The ABCs of Survival behind Barbed Wire: Experience in the Far East, 1941-45

CHARLES G. ROLAND, MD, DSc

The Paterson Lectureship was created by Associated Medical Services some years ago to support the annual program of the Canadian Society for the History of Medicine, and to recognize the contributions made by G. R. Paterson to the CSHM while he was Executive Director of the Hannah Institute for the History of Medicine. I thank the selection committee; I am honored to be invited to be the AMS/Paterson Lecturer for 1999, and hope that I can approach the high standard set by my distinguished predecessors.

For many years now I have been investigating a somewhat obscure facet of our wide-ranging field of medical history. My intent is to report, as it were, on what I have been doing.

On 25 December 1941, Hong Kong surrendered to the forces of the Imperial Japanese Army; the survivors became prisoners and remained so until mid 1945. In the past, the many accounts of these events have been presented, historiographically, as political or military history. My thesis is that the Hong Kong story, most particularly that portion that began on Christmas Day and ended only 44 months later—the prisoner-of-war period—should be seen not as political history or as military history, but predominantly as medical history.

Approximately 6,000 Allied soldiers became prisoners of war at Hong Kong, including 1500 members of the Winnipeg Grenadiers and the Royal Rifles of Canada, the latter a nominally English-speaking regi-
ment from eastern Quebec and New Brunswick. These men were the only soldiers from Canada to experience prisoner-of-war conditions in the Far East, excepting a few air force personnel and occasional Canadians serving in the British or the Indian armies. In addition to these thousands of POWs, an even larger number of civilians, citizens of nations at war with Japan, were incarcerated in the Stanley Internment Camp on Hong Kong Island. Though treated less badly than the military prisoners, these internees nevertheless suffered severely with malnutrition and all its attendant problems. Forced labor was not an issue, and brutality was less common.

At the instant of capture these soldiers passed from being part of a coherent (if struggling) military organization, to a disorganized mob. None of the men had been trained or taught how to be a prisoner nor how to survive prisonerhood. Their easy, arrogant assumptions of moral and physical superiority over the Japanese had been shown, decisively, to be nonsense. None of them knew if the rumored atrocities against the Chinese, as in the so-called Rape of Nanking, were true and, if so, if they were to be repeated at Hong Kong. All too soon they were to see the Japanese torturing, raping, and murdering Chinese; especially in the period immediately after the surrender, atrocities occurred in uncounted numbers.\footnote{1}

Their Japanese captors, who were thoroughly imbued with the belief that they must never allow themselves to be taken prisoner, were unprepared for this sudden mass of captives. Their arrangements, especially at the beginning, were ill-organized (not surprisingly), arbitrary, and often inconsistent.

Four main camps operated to incarcerate POWs in Hong Kong from late December 1941 on; three of them continued to serve this purpose until the end of the war. The largest camp was Sham Shui Po, in Kowloon, and it is this camp that I discuss. Figure 1 shows the Canadians marching to what was then their barracks, November 1941.

Somehow, every formless group that finds itself in the position of these POWs begins to create or re-create its own society. What I plan to do is to describe how society was created in the POW camps of Hong Kong, emphasizing the medical aspects and constructing my narrative literally around the ABCs promised in my title. These letters refer not to things or concepts, but rather to individual prisoners of war.

The “A” to whom I refer is “Ashton-Rose,” Acting Major Leopold William Ashton-Rose, Indian Medical Service. “B” is “Boon,” Major Cecil Boon, Royal Army Service Corps. And “C” is “Castro,” Ferdinand Marie “Sonny” Castro, Hong Kong Volunteer Defence Corps. I have interviewed perhaps 200 veterans of the Hong Kong camps. I can assure the reader that a list of memorable characters drawn up by any veteran
would include these three names—though each for a different reason. The three men represent crucial services needed to establish and consolidate the camp as a functioning entity. Ashton-Rose was responsible for medical activities in Sham Shui Po. Boon was charged, by the Japanese, with the overall administration of the camp. And Castro was the most memorable in a troupe of talented amateur performers whose activities became vital to morale.

Figure 1

Canadian troops marching into Sham Shui Po barracks, 16 November 1941, little knowing that they would return there in six weeks as prisoners of war (Imperial War Museum K-1374).

