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

Interviewed by

Charles Gordon Roland, M.D.

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Charles G. Roland, MD:

Dr. Cambon, would you begin by telling me your full name, your birth-date and birth-place?

Kenneth Cambon, MD:

Well, my full name is Kenneth George Cambon, and I was born in Quebec City, 29th of July, 1923. I grew up in Quebec City, of course. I joined the army after leaving high school, while I was still 16.

CGR:

How did you manage that? That's a little young, isn't it, by army standards?

KGC:

Well, to be quite honest with you, it wasn't out of any great patriotism that I joined. I had a job working in a soda fountain for \$10 a week [at the Citadel Cigar Store in Quebec City]. And about the fourth week out there I broke two coffee percolators. At that time they used to cost \$5 each. I must say I was not too impressed with the job and ended up with nothing. The Royal Rifles were recruiting at that time and I passed a sign [at the Armories], just on my way home, so I went in. I lied about my age, and I'm sure I didn't fool anybody because I looked very young for my age, and I joined the army as an infantryman. I had a very unremarkable military career because I joined as a private and ended up as a private.

CGR:

Before we get into that, could you just tell me your parents' full names?

KGC:

My father's name was George Francis Cambon (Cambon's a French name, you know).

CGR:

Yes.

KGC:

And my mother was Lucy Duffield Cambon.

CGR:

So her maiden name was Duffield?

KGC:

Yes.

CGR:

What did your father do?

KGC:

Father was a musician [and a bandsman in the Royal 22nd Regiment]. It was a very interesting life, of course, in those days, growing up in Quebec. It was a tough life because it was during the depression. Now, I don't know where you want me to go from there.

CGR:

Well, maybe you'd just tell me, very briefly, what you did between September '39 or whenever you joined, and October and November '41, say.

KGC:

Well, in the army our regiment went to several places. We went through basic training in Valcartier and then later Sussex [N.B.], and then we were posted to Newfoundland for about a year, as I remember. And then we came back from Newfoundland, and it

looked as though we were going on garrison duty again for another year -- when we were sent to Hong Kong.

I enjoyed the army life. It was something entirely new to me. I had absolutely no idea of going into medicine. In fact, no idea of going to university because, growing up in Quebec, was a little different than the rest of Canada. Only the rich people went to university. We were a very poor family. And I was quite surprised when we came back and found that we would be paid \$60 a month to go to university. It was fantastic!

CGR:

Hard to pass up a deal like that.

KGC:

It was much more than I made at the soda fountain.

CGR:

And you didn't have to worry about breaking coffee pots.

KGC:

True. But I had an unremarkable military career. I really never thought much of the army. I always had a rather critical mind, I guess you might say, if that's the word, and the army, of course, was a very inefficient organization. That's probably why I was never promoted.

CGR:

You were an infantryman?

KGC:

Yes, a rifleman.

CGR:

Well then, tell me about going to Hong Kong and a bit about what the experience was like before the shooting started.

KGC:

Well, it was a fascinating place, of course. It was an entirely new world to all of us. Hong Kong, at that time, even more than now, I think, was a completely different world. We settled very quickly into camp there and we were having a wonderful time. In terms of army life, it was nothing like we'd ever had -- to have your own bed and sheets, and a fellow came in and shaved you in the morning, even a bloody private! It was fantastic.

CGR:

Really.

KGC:

Cleaned your shoes, and you had your suits tailored for you. Of course all of this is one of the reasons why the Japanese didn't have any problem with the British army in the Far East. They were pretty soft.

A rather interesting thing, I think, was that everybody did a very good snow job as far as the military capabilities of Hong Kong were concerned, because everyone was actually hoping that the Japanese would come. We thought we'd really knock them over. It's quite remarkable, in retrospect, that we could be so bloody dumb.

CGR:

Get them out of the way quickly.

KGC:

Yes.

CGR:

It's perhaps a comfort in knowing that a lot of people had been taken in the same way.

Where were you when the war started? What company were you in?

KGC:

I was in Headquarters Company and we were placed off Tai Tam Gap, and we were bombed just about at the very beginning, I guess. And the first few days of the war, I then got the first inkling that this was not going to be the way that we had thought, but most people didn't. I was quite disturbed that they left the so-called Gin-Drinker's Line (are you familiar with the place over there pretty well?), because that was a [logical defense position].

CGR:

I haven't been there, but I've read all the books.

KGC:

This was a tactical error. In my opinion, I thought that's where we should have done the fighting. And then it must have been about a week or so, I guess, before the Japanese came on the island, actually attacked the island. Perhaps it was a little longer, you know. And we were bombed quite a bit, and mortar shells of course. It then became evident to me that we were not going to get out of this kind of thing.

