at war.

Of the fighting itself, I can say but little. The Japanese were too many and too strong for us. We had nothing in the way of aircraft, and had to rely upon anti-aircraft batteries for our protection. These were insufficient for our purposes. By the 13th or 14th, the Japanese had broken through our mainland defences and were in control of the Kowloon peninsula. The roads on the hilly island of Hong Kong were very vulnerable to aerial attack, and this greatly interfered with the efficiency of the Field Ambulance which was attempting to move casualties back to the hospitals. Some of our hospitals were also bombed. In the course of seventeen days' fighting, we lost practically all of our Ambulance vehicles as a result of enemy action. On the 19th, the Japanese crossed over to the island of Hong Kong from the mainland. They infiltrated our first line defence positions and drove a wedge right across the island following the collapse of a very gallant but very hopeless stand by a small party of Canadians at Wong Nei Chong Gap. The group I was with was confined to the western end of the island by this dividing wedge, and I lost all useful contact with those in the eastern end. We were gradually forced up into the hills, where we ran out of drinking water. On December 25th, the garrison capitulated. We thus became prisoners of war.

Nothing happened for several days. We saw occasional patrols of Japanese who looked at us with curiosity, indifference or scorn, and passed on without paying us further attention. We had been told, on the 25th, to stay in the positions in which we found ourselves. However, the exigency of hunger and thirst forced us to try to come down from the heights to a lower level. This we did, encountering parties of Japanese on the way who sometimes searched us, but who were generally well behaved. We finally arrived at the British Military Hospital on Bowen Road. Late in the evening of the 29th we received orders to rendezvous in the city of Victoria at dawn on the following day. Hospital patients and some hospital staff were to remain behind. All others were to assemble, with only such baggage as they could carry on their person, and were to be prepared to march to some place of internment. We had no idea where that place of internment might be, although there were a good many rumours. We were going to Fanling Golf Course, thirty miles away. We were going to Canton, a hundred miles away. We were starting on a long overland march to Shanghai. Thus we said, and had rumour had its way, we might well have swum to Japan itself.

On the morning of the 30th we set out for our unknown destination. Everyone was travelling as "light" as possible. It was impossible for

me to take much in the way of medical stores, but I loaded my kit with those things which I thought might be most useful and most easy to carry. Some sulpha drugs, morphine, iodine, chloroform and a pocket case of instruments, seemed most important.

We marched to an assembly point near the ferry pier, crossed the harbour in a ferry boat and began to march through Kowloon City. There was no transport. The general marched. The private soldier marched. The sick and wounded marched. The streets, which three weeks before had been lined with British flags, were now blazoned with the Japanese Rising Sun. The worthy citizens of Kowloon, who three weeks ago had been British subjects, living with us and doing business with us, now jeered and spat upon us as we passed. It was all very jolly.

Late in the afternoon, by a meandering route, we came once more to the gates of Shamshuipo camp. A ragged, footsore rabble, we marched through those gates for the second time. And the gates were closed behind us. Prison camp life had begun.

We had left Shamshuipo a clean, habitable barracks, capable of accommodating two thousand men. We returned to find it a shambles. Looters had been busy in our absence. Door and window frames, and woodwork everywhere had been ripped out. All plumbing fixtures had been torn away, and water gushed from the gaping broken pipes. Every stick of furniture was gone. Nothing but the bare walls and roofs remained. Into this shambles came seven thousand men of all colours and creeds. British, Canadians, Indians and Chinese, officers and men, in we poured, until there was barely room to stand. We had little shelter, few blankets and no food. We huddled together for warmth. Under such circumstances it was not surprising that disease soon menaced us. Many of the troops, due to failure of the water supply, had developed dysentery during the battle, and this spread quickly through the camp.