Sham Shui Po had been a well-built British barracks before the war and might have been an adequate POW camp but for two problems. First, the number of men forced to live there was several times the optimal. Secondly, in the week following the capture of Kowloon on 13 December, before Sham Shui Po was requisitioned to hold prisoners, the local Chinese population had done a “Guinness-Book-of-Records” job of looting and vandalizing the camp. So thorough were these experts that not only was every pane of glass gone, every door and every hinge, every piece of plumbing, but even the wiring in the walls had vanished. Sham Shui Po had been stripped clean—perhaps the only time it would be clean for the duration of the war. The omens were not good.
But what of the ABCs? Let me begin with Major Cecil Boon. He was a Major in the Royal Army Service Corps. On 18 April 1942, the Japanese gave orders for all officers above the rank of Captain to move, within an hour, to a separate camp. Almost all officers except medical officers were sent to Argyle Street Camp in western Kowloon. Boon was left in charge of Sham Shui Po, named chief administrative officer by the Japanese. No one knows how or why he was chosen, but from the point of view of the Japanese the choice could not have been bettered. The POWs thought otherwise.

Administering any POW camp is a thankless task. Cecil Boon received no thanks whatever for his work. He was loathed by the majority of his charges, who referred to him behind his back as, among other things, "Cissy" Boon. After the war Boon underwent court martial in England. Why did this happen?

There were two polar viewpoints as to how one should behave towards the enemy, the loathed Japanese. One group believed that every form of opposition and obstruction should be used. The Japanese were still one of the enemies that their country was fighting; the POWs, though prisoners, were nevertheless fighting men and should do their bit. These men were not suicidal; they learned quickly the Japanese penchant for brutality and they learned to be subtle in their opposition and to do nothing when survival was threatened. But they schemed, and did minor acts of sabotage, and had the satisfaction of being, in a small way, active participants still.

The other group saw survival threatened everywhere, constantly, and followed the path of complete, total submission. Every order must be obeyed unhesitatingly and unquestioningly. It was to this group that Boon belonged. And it was the alacrity with which he enforced Japanese commands and, many believed, made them more rigorous, that drew the anger of most POWs in Sham Shui Po.

All the men were realistic; they knew that Japanese orders were to be obeyed. It was the spirit of their obedience that was in question. Boon had stooges, cronies who became part of this administration inserted between the captors and the bulk of the captives. According to those who were there, the stooges crept about at night, listening outside the huts, and reported what they heard back to Boon—and thus, they claimed, to the Japanese. Moreover, the Boonites began to administer punishment for offences, alleged and real. This made them even more thoroughly despised. Boon claimed that the men were better off to be punished by him than by the more brutal Japanese, and he had a point. The counter-argument was that men were being punished for non-existent or extremely minor misdemeanors.
One NCO in the Royal Scots remembered Boon as a dapper figure, always well dressed, invariably wearing dark glasses. This same man reported once, in palpable disgust, that a naval Petty Officer had been confined to quarters for 10 days for not saluting Boon.

Not only did these activities have a negative impact on the spirits and morale of the camp, they also, on occasion, had a direct medical effect. Perhaps the worst incident took place in 1944. A patient in Bowen Road Military Hospital, an institution the Japanese permitted to continue to function throughout the war, was discharged. He was to be sent to Sham Shui Po. Doctors at Bowen Road arranged for him to smuggle out
a substantial quantity of quinine powder, urgently needed because of
the heavy impact of malaria.

When the man arrived at Sham Shui Po, he handed the smuggled
powder over to an NCO, asking him to deliver it to Major Ashton-
Rose at the hospital. But the NCO was one of Boon's stooges, who took
the powder to Boon. Boon turned it over to the Japanese. His rationale
was that the Japanese had forbidden the transfer of drugs between
camps and he would not countenance nor condone illegal acts con-
travening Japanese regulations. The Japanese got the quinine, the pris-
oners got malaria (which killed some), and Boon got their hatred redou-
bled.

Boon, according to a fellow officer, had been an army dancing cham-
pion before the war, an avocation that might not have raised his status
among the troops. The Japanese transmitted all their orders through
Boon. If there was to be a parade and search, the purpose being to get
everybody out on the parade ground while guards searched every hut,
Boon gave those orders. There were some camp commanders who
would find a way to warn their men beforehand so that contraband
could be hidden. But Boon would not dream of doing that.

After the war, Boon was court-martialed—and exonerated. One of
the medical officers did not think Boon was a vicious man, or was
scheming against the POWs, or that he was particularly pro-Japanese.
He was merely a spineless mouthpiece for them, apparently agreeing
immediately to follow their orders and passing them on to the men.

He didn't make a fuss about it, which a lot of people thought he ought to have
done, he ought to have stood up to the Japanese and refused. He'd only have
been beaten up, mind you. But he was not a great character at all, a forceful
character in any way.\(^5\)

And that will have to be the final word on Cecil Boon. A weak man
who knuckled under totally—though I say it having no idea how I
would have fared in similar circumstances. It was in this atmosphere of
mistrust, suspicion, and anger at their own administration that the
POWs had to make their lives—captive lives that seemed, at times, to
stretch into an infinite future. To say that Boon undermined morale
would be a major understatement.