And then the Japanese did get on the island, of course -- you're probably not interested in my ideas on this -- but very briefly a bad mistake was made in separating the Canadians and not letting them fight as a unit. Our regiment [The Royal Rifles of Canada] was under this British brigadier, who really, I think,

muffed the whole thing. When the Japanese landed, that was a time to throw everything at them, take them out, even though it might have been a futile thing. But instead, they really didn't believe that the Japanese had landed. And then of course the Canadian brigadier who was looking after the other side of the island, he got killed. So everything, from day one, went wrong. There was just absolute confusion. I think my own particular unit, in the fighting part, we did quite a bit of fighting against the Japanese. But it was all sort of platoon and very rarely even at a company level, never got the whole act together. I think we could have done much better with a little direction. However, I guess it wouldn't have made any difference.

CGR:

A few days maybe, but probably not a profound difference.

KGC:

No. And after that I was taken prisoner, finally, on the 26th.

CGR:

What do you mean "finally"?

KGC:

Well that's because most of the rest of the island, I think, surrendered on the 25th.

CGR:

Oh yes. I thought maybe you had been captured before and then escaped, or something.

KGC:

No, no. Sorry, that was the wrong word. We stayed, I think we just stayed a few days in Stanley and then were sent to North

Point Camp. And North Point, at that time, was a pretty miserable looking place. See, the Japanese army had had their mules quartered there and in addition to that the place had taken a bad beating. This had, prior to the war, I understand, been a refugee camp of some sort with two or three hundred Chinese refugees. And I don't know how many of us were crammed in there at first, but it was a little over (well, I'd have to be guessing), I would hazard a guess of about 3,000 people probably.

I remember at the time Captain LeBoutillier was the adjutant there. He got all our outfit together and pointed out that we would have to do things all together because otherwise we were going to be wiped out by dysentery in no time. I think a lot of credit had to go to our officers at this particular stage, because they did organize things very well in North Point Camp from the sanitation point of view. At first there was no running water. The toilets, the old toilets in the place weren't working, and the way you went to the bathroom was to hold on to a fence on the sea wall, and defecate over the sea wall. And just about that time I had my first attack of dysentery. It was probably the low ebb of my whole time there. I'd never had anything like dysentery before, of course. This was only bacillary dysentery, I'm sure, because I had lots of cramps and I was holding on the fence over the wall and I looked down and there was still quite a few bodies floating by, you know, and this load of bodies floated by and I thought, "God, what's happened here!"

But I think the important thing, the big thing, was the guys going [outside the camp]. The Japanese did let scrounging parties out and they got a lot of things together and built a kitch-

en, and fixed up the plumbing, got water running. Although things were a little rough and we thought they were terrible then, really everything worked pretty good. It seems to me they took the British guys out [and Indians], not too long after that. I would say maybe a couple of months. Sent them over to Sham Shui Po, so there was only Canadians in [North Point], and there were a lot less then than originally. Really, it wasn't healthy, but it wasn't too bad as far as the [accommodation is concerned]. I don't recall that anybody died in those first few months. Of course the food wasn't very good. You didn't have very much to eat. And it was just about that time that, I guess, in about 6 months or so (as I recall), the first symptoms of deficiency diseases appeared.

CGR:

What were they?

KGC:

Well, I may not have these in the right order now, but the one that everybody remembers, I'm sure most prominently, was what we used to call "hot feet" or "electric feet," you know. It was rather interesting, because I've never really seen it described anywhere else. But it was tingling; really, you felt as though your feet were burning. And the popular treatment was if you could get hold of a bucket and some water, to put them in water. Nobody, at that time (of course it wasn't cold anyhow) would sleep with anything over their feet. You could go and see everybody's feet out. The interesting thing about it is that still I very rarely have my feet covered. Not that there's any need to it at all, but no. I feel much more comfortable with my feet

out[of the covers].

The other thing that I think everybody had was popularly called "strawberry balls." This, I believe now, was probably a form of pellagra, but for some reason or another it hit that part, the scrotal area. Very uncomfortable.

CGR:

Itching?

KGC:

Itching and weeping, like a weeping eczema. And it would come and go, you didn't have it all the time.

CGR:

What did they do for it?

KGC:

Well there wasn't Medicare available -- now Dr. [John] Crawford at that time, as I remember, had a little dispensary. jib don't think they had very much. I actually never went on sick parade in North Point, largely because I, being a skeptic, I knew they didn't have bugger all.

I don't think there was any particular treatment for it that I know of. Of course then, just about then, too, people first started with the classical symptoms of beriberi, with the edema and so on. I think pretty well everybody had that.

And then from the gastrointestinal point of view, rather interesting, everybody initially had dysentery, I'm sure. I doubt that anyone escaped that. But after that, with a change of diet, there was a period where people went through an unbelievable number of days without a bowel movement. Again, I'm picking this out of my head, but the number of 28 comes to mind. I think

this must have been something to do with the diet of course, but it seems strange.