It was obvious that medical care was urgently needed. We were not short of help, as we had with us a good many officers and other ranks of the R.A.M.C. Drugs were short, but many had done what I had done, and loaded their pockets with supplies. What we most urgently needed at this point was space, a hospital to work in. So we set about establishing a hospital. We selected an officer's mess building as a suitable site, and began to clean it up. We had no brooms, no shovels. We whittled plugs of wood with which to stop up the gushing water pipes. We scraped the floors with pieces of board and broken glass. We cleared the drains with our hands. Finally we had a floor, reasonably clean,

on which the sick could lie. The roof was rain-proof. At our urgent request, the Japanese brought in bales of sacking. This we used to close the empty window spaces and door frames. Sacking on the floor made a bed of sorts. Sacking served as blankets. A billiard table, too heavy to be stolen, was turned into an operating table. Instruments were sterilized in a mess tin over a small bonfire. In these primitive surroundings we cared for the sick and did such surgery as was urgently needed.

For the first month, the food situation was pretty grim. The Japanese brought us in rice and salt, enough rice to supply each man with 226 grammes per day. We had no cooking utensils, and had to prepare our rice in converted gasoline drums. The remnants of gasoline added a certain piquancy to the rice, as you may imagine. After two weeks, some live pigs were brought into camp, enough to supply each man with 180 grammes. This was stewed. There was not much, but what there was, was enough to cause a good deal of nausea and vomiting. I estimate that our total average daily intake during that first month was less than 900 calories. We were constantly hungry. We were cold. We were bewildered. Altogether, we were a pretty miserable lot.

One of my friends, a local volunteer corps officer, escaped during that first month. He suggested that I go with him. I refused this opportunity for three reasons: First, it was obvious that medical officers were going to be urgently needed in the prison camp, and my duty seemed to be to remain with the men; second, I felt that anyone of my unusual height would minimize the chances of any party getting through; and third, I was damned scared, and preferred to stay with the devil I knew. I deeply regretted my decision on a good many occasions subsequently.

The Japanese brought in no drugs during that first month. I have mentioned that they did bring in bales of sacking which we utilized in the "hospital." They also brought in some bed pans, arm baths and urinals. Toward the end of the month, they brought in about fifty camp cots, upon which we placed the men who were most sick. They also brought in a good many sacks of chloride of lime. This was apparently directed against the dysentery epidemic which was raging.

Toward the end of January all the Canadians were moved out of Shamshuipo and sent over to North Point Camp on Hong Kong Island. A truck was provided for the transportation of the sick. Everyone else marched back through the streets of Kowloon City. Those who had managed to

carry any amount of kit into Shamshuipo with them were now too weak to carry it out.

North Point had been built by the British as a camp for Chinese refugees. A few of the buildings had been damaged by shell fire, but there had been no looting such as there had been in Shamshuipo. There was a fair amount of glass in the windows, the huts still had doors. There were flush latrines. Except that we were badly overcrowded, we were generally much better off than we had been. The food situation was also somewhat better. From this time on, we were provided with enough rice and vegetables to supply about 2,000 calories per man per day.

From the medical point of view, we had not improved our position much. The camp was black with flies. There was a garbage dump just to the west of the camp, old Japanese horse lines to the south, and the beach to the east was covered with dead and rotting bodies. Our hospital was a small warehouse with a very leaky, shell-scarred roof. Our medical staff was now limited to our own medical officers. We again set about the arduous task of establishing a decent hospital in such surroundings, and of training volunteer regimental personnel as nursing orderlies. We did have one big advantage in North Point, and that was that we were on the same side of the harbour as Bowen Road Hospital. The Japanese sergeant who was in medical charge of the camp realized our difficulties, and according to his limited ability he helped us as much as he could. I was able to get the seriously sick up to Bowen by truck almost every day. And of course on every return trip I brought back all the medical supplies I could get.