ENTERTAINMENT

Mentioning morale introduces the topic of entertainment. My intention
is not frivolous. Medical officers were unanimous in identifying morale
as the number one long-term concern. Nothing except, perhaps, mail
from home—an event so rare as to be almost non-existent—contributed
so much to morale as poignant memories of normal life. And these
memories, sometimes painful but nevertheless sustaining, were stoked by such "normal" events as music and theatre.

That poor morale has serious health consequences seems undeniable. One phenomenon, commented on by most survivors, was what I have termed "causeless death." Men apparently no more starved, no more sick, no more ill-treated than hundreds of their comrades, turned their faces to the wall—and died. All too commonly, when a precipitating cause could be identified, it was one of the several major eroders of morale: bad news from home, no news from home, or reaction to some aspect of culture shock. For example, many men simply could not cope with the common Japanese penchant for face-slapping as a penalty for minor misdemeanors. Face-slapping was a type of punishment which was familiar to the Japanese and which did not seem to bother them in the same way that it did Western prisoners. For the latter it was a gross insult. Many could not take it.

Prisoner-of-war life in Hong Kong put enormous strains on the men, mentally and physically. Relieving the mental pressure depended largely on the unorganized and sometimes unreliable application of humor, nostalgic re-creation of the past, abusive and often obscene disdain for the Japanese, and general mental toughness. Even though they were survivors of the Depression, not all POWs possessed these survival skills.

There were, in addition, some organized, group approaches that helped to sustain morale. These fell into three categories: sports, music, and theatre.

Sports helped early, but the combination of heavy demands for forced labor plus the physical weakening because of inadequate diet meant that anything involving voluntary exercise ceased, essentially well before the end of the first year of imprisonment. Music remained important. Several of the regiments had bands and the surviving members staged evening concerts on occasion. There were many talented individuals in the camps who performed when instruments were available. However, collective punishment for various offences meant that such gatherings often were forbidden. Theatrical performances were limited by the same caveat, but enough plays and musicals were held to make an indelible impression on the memory of the men. And it is here that we come to the "C" of our ABCs, Sonny Castro.

A memorable act involved that classic favorite, whether played for broad laughs or with subtlety—female impersonation. It nourished the careers of Milton Berle, the Monty Python gang, and numberless others. At Hong Kong, one of the best-remembered men in Sham Shui Po was "Sonny" Castro. He was a member of the Hong Kong Volunteer Defence Corps and spent the entire POW period in Sham Shui Po. His fame came from his activities in camp theatricals, where he specialized
in the "female" singing and dancing roles. Carmen Miranda was the particular favorite; Castro frequently took on the persona of this performer, who at the time was a major box-office attraction in Hollywood movies.\(^6\) The music she performed to was largely South American, particularly the samba. One Canadian officer recorded his recollections:

One of the Portuguese lads "Sonny" Castro, is a "wow" of a girl . . . He's a good looking lad anyway, and his smile, the way he rolls his eyes, his hands, etc., he could pass as a girl anywhere. He used to make up a dancing team with his sister and that has helped him. Have to run the show 3 nights to get everyone—one night specially for the hospital. All the patients that can be moved are taken. It's wonderful for the morale of the whole camp.\(^7\)

Sonny Castro was born (2 May 1919) Ferdinand Maria Castro, eldest of five children in a Portuguese Hong Kong family. After the war he was manager of Shun Hing Shipping Company, then manager and later social secretary to the Hong Kong General Chamber of Commerce.\(^8\) He died suddenly 24 May 1985, unmarried.

Castro played the leading female role in the Portuguese show in February 1943, the minstrel show in April, "Boyadere" in June, "Here Comes Charlie" in July, "La Czigane" in October, and "Blue Rose" in November, all in the same year. He was a "true artist in every sense, remaining unspoiled throughout. Also designed and made majority of female costumes worn. No praise can be too great for work done."\(^9\)

Inevitably, perhaps, especially in the hyper-aware late-twentieth century, the question arises as to whether Castro might have been homosexual. Dr. Tony Coombes thought not. "Sonny was . . . damn good. I suppose people thought he was queer, but I never thought so. He was just slightly precious, perhaps. He used to call me 'Captain Tony.' A very good entertainer, first class chap, very nice fellow too."\(^10\) At any rate, it does not matter.