CGR:

It's a long time.

KGC:

It is, yes. After we'd been in North Point 8 or 9 months, I guess, must have been about that, I was very good friends with a young lad from Toronto who was a very good soldier, very brave guy too, an enterprising fellow; he had this idea that we could get out of there. He had, he was a funny fellow, Bill McCarrah was his name.

CGR:

McCarrah?

KGC:

Yea, but you'd better not, just call him Bill M., okay, because he's dead now. He was a graduate of a reformatory school in Ontario, but he was a pleasant guy and a very good looking lad. He used to -- had on several occasions -- gone outside the wire and he had a revolver. He claimed that he had a contact outside the camp that could organize a sort of an escape route for us. So we went in training for this escape. We used to run around the camp and so on. But just about that time, three Winnipeg Grenadiers escaped and this put the collars up on everybody.

There were several people in our company who knew that Bill and I were going and I think our officer thought that I was the leader of this. But anyhow, just at that time they asked for some people to go up as medical orderlies to Bowen Road, and I think the reason I was picked (I can't think of any other good

reason) was because the people in charge thought that I was planning on leaving and they knew that this would cause a lot of trouble for everybody. But it was the best thing that ever happened to me. Because I then went to Bowen Road Hospital as an orderly. I never had any kind of orderly experience. I was there for, I think, probably about another 8 months, I'm not sure.

CGR:

This would have been starting what, about the fall of '42?

KGC:

Let's see now. It must have been about that.

That was a wonderful place, a complete change, again. Once again I went from this very crummy situation where you just slept on a few boards, like there were these old beds that they made up. Yet up at Bowen Road you had sheets, mosquito netting; all the comforts of ordinary life, really, except for food, of course. But this was a little introduction of medicine to me.

Just after I left the diphtheria epidemic started. As you probably know, I'm sure, quite a few people died of diphtheria. In retrospect, I don't know why we were never inoculated against diphtheria, but we weren't.

CGR:

Before going overseas?

KGC:

Yes.

CGR:

Yes, I've asked about that and I gather nobody was.

KGC:

No. It's rather odd. But this was just a great experience for me in many ways. I met some wonderful people there and this is where I first developed a thought about perhaps some day going into medicine too. But shortly after I had got up there, the diphtheria epidemic started and then we had many cases of diphtheria eventually come up. So I'd seen a lot of diphtheria.

CGR:

Tell me about diphtheria, untreated diphtheria.

KGC:

Well, it was unpleasant. People would come up usually with a thick membrane and dyspnea. By that time they'd be very ill. Most of them, I suppose -- many of them -- were, you might say, terminal almost. But the ones that died, we had very few of them that died from asphyxiation, although oddly enough I don't remember any tracheotomies. That's strange, now. But most of them, I think, died from the effects of the toxin. The sad thing was that often they'd just appear to be getting better when they died. That's what I remember most vividly.

The other things we saw a lot of, of course, like dysentery and just general malnutrition. We didn't have much pneumonia and things like we did in camp [in Japan].

CGR:

You were saying there hadn't been much pneumonia in Bowen Road.

KGC:

At least that I recognize now. And there were (this is really not a general interest), but I was influenced a great deal

by the people there, especially some of the doctors, who were very dedicated. Just as an aside, shortly after I got up there I had a really bad spell of dysentery and I nearly died. Dr. Anderson looked after me, a very distinguished-looking typical British doctor. He was very kind to me. I was treated with M & B. [M & B was one of the first sulfa drugs, marketed by May S. Baker. It had a number after it but was always referred to as M & B]. They had a few M & B's that were reserved so I felt quite honored. And then I remember also being very sick from that. But I've always remembered him very well, and to my surprise I found out that he was living in Victoria, just two or three months ago. So I got in touch with him and he was coming over here anyhow, so we had a very pleasant day together. Now this must be hardly a month ago.

CGR:

I wish I had known that.

KGC:

He's an old gentleman now, as you can imagine. But he's got all his marbles in every way. And then there's something that might interest you. He told me that Col. Bowie, who at that time was in charge of the hospital, had written a history of Bowen Road Hospital during the war. Have you read that?

CGR:

Yes. It was published in one of the Hong Kong....

KGC:

Royal Asiatic -- I just got it at the library and as a matter of fact, I wrote to them and they sent me a copy of myself. [Journal of the Hong Kong Branch, Royal Asiatic Society, volume

15, 1975.]

Now from the medical point of view at Bowen Road....

CGR:

Excuse me. You started to say about a few specific doctors. Did you want to carry on with that?