It was at this time that I first realized that if we were to get anything from the Japanese, we would have to use indirect methods. A direct request, however reasonable, was certain to be refused. On the other hand, a Japanese could be placed in a position where the refusal of a personal request would result in a "loss of face" for him. All my subsequent dealing with the Japanese were directed upon these lines. The little sergeant whom I have just mentioned, spoke English. He had studied Shakespeare in the Imperial University in Tokyo. He was very proud of his knowledge. I read Shakespeare aloud to him, and corrected his reading, for hours at a time. A pathetic and resonant passage from Romeo and Juliet or Hamlet would produce assistance when the urgent need of the moment would fail to do so. Shakespeare wrote better than he knew.

We remained at North Point Camp until September, '42. Dysentery ravaged the camp

continually. Pellagra and Beriberi began to manifest themselves in March, and continued to become more severe. In August, we began to discover cases of Diphtheria. A large party had to be sent out of camp every day, for work on an airport that the Japanese were constructing. There were not enough fit men to make up the required number, so we had to select the less sick, and send them out to do hard physical work. Our plight seemed hopeless. We could not increase our food supply. With the conditions of overcrowding under which we were living, it was impossible to institute anything like an efficient quarantine. We were unable to obtain antidiphtheritic serum. My request for a general throat swab of the camp and isolation of carriers, was ignored. In spite of all this, morale was extraordinarily good. Our Auxiliary Services Officers were tireless in their efforts. They got a good library established, and organized a concert party which entertained us every Saturday night. On the first of July, our ball team played against a team from the Japanese guards, and beat them soundly.

Toward the end of September, we were all bundled out of North Point Camp, and moved back to Shamshuipo. I took with me six men with frank diphtheria as well as numerous cases of dysentery. Permission to move them to Bowen Road had been refused. Almost everyone had avitaminosis in some form or another.

Now began the darkest period of our internment. When we returned to Shamshuipo, we found that the hospital had expanded considerably. Dysentery, diphtheria and avitaminosis had demanded an increase in hospital accommodation. The Indians had all been moved to a separate camp, and many of the Chinese had been released to go to their own homes. A draft of British officers and men had left for Japan a few days before our arrival. But there was still no accommodation in the hospital for the large number of sick which came over with us. It was therefore necessary again to make provision for our Canadian sick. This we did by utilizing badly needed barrack room space for hospital purposes. We had brought with us from North Point all of the little hospital equipment which we had.

By the end of October, I had admitted 283 cases of diphtheria to this hospital, as well as 198 cases of dysentery and 47 cases of avitaminosis. On the 3rd of October I managed to purchase a little antidiphtheritic serum through the agents of the "black market." On October 5th I was issued with a further small supply by the Japanese. One of the most difficult decisions we ever had to make now faced us. That was the decision as to which of our numerous cases of diphtheria were to receive serum and which were not. We

had only a very little. All cases could not have it, some, must do without. We felt that such a power over life and death should be the prerogative of the Deity, but at that moment He seemed to have forgotten us. Our final decision was simple, and I believe fairly sound. Any man who had shown membrane forty-eight hours before serum became available, did not receive any. We gave serum only to fresh cases, where we felt a small quantity might do some good. Our maximum dosage at that time was 2,000 units, our usual dosage 1,000 units. And this minute quantity saved life.

One of the very troublesome manifestations of avitaminosis was an agonizing pain in the feet and legs. The troops called this "electric feet," which seemed adequately to describe the symptom. Such cases were grouped together in one section of the hospital, and this section was aptly named by the troops, "the Agony Ward." Many a time have I made night rounds on this ward, to find all the inmates with their feet resting on the cold cement floor, or soaking their feet in cold water. I would find them rocking back and forth, and crying with pain. Because the "soaking" treatment led to maceration of the skin and secondary infection, it was strictly forbidden. But I could not find it in my heart to be too severe upon the offenders. I could offer them no other form of relief. Never have I felt as helpless.

In the month of October, there were forty-one deaths among Canadians alone. The others in the camp were dying off at about the same rate. There were two or three funerals every day.