The theatre thrived on miraculous improvisations. Wigs sprang from strings drawn from rice sacks, mosquito nets metamorphosed into evening dresses, wooden frames covered with paper became wings, and the Japanese provided some chalk coloring. A survivor recalled the genius of one POW, who could create an idyllic Hawaiian beach with palm trees silhouetted against a moonlit sky, by "a deft mixture of ashes, salvaged from the kitchen refuse bins and mixed with water in the right measure."\(^11\)

But theatre functioned as an enlivening focus in a fundamentally unreal situation. Its unreality was its appeal. The main reality of life in Sham Shui Po was the literal struggle for existence, a struggle that centred on inadequate diet and a staggering multiplicity of disease. It is that reality to which I turn for the remainder of my time.
MEDICAL MATTERS

One of the most intriguing and enigmatic characters in the entire Hong Kong prisoner-of-war saga is Major (Acting) Leopold William Ashton-
Rose, Indian Medical Service. He was born Leopold William Rose on Saturday, 11 July 1896, in Kidderpore, a suburb of Calcutta. His father was an engineer on the Kidderpore Docks.

The Japanese appointment of Dr. Ashton-Rose as chief medical officer for Sham Shui Po Camp is almost as mysterious as is the appointment of Cecil Boon. Ashton-Rose was only a captain, and had held that rank only since November 1941, so he was outranked by many medical officers. True, he was an experienced physician, 46 years old in 1942. But there is clear documentation as to how Ashton-Rose's majority occurred: "On 26 February 1942 the IGH was transferred to a POW hospital at Argyle Street; it had held POWs during the fighting and by then there were 1500 Indian troops in it. There were terrible medical problems. News of this had reached the ADMS China Command Colonel Simson RAMC, and he had sent to this Camp Lt. [sic, actually Captain as of November 1941] Ashton-Rose, LC, IMS, to whom for the task he gave the acting rank of Major." Thus the initial appointment was made to give a junior Indian medical officer appropriate rank to deal with hundreds of Indian casualties. But the acting majority remained in place, giving Ashton-Rose the full responsibility once he was moved to Sham Shui Po.

There is no further information to suggest why the Japanese favored Ashton-Rose for the latter assignment. The answer may be simply their sincere hope that the British would feel humiliated when an Indian became the senior medical officer. The division between Europeans and Indians was one that the Japanese worked hard to widen. Partly this was an opportunity to indulge in the sport of humiliating the British—who had, along with the Americans and the Canadians, previously taught the Japanese much about what humiliation could mean. Further, they sought Indian soldiers to leave the camps and volunteer to serve in the Indian National Army, a unit the Japanese hoped would fight beside them to drive the British out of India.

Here is one example of the incessant Japanese efforts to divide the Indians from the British. At one hospital, a complaint was that Indian patients were given beds with springs, but British patients had only wooden ones. The Indians actually did have better beds. This came about because of a direct order from Dr. Saito, who was the Japanese MO in charge of all POW hospitals.

This was done as a punishment "for the cruel British forcing the Indians to fight for them and any attempt to disregard the order would have resulted in general reprisals which would have been more uncomfortable than wooden beds." Ashton-Rose was in the unpleasant position of having to enforce Saito's orders. Some POWs were certain that
Ashton-Rose had done this himself to favor the Indians, of whom he was one. Not so.

But racial slurs and racially based determinations of duties and responsibilities were constant facts of life in the British and Indian armies in the 1940s. At the risk of being accused of psychohistory, I must emphasize that Ashton-Rose was Anglo-Indian and thus many would have found his position of command insulting and degrading to themselves.

Prejudice was pervasive. An English businessman who resided in Calcutta just at the time Ashton-Rose was born, noted that "half-castes are for the most part a lazy, immoral, useless set...." 14 Bhowani Junction, set during World War II, is one of the most insightful novels about Anglo-Indians. The author, John Masters, has one of his main characters thinking:

I felt her taking a good look at me. Her own skin was the same colour as mine, perhaps a little browner, less yellow. We didn’t look like English people. We looked like what we were—Anglo-Indians, Eurasians, cheeeches, half-castes, eight-annas, blacky-whites. I’ve heard all the names they call us, but I don’t think about them unless I’m angry. 15

And the woman he referred to said in turn:

Then somehow being in the WAC(I) changed everything. I ought to have come back to Bhowani more often, but there’d always been something new and exciting to do instead. Now I had to come back, and all I could see in Patrick were the worst trade-marks of our people—inferiority feelings, resentment, perpetual readiness to be insulted, all the things I was determined to get rid of in myself. 16

And finally, showing the Anglo-Indians from the outside, Masters produced these thoughts by a British officer:

it was the fact that she was a half-caste that made his eyes flicker. Anglo-Indians weren’t brave, or even despicable. They were never in situations where they could be either. They were only comical. They tried to marry British soldiers. They spoke like Welshmen. 17

This caricature was what Ashton-Rose represented in the prejudiced eyes of many of his colleagues and his patients.

APPEARANCE

Regrettably, despite diligent and long-continued search, I have found no photograph or drawing of Dr. Ashton-Rose. We shall have to do the best we can with word pictures. Many of my interviewees have attempted to describe him. He was seen as impressive looking, "a fine figure of a man," 18 while a medical officer recalled him as: "definitely Anglo-Indian. Big man, and on the plump side, with a moustache. I
would even say rather military looking. Very confident in himself—I wouldn’t say aggressive, but distinctly confident manner about him. And he handled Japanese in that manner—he said, ‘No nonsense with me.’ He was a good-looking man.”

A fellow medical officer found him “rather more than average height, fat with a belly which he never lost because he was never short of anything. He looked rather pale for an Indian. He probably was a Eurasian of mixed blood. He wore a mustache curled up at the ends.” He was perhaps six feet tall: “Very neat and clean at all times. He always wore short-sleeve shirts, British Officer shirts... I believe he had some East Indian blood in him, he was very dark.” Another man recalled him as an imposing figure “with a dark, handsome Indian head, silvered at the temples, and a huge black handlebar mustache.”

Captain Woodward, an Indian Medical Service officer himself, had much good to say about Ashton-Rose, though it is obvious that he saw the controversial side clearly also:

He possessed enormous energy and force of character and immediately set to work to improve discipline and hygiene upon the Camp with rapid and extremely praiseworthy results. Although he was not popular with the officers who later told me of his work they all freely admitted that it was due to his efforts alone that the [dysentery] epidemic was controlled, deaths practically ceased, and the food supply, cooking, hygiene, and medical treatment was put on a sound and workable basis... Ashton-Rose had tremendous influence with the Japs... as he was a master [of] barefaced flattery which he never stinted. He also showed tremendous energy in rushing out to meet, flatter and cajole the meanest visiting Jap private, especially those connected with ration supply, yet I never saw him salute or bow to a Jap or behave in the servile manner which some other prisoners, officers and men, seemed to deem politic. The result of Ashton-Rose’s influence with the Japs was that... [they] granted us many concessions and privileges which did much for the comfort and health of our patients.

Woodward was well aware of the problems of multiracial camps and hospitals. He also understood the need to get every possible assistance, willingly or unwillingly, from their captors. Ashton-Rose was skillful at doing this, a fact that led to many of the criticisms expressed by some POWs during and after the war. Woodward concluded that Ashton-Rose was a “loyal hardworking and resourceful officer with whom I have been proud to serve—as a personality not everybody’s cup of tea.”

**MEDICAL PROBLEMS**

What were the problems that Ashton-Rose and the rest of the medical establishment struggled with? Several thousand men were marched
into the shambles of Sham Shui Po in the last week of December. Medical problems began immediately.

There was no water nor functioning latrines. The minor wounds with which many of the men arrived in camp remained unwashed and became infected. (Men with major wounds were in hospitals elsewhere in Hong Kong or, too often, were dying untended on the steep hills of Hong Kong Island.) The bore-hole latrines overflowed as nutritional diarrhea was succeeded all too quickly by dysentery, a scourge that remained unconquered three and one half years later when the war ended.

The nutritional diarrhea reflected gastrointestinal revolt at a total change in diet. Throughout the war, the Japanese supplied almost no rations except rice. The POW cooks didn't know how to cook rice, especially for huge numbers of men. Thus not only was the food largely rice, but it was badly cooked rice in the beginning, often boiled interminably with too much water, in bathtubs and similar containers. Many of the men never got used to eating little but rice.

A further alarming problem was the quality of the rice. Often it was heavily contaminated with dirt, bits of glass, rat droppings, and weevils. Worst of all, it was white rice—polished rice. And this fact was the harbinger of suffering for almost every prisoner and death for too many. Brown rice—whole rice—is a nutritious food. Polishing the rice to produce white rice removes the polycarp, which contains much of the vitamin-B content of the rice, which is thus much less nutritious unless it is balanced by other foodstuffs.

By the 1930s and 1940s, the Chinese living in Hong Kong—the vast majority of the population there—preferred polished rice for their main food, so that is what the captured granaries contained in abundance. Naturally enough, when the Japanese found themselves with thousands of unwanted POW bellies to fill, they tapped the local supply of rice. The camps received polished rice, and very little else. As had been widely known for half a century, if you eat only polished rice you will eventually develop vitamin-deficiency diseases, most particularly beriberi.

I want to single out one type of suffering caused by the inadequate diet because of its ubiquity and its cryptic nature. The disorder was given the symptomatically descriptive names of "electric feet," "hot feet," "happy feet," or "burning feet." This disorder was usually considered a symptom of the acute vitamin-deficiency disorder affecting the peripheral nerves often known as dry beriberi. But the exact causation remains uncertain. Therapy that helped men suffering from classic beriberi usually failed to relieve the symptoms of those with "electric feet." The disorder usually was unaffected by therapy. The debate is
medical, not historical, and the precise cause or causes make no differ­
ence to this narrative of the POW lives of Allied troops in Hong Kong or
in Japan. But the confusion about cause does create an historiographical
booby-trap for the unwary historian.