It was at this time that I made my first personal acquaintance with Japanese corporal punishment. Beatings had been of common occurrence, but I had missed any such treatment until now. But now the Japanese became very annoyed with me. It seemed it was not the thing to do, to allow men, who had received no serum, to die of diphtheria, or men who had no food, to die of starvation. So I got a bit of a "slapping around." My dignity was hurt more than anything else, but I found it intensely annoying to be pushed around by a slant-eyed, bandy-legged bastard, whose neck I could quite easily have broken. But machine guns trained on the camp are a great deterrent to riot, and I grinned and took it. Oddly enough, nobody died the following day. Perhaps the Japs had the right idea.

When I name this month "The Black October." I think you will see what I mean. Our existence seemed to have reached its lowest point. Death, starvation and maltreatment were all we had to look forward to, and many of us felt that those who had already died were the fortunate ones.

But perhaps the very gravity of the situation was our salvation. The Japanese authorities were finally forced to open their eyes to what was going on. They began to do throat swabs on all the inmates of the camp, and persisted in this until the epidemic of diphtheria was under control. Facilities were provided for the isolation of carriers. Diphtheria killed a great many people in camp. One hundred and thirty Canadians died of it. But, strangely enough, diphtheria was also responsible for saving a great many lives. As the supply of serum increased, we were able to give a reasonable therapeutic dose, and the danger of the disease was greatly minimized. But more important still, patients with diphtheria and carriers were isolated for a long time. This meant that they could not be sent on work parties. And the long rest which was thus granted saved a great many men from death by exhaustion.

Late in October I was able to obtain Nicotinic Acid through the Japanese guards. It was purchased in the "black market." Now finally we had a weapon to use against pellagra, although our supply was limited, and had to be used very carefully. In November we were amazed to receive a shipment of foodstuffs through the International Red Cross. We had given up all hope of any assistance from this agency, although we knew that every effort was being made on their part to help us. When their assistance finally did come, what a grand surprise it was. We received cases of bully beef, meat and vegetable ration, cocoa, dried fruit, sugar, ghi (a butter made from Indian buffalo milk), and attah (a flour made from soft Indian wheat). We also received some clothing. This changed the whole picture of the future. We now had reason to hope that these shipments might be repeated, and that except for accidents, we stood a good chance of surviving our internment. We did not allow our optimism to govern our judgment. We doled out the foodstuffs very carefully, enough to bring the caloric value up to about 2,800 calories, with a protein content from all sources of about 70 grammes. In this way we managed to spin out this supply of food for some fifteen months. It was just as well that we did, for never again did we receive such a shipment.

Together with the bulk foods in this shipment we received some individual food parcels, enough to give every man in camp three in the succeeding five months. This meant that the majority of men managed to save something of their first parcel for an extra celebration on Christmas Day. This, with the special meal that was provided by the kitchen, made what was, for us, a very merry Christmas indeed. And the prospect for 1943 was much brighter than it had been.

In January, '43, the first Canadian draft for Japan left camp. The personnel of this draft were selected in a pretty typical Japanese hit and miss fashion. One day, "General Assembly" was sounded. Everyone fell in on the road. A Japanese officer then ordered the front rank to advance five paces. This was repeated for the other ranks. Any man who could walk those five paces was considered to be fit to go as a labourer to Japan. He might be as blind as a bat, he might have a heart that beat 150 to the minute, he might have an arm off, but to the Japanese he was fit. Truly, Japanese medical science is a wonderful thing. So they were selected, and so they went off, about 700 of them, and with them went 90% of my trained nursing orderlies. Captain Reid was the only Canadian officer who went to Japan, and he went with his draft. I was now reduced to a skeleton medical staff, with three medical officers and a few orderlies who remained. But the number of sick had not been reduced. However, the situation was relieved to some extent by combining the Canadian Hospital with the British Hospital. We now had only a few Canadian wards to look after. I was relieved of most of the burden of administrative work.