That “electric feet” was related somehow to malnutrition cannot be
questioned. At one point, medical officers had hundreds of patients
complaining—bitterly—of painful burning of the feet that sometimes
required injections of morphine. The suffering was genuine and often
severe, a most excruciating pain largely in the feet, and much worse at
night than during the day. For example, one Canadian, Donald Geragh­
ty, developed this condition in the autumn of 1942. Late in October he
recorded having gone without sleep three nights running and, six
weeks later, he noted that he had stopped soaking his feet and they felt
and looked better. “But I can’t sleep very good. Today I got 2 hrs deep
sleep, first in a week.”24 On 13 May 1943 he was still in hospital, his stay
then exceeding seven months.

“Electric feet” progressed in stages. Nights made sleepless by pain
produced, in turn, exhaustion. The agony gradually drove some men
mad. They could neither eat nor sleep. A few, fortunately a minority,
wasted away and died. One ex-POW recalled:

A hut was set aside for the advanced stages, again dubbed Agony Ward. Their
gaunt figures bent double on the floor, weaving and bobbing and rocking back
and forth in pain, like penitents at the Wailing Wall, rubbing their tortured toes
and weeping, made a haunting sight. I had never seen grown men cry. It roused
pity, disgust, horror, fear—fear that this was awaiting me.25

This is an intriguing clinical-historical problem, but one that deserves
no more time on this occasion. I mention it partly to give some indica­
 tion of what these men were going through, and partly to make the
point that historical data regarding statistics on beriberi and other vita­
min-B deficiency diseases in the Far Eastern camps are highly suspect.
Some medical officers, and the memoirs of most survivors, state that if
they had “electric feet,” they had beriberi. But these disorders are not
the same.

Indeed, this problem of diagnostic uncertainty made life an even
greater misery for patients and medical officers throughout the time of
captivity. For all practical purposes, no one had a single disease. Beri­
beri and pellagra overlapped; tuberculosis, the great simulator, was
rampant. Patients might have multiple acute disorders at the same time,
on top of chronic problems of various kinds. Syphilis, another simula­
tor, also existed, a trying memoir of prewar excursions.

But it was the congeries of signs and symptoms accompanying chron­
ic starvation that produced the most confusion, particularly among that
majority of medical officers who had had no education or clinical expe-
rience with tropical diseases. There were acute medical problems as well, and of these, diphtheria was the most serious. Of the 128 Canadian POWs who died of disease in Hong Kong, on the high seas, or in Japan, as many as 58 died of diphtheria. A second disease, or group of diseases, will be mentioned briefly because of a rather strange connection between them and other disorders; these were the venereal diseases.

Diphtheria was a common disease amongst western POWs in the Far East. It is a highly infectious disease, especially among young adults. Living in cramped, unsanitary conditions increases the risk. The classic form affects the tissues of the throat. Patients who die usually do so because of asphyxiation from the membrane in the throat or, later, from heart failure when the heart is affected by toxin. The supply of anti-diphtheritic serum was so limited that the medical officers had to give doses of only 3,000 or 4,000 units, whereas in normal times they usually began with doses of 20,000 units. Many patients received no serum at all, because of the shortage of supplies—serum was withheld in hopeless cases and in patients whom the doctors considered would recover without it. Moreover, conditions in the so-called hospital were scarcely conducive to survival, to say nothing of cure. The rooms used were small, desperately overcrowded, and without beds, running water, or heat. Men lay on damp concrete floors. The stench was appalling. Supplies of drugs, equipment, and dressings were extremely limited and there were few trained medical orderlies. Many of the men saw admission to hospital as the prelude to death. Far too often they were correct.

As the Senior British Medical Officer in Sham Shui Po, by necessity Ashton-Rose would have had regular, frequent contacts with the Japanese camp administration. He had a talent for turning this to the benefit not only of himself, but also of the ailing POWs. However, he was a bit of a rogue and had an unusual character in many ways. According to rumor he amassed a fortune, but he ran an efficient medical headquarters. He could get things out of the Japanese that no one else could get. After the war, Ashton-Rose went back to India for a while, but he died in Slough, England, in 1957. “I’m convinced,” a medical colleague concluded, “that things would have been far worse medically if it hadn’t been for this very arrogant, forceful personality—Ashton-Rose.”

How did this arrogant, forceful man play such a dominant medical role in the camp? Partly it was because the Japanese appeared to respect him and granted many requests from Ashton-Rose that otherwise would not have been filled. “He berated guards who interfered in the ‘hospital’ and on one occasion slapped one for trying to trade for the watch of a patient who was too sick to think. We expected him to be shot for it, but the incident was ignored.”
This remarkable freedom of action with the guards probably can be explained in venal terms. As happened in other camps in the Far East, sex played a role in helping the POWs: not sex for them, but sex for the Japanese. After frequenting the local prostitutes, Japanese soldiers often were afflicted with gonorrhea or syphilis. Japanese troops were severely punished for acquiring gonorrhea or syphilis and thus were eager to try clandestine approaches to treatment. Ashton-Rose made a deal with them—if they wanted their venereal disease cured, they would have to bring in various medicines first. In this way, much useful material found its way into the camp.

Initially, the only medications available at Sham Shui Po were what the doctors had brought in with them. Other things were scarce. Even paper was hard to find, and case reports sometimes were written on the backs of cigarette boxes. Also, except for Bowen Road Military Hospital, the various camp hospitals were strictly makeshift. The Japanese would not permit open purchases so subterfuge was required. Smuggling became the sole effective method; the medium of exchange was either cash, obtained mostly from the officers, or blackmail, involving diseased Japanese guards. In addition, a brave and kindly Japanese interpreter, at great risk to his own life, smuggled in many humanitarian supplies to the prisoners.

The various items seem to have gone largely to Ashton-Rose, who relayed them to the hospital areas within the camp. His role was thus pivotal. Here is a brief account of one of his techniques for using the officers’ misfortune to help the Other Ranks.

Lt. White reported in 1943: "Started on 20-injection treatment of Nicotin acid. A.R. [Ashton-Rose] has been getting a bit through the Black Market. Officers who need it pay 5.00 yen for it. This helps him get more for the men though we can’t get nearly enough. After the needle you flush all over—quite a sensation."

Mortality was high in these camps. The figures are striking. Of Allied POWs confined in Europe, 4% died during captivity; in the Far East that percentage soared to 27. Men such as Sonny Castro, indirectly, and Leopold Ashton-Rose, directly, did much to keep the number as low as that. Ashton-Rose was made a Member of the British Empire, a clear indication that despite some questions, his work in the POW camps was considered important and worthy of recognition. He was listed in the London Gazette of 18 April 1946 within a group of those honored for services while prisoners of war. Boon, if he did not act against the men over whom he held sway, certainly did not seem actively concerned to enhance their chances of survival.

But all these words nevertheless paint an almost hygienic picture of what life was like for the average prisoner of war. Perhaps I can present
a slightly different viewpoint, one that may more realistically and intimately give some insight into conditions actually experienced. In this case I shall refer to an unnamed camp in Japan, where many of the Canadians were sent to labor during the war.

I would like to include here a fragment of a short story I am writing—fiction but, I assure you, strongly rooted in fact. I call it:

LAND OF HOPE AND GLORY

Vera Lynn reached out to him, stretched out her hand and drew him up onto the stage—not in a dream, not from the television set, but in fact. For any World War Two veteran this was indeed fantasy become truth. The teenage songstress had brought music, hope, inspiration, and consolation to uncounted thousands of soldiers, sailors, and airmen. And here she was, 45 years later, still slim and beautiful, still singing the now painfully nostalgic songs with verve and love—and she was leading him up the short flight of stairs to the stage, to stand beside her, numb with pleasure and embarrassment, while she held his hand tightly. Smiling at him, at the crowd, at their shared memories. For this historic gathering and fly-past was a time of memories, of nostalgia, sometimes of poignant sadness.

In the hundreds of faces turned expectantly towards them, he saw Sue smiling her crooked smile, happy to see him sharing a moment he would never have dreamed possible. Dame Vera turned to her bandleader for a hurried consultation: they needed to select an encore that wouldn’t last too long. Everyone there, while enjoying the bittersweet songs, was also waiting eagerly for the fly-past. The late-June Ontario afternoon was perfect: hot, sunny, and still. Soon the Lancaster would come thundering out of the eastern sky, escorted by a Mosquito, a Hurricane, and that darling of a plane, the Spitfire.

Vera Lynn turned back to him, smiled warmly, whispered, “At least move your lips,” and the music began. Music that was to change his life a little. He stood in the sunshine, on stage with Britain’s Sweetheart, Vera Lynn, watched by mobs of sympathetic, warm-hearted strangers and a loved one or two. Ready for what should be a golden memory.

The band began to play. Vera Lynn squeezed his hand and began. “Land of hope and glory, Mother of the free....” And the glorious moment became gray with pain.

“Land of hope and glory... Land of hope and glory... Land of hope and glory!” Over and over. Merciless memory. He slipped and missed a step, and winced, knowing what was to come. Slash! And a searing pain burned into his back, its tentacles whipping along the site of previous blows from the hated bamboo stick. “That sonofabitch Nishimura!” he gritted out through clenched teeth, hiding the exclamation in the broken, tuneless singing. “Land of hope and glory...”