Throughout 1943 the diet level was maintained somewhere between 2,500 and 3,000 calories. The level of health rose slowly, but surely. The symptoms of avitaminosis were less obvious, although we were constantly aware that the problem was lurking just beneath the surface. There were no deaths in February, and after this time a death was a rarity. Diphtheria disappeared from the scene in March. A second draft left for Japan in August, and a third in December. At the end of the year, the Canadian population in camp was about 450, of whom 150 were in hospital. Most of the hospital cases were suffering with the nutritional diseases of pellagra and beriberi, or more frequently a mixture of both. Cord changes which produced ataxia, sensory disturbances, and changes in peripheral nerves resulting in numbness, paralysis, deafness and blindness, formed an all too common clinical picture. In addition we battled the ubiquitous dysentery and malaria. But our contact men in the black market were still doing business, and we received a steady trickle of drugs through them. We felt that we were coping with the situation as adequately as could be expected.

In the spring of 1944 our supply of bulk Red Cross Food finally gave out. The dietary level dropped to between 2,000 and 2,500 calories, and was only maintained at this level by the efforts of the local Red Cross representative, who sent in small supplies of local foodstuffs. This drop

was quickly mirrored in the state of health in camp. Avitaminosis again became obvious. In May, I had twelve cases of avitaminosis who were completely bedridden. Three of them had bulbar palsies. In August, we were again saved by the Red Cross. We each received three and two-thirds individual food parcels from the Canadian Red Cross, but the most important part of this shipment was the splendid medical stores which were sent. Whoever designed those medical packing cases must have had our needs in mind. For the first time, I now had an ample supply of vitamin products with which to attack our problem. Until you have done without, you can have no idea of the pleasure there is in being able to treat a patient along rational lines. I and my colleagues revelled in our opportunity. But we had learned a bitter lesson. We were able to use vitamins prophylactically, and to use a sufficient amount in treatment, but we did not feel that we could afford to be lavish. In spite of the caution we used, this supply began to run short in January, 1945.

In March, 1945, we received one and one-third individual food parcels from the Red Cross, and with this a sufficient number of drugs from the American Red Cross to replenish our supply for treatment, although prophylactic use had to be curtailed. In May we learned of the collapse of Germany, and began to hope for release in, perhaps, six months time. The unexpected and sudden collapse of Japan in August found us with a reasonable supply of drugs on hand. Only after that time did we feel justified in dispensing our precious drugs with a lavish hand.

In this article I have stressed the medical point of view. That is understandable in consideration of my own interests and the interests of my readers. But you must understand that our life was not altogether grim, at least not as grim as it was from the point of view of the sick. We had our lighter and happier moments, in which we forgot our misery and lived once more like civilized humans. I remember the theatre which we built in Shamshuipo. I had no part in the spectacles that were presented there, but I was always to be found as one of the very appreciative audience. As long as we had electric light, these stage presentations were, to my untutored mind, extremely good. And even when we had no more light, those interested made tremendous efforts to "take us out of camp for

awhile." I remember, too, our various attempts at a news service. We received a newspaper, printed in English and published by the Japanese. It was highly propagandistic, of course, and presented what was to our minds a pretty lop-sided picture of world events. We tried smuggling in radios at one time and another, but when they were discovered the resulting penalties were too stiff for our liking. So we gave that up. Then we began smuggling in a colloquial Chinese paper. We had several volunteers in camp who could translate it adequately. These translations were passed from hand to hand, with what was supposed to be the utmost secrecy. But it was strange how one could always hear the "top secret" news items discussed in a loud voice by a group in the latrine or shower room. I suppose it was fun, just taking a chance. I remember most of all, the friends I made. There was lots of time in which to get to know people. And there were lots of people who were worth knowing, people from many strange corners of the earth who had been caught in Hong Kong along with the rest of us. When one rubs shoulders with people like that, one loses some of one's corners, and learns what a cosmopolite really is.

Since I have come home, I have been asked a good many times for my general impression of the whole experience. It is a difficult question to answer. I think that the thing we resented most was not the bad food, or the cold, or the domineering attitude of the Japanese, although all these were unpleasant. But what bothered most of us more than anything else was the overcrowding, the complete lack of privacy. Until it is denied you, you can have no idea of what a blessing it is to be able to be alone. In camp, we lived cheek by jowl with the same little group, year after year. And under such circumstances, the dearest friend can become hateful.

On the whole, I do not regret the experience. I think that I learned a lot. I learned what people are like when the cultural surface is rubbed off by the stress of circumstances. I found that some humans are among the nastiest of the Lord's creatures, but I also learned that some are among the finest. I think that perhaps I learned the meaning of tolerance, and that in itself is an education. But I do not wish to repeat the experiment. It is much more pleasant in retrospect than it was in reality.



JUBILEE HOSPITAL PERSONNEL

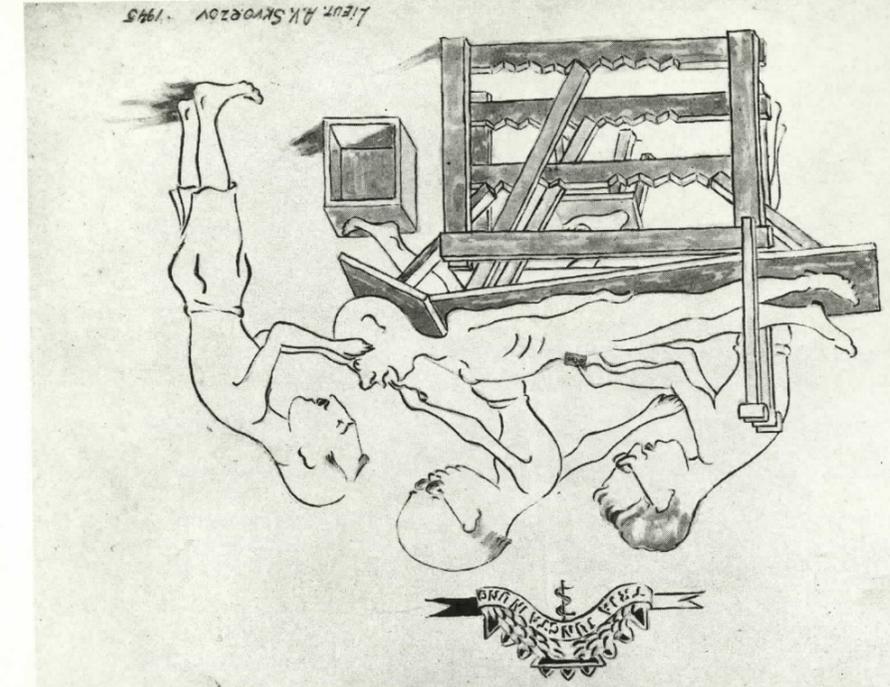
Appendix 1

Copy of list loaned me by Dr. John Crawford; volunteers serving in diphtheria hospital.

Shamahipo Camp, 15th December, 1942.