His voice joined in, tinny and cracked, pain twisting it just as it did his skinny, scabby body. Eleven of them sang and marched for what seemed like hours, but learned later was about 45 minutes. Accompanying them inescapably was the mindless cackling laughter and girlish giggling of almost a dozen guards, plus the deeper voice of a tall prisoner with sergeant’s stripes still crisp on his uniform jacket.
Someone fell down in the clinging mud. Who was it? He couldn't be sure at this distance, but as they marched closer he saw on the left shoulder of the fallen man a partial dragon that he recognized instantly. It was tattooed in Hong Kong, the process never finished because war intruded. The Canadians had only three weeks in Hong Kong before war began, not much time for leave for the rank and file. That half-dragon was famous within the company. It belonged to Bud Jackson, a cocky gold-miner from God's Lake who had come south and joined the Grenadiers in Winnipeg just in time to gamble—and fight—his way across Canada to Vancouver.

Jackson's nearest comrades tried to haul him up out of the foul, half-frozen, clinging mud, but failed and marched past him, spurred by high-pitched Japanese curses: "Bakaro! Bakaro!" Jackson lay there, sobbing for breath, his body caked with mud and shaking with cold, until the ubiquitous bamboo created new energy and he fought his reluctant body back to a standing position and staggered on. "Wider still and wider, Shall thy bounds be set..." And so it went.

The ordeal would have been almost bearable except for their near nakedness. Not that anyone was modest. Christ! how long ago had that trivial feeling vanished? But it was February. February in northern Japan is no joke, even if one isn't emaciated and starving and susceptible to every breeze. So susceptible that another part of modesty had vanished a year ago, when they first experienced the raw gustiness of Oeyama, Japan. They couldn't survive under the paltry thin blankets they had been given by a benevolent Japanese government—so they paired up and slept warmer, pooling the skimpy coverings and discovering that the most fastidious among them survived nicely, despite society's leering prohibition of men sleeping together. That society was far away—if it still existed anywhere.

How had he kept going? He and his pal from the Royal Rifles, Bubba Bernier, stayed together in the grotesque punishment circle, occasionally jogging one another with an elbow—an encouragement to keep plodding, a reminder that they had promised each other to make it. To survive. To get home together. And to get that bastard Harper, their own sergeant, who had devised this disgusting cruelty to curry favor with the Japs. Endless slogging through the freezing mud because of a minor break in the work rules.

He had cried while mouthing the words, "God who made thee mighty, Make thee mightier yet..." He cried because he was beaten severely during this grim discipline. No, he cried because Bubba was beaten so badly that he later died. Poor Bubba, who never quite lost the stammer that brought him his name: as a kid the best he could do with Bernard was Bu... Bu... Bu... Bear so his family called him Bubba.

No—he cried because he had descended to the ultimate humiliation. He wasn't allowed to go to the latrine. No one left the line-up for any reason. He evacuated his dysentery-ravaged bowels into his tattered rags. He was at his most degraded point in four years of captivity, hopping crazily around in the mud, surrounded by the foul reek of his own shit, an experience he had not had since unremembered childhood. And as he realized this he felt the sunshine again. The tears dried on his cheeks. For it was over, long over. He had come home, and with Bubba after all, a handful of ashes in a small Japanese urn.

And Vera Lynn sang on.
NOTES

6. Miranda, born in Portugal but raised in Brazil, had left Rio de Janeiro for Broadway and then Hollywood in the 1930s. “Bahia” was one of her classic numbers; a trademark was the “basket-of-fruit” headdress, as well as her vivaciousness and remarkably expressive eyes.
28. Speller interview, HCM 2-90, pp. 16-17.
30. London, Public Record Office, War Office and Ministry of Defence Recommendations for Honours and Awards for Gallantry and Distinguished Army Service, WO 373, File 87. Unfortunately Ashton-Rose’s citation is not in the file; only about half of those honored have citations preserved.
31. Ottawa, Federal Records Centre, National Archives of Canada, Locator No. G287-15, Trial of Cpl. (acting Sgt.) John Hugh Harvey, on various charges arising from events at Oeyama Camp, Japan, 1943-45, including manslaughter; tried in Winnipeg, March 1946. Affidavit of Sapper Donovan Victor Moore, RE, Winripue, 9 March 1946: “... in February, 1944, he and a number of other sick men were compelled by the accused [Cpl. (A/Sgt) John Hugh Harvey, RAMC] to march in the snow around the compound and to sing ‘Land of Hope and Glory’ while the accused stood joking and laughing with the Japanese guards.”