P.O.W.NO.	REG.NO.	RANK	N A M E	Unit	OCCUPATION
5864	K-80593	Sgt.	Squires, A.R.	Bde.	Wardmaster.
5013	H-86620	Cpl.	Morgan, F.J.	W.G.	Senior Nursing Orderly 2nd Floor.
5202	L-22289	Cpl.	Willie, J.G.	"	Senior Nursing Orderly 1st Floor.
6398	E-30730	Cpl.	Drover, A.F.	R.R.C.	S.N.O. (3rd Floor)
6327	E-30161	Cpl.	Claricoates, R.	"	Charge Night Staff.
4988	H-6708	L/Cpl.	McRitchie, A.	W.G.	S.N.O. Charge of 2nd Floor.
6751	F-40262	"	Savage, C.F.	R.R.C.	N.C.O. in charge fatigues.
6221	E-24237	"	Varley, J.L.	"	N.O. (1st Floor)
6400	E-30393	"	Duguay, J.A.	"	S.N.O. (4th Floor)
6712	E-30271	"	Poirier, J.P.	"	(N.O. Charge of dysentery. 2nd Floor)
5858	E-8466	Pte.	O'Brien, J.G.	Bde.	Hospital Clerk.
4629	H-41687	"	Atkinson, H.A.	W.G.	N.O. (3rd Floor.)
4650	H-6405	"	Bennett, R.V.	"	Fatigue.
4665	H-6124	"	Booth, J.	"	N.O. (3rd Floor)
4728	H-6283	"	Cox, W.T.	"	N.O. (4th ")
4777	H-6071	"	Evans, D.L.	"	N.O. (2nd ")
4798	H-41750	"	Fortin, A.J.	"	N.O. (3rd ")
4811	H-6385	"	Furey, J.	"	N.O. (3rd ")
4835	H-46573	"	Hallida, G.A.	"	N.O. (3rd ")
4911	H-77628	"	Kitteringham, J.H.	"	N.O. (2nd ")
4867	H-6263	"	Mayne, W.M.	"	N.O. (3rd ")
4978	H-6865	"	McKnight, G.E.	"	N.O. (1st ")
5064	H-6203	"	Peterson, M.A.	"	N.O. on Special Rations.
5071	H-20688	"	Poquet, A.	"	N.O. (1st Floor).
5098	H-6769	"	Rodgers, W.A.	"	Fatigue.
5147	H-41606	"	St. Germaine, T.E.	"	N.O. (2nd Floor)
6291	E-30704	Rfm.	Arsenault, A.A.	R.R.C.	N.O. (1st ")
6245	E-27036	"	Babin, A.	"	N.O. (1st ")
6249	E-30117	"	Barnes, K.R.	"	N.O. (4th ")
6261	E-30316	"	Bernier, D.	"	N.O. (3rd ")
6303	E-75063	"	Campbell, W.R.	"	N.O. (2nd ")
6310	E-27224	"	Chambers, D.M.	"	N.O. (3rd ")
6314	E-30553	"	Chapman, F.O.	"	N.O. (4th ")
6341	E-68226	"	Cooper, F.A.	"	N.O. (1st ")
6490	E-30475	"	Henry, T.R.	"	N.O. (2nd ")
6504	E-29864	"	Hunt, J.A.	"	N.O. (3rd ")
6506	E-30751	"	Huntington, W.	"	Fatigue.
6510	E-30728	"	Imes, K.S.	"	N.O. Charge of Special Rations.
6746	F-40964	"	Lake, G.M.	"	Fatigue.
6669	E-30097	"	Metallic, P.	"	Charge Sanitation
6639	E-30714	"	McCom, M.R.	"	Fatigue.
6601	E-30565	"	McDonald, E.L.	"	N.O. (2nd Floor)
6609	E-30458	"	McKnight, E.J.	"	Fatigue.
6709	E-43098	"	Phifer, A.K.	"	N.O. (1st Floor)
6744	E-68208	"	Rowen, A.E.	"	N.O. (1st ")
6762	F-40510	"	Smith, E.C.	"	N.O. (2nd ")
6769	E-30376	"	Smith, W.D.	"	Fatigue.
6818	E-18634	"	Walsh, J.E.	"	Fatigue.
6843	E-38366	"	Wilson, L.J.	"	N.O. (4th Floor)
6850	E-30138	"	Wyrwas, F.A.	"	N.O. (3rd ")

*6310 G27224 Chambers, Donald M.
 †6314 E30553 Chapman, Frederick O.



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42