KGC:

Yes, well, of course Dr. Anderson was the one I remember best of all. And then there was a very good internist by the name of Harrison, who also did a tremendous job. They seemed to have quite a bit of supplies, I mean in comparison with anywhere else.

I had an uneventful personal medical thing the rest of the time I was there except, well, I developed a badly infected wisdom tooth and my face swelled up and so on. And there was a dentist there by the name of Fraser who I used to play chess with, and he took this out for me. It was quite an ordeal because they were out of local anesthetic. They didn't have any left. That was a day to remember!

CGR:

I'm sure it was, yes.

KGC:

Fortunately, they really slugged me with a lot of stuff.

CGR:

What kind, I mean liquor?

KGC:

No, no. It wasn't liquor. I don't know what it was. I have a feeling it might have been (what's that stuff that smells so badly? It's not used very much any more.)

CGR:

Ether?

KGC:

No, no. I'll think of it after [Choral hydrate.] I'm sure you're familiar with it. It has a bad smell.

CGR:

The only ones that come quickly to mind are ether and chloroform.

KGC:

Oh no. It wasn't an anesthetic. It was sort of an analgesic, I guess, more. All I can think of is ethyl chloride but that's not it, of course. Anyhow, while I was up there, there wasn't that many deaths as I recall, except for the diphtheria epidemic.

CGR:

Tell me, would you, what did an orderly do?

KGC:

Well, I had very mundane jobs because I had no specific training, of course. First I started out, I emptied all the bedpans, of course, and then I changed the beds properly. Then I eventually learned how to give injections, enemas, pass tubes, and all the rest of that sort of thing. I became quite competent, I think in retrospect, with most of those things. And I did a little reading. They had a great library there. That's probably one of the best things that ever happened to me because I never really had that much interest in reading.

CGR:

Medical library or general library?

KGC:

General library. I didn't have access to a medical library. I presume they had a medical library.

CGR:

Was your entire experience as an orderly at Bowen Road?

KGC:

No. That came to an end in (I would hazard a guess again) I think July [1943] because they were going to close down Bowen Road later. We didn't know that at the time. I got sent back to Sham Shui Po. And I was only there a very little while, as I remember about a month, when I was sent to Japan. It was quite a rough trip to Japan. We were on a boat and it was very unpleasant.

CGR:

In what ways?

KGC:

Well, it was very uncomfortable. We were in the forward hole with most of the people of the Rifles -- the Royal Rifles were together -- and I think most of the Grenadiers were in the back. I believe there was some other -- British other ranks. I think we separated when we went to Japan. After we arrived there, we went to different places, because I think there was more than 300 of us -- oh, there must have been more than 300 in the boat. But anyhow, to make a long story short, we landed in Osaka.

There, from the medical point of view you'd be interested. We walked down the gangplank with our very meager belongings and

at the bottom of the gangplank there were these guys with lab coats on, masks and things, and had like a flit gun. Useless bloody thing! Anyhow everyone that came down was sprayed with this. I think it must have been a phenol because if you got it in your eyes it burned like hell. Then we were put on these trains, a very nice train. I mean, considering everything, I would have thought we would be put on cattle cars, you know, the way we were used to being treated. But it was a proper train and we had an overnight trip and then we arrived in Niigata.

CGR:

Oh, you were at Niigata also?

KGC:

Yes. This was the beginning of a real nightmare for awhile. We were put in this place, there were 300 of us to start with. And the accommodation really wasn't designed for anything like that at all. There was only one water pump. And of course they had the outside benjos [latrines]. And I guess a couple of days after we were there we were sent to work. I was sent to work in a place called Rinko. It was a coal distribution place. Well, this was very depressing because it was evident to me that we weren't going to last very long once the winter came. This was quite far north. However, we all had hopes that things would change. When we arrived there, incidentally, we had no officers with us. There was no good discipline because of this -- as there had been at North Point -- or on doctors. And unfortunately it wasn't very long before there was raging dysentery epidemic. The Japanese pushed everybody out to work, practically, until they fell. And just about then, I guess, I

got my first bout of dysentery up there again. I was really quite sick, so I realized that I was not going to survive very long. I was really down to almost nothing. (I have a picture of myself somewhere around. About then they took everybody's.) On New Year's Day '43, our camp was hit by a very minor typhoon but the place was very fragile and it fell down.

CGR:

I was going to ask about that.

KGC:

All the pictures that had been taken were thrown all over the ground. I managed to get mine. But this was a very depressing situation and I realized I wasn't going to make it. I spoke a little Japanese at the time, not very much then, but then I went on -- you know this Japanese corporal who was with the medical people, he was the medico who looked after the so-called sick parade. When I went there, as I was trying to recover a little from my dysentery, I lied. I told him that I had been a medical student and that I'd like to have a job as an orderly. He didn't say anything and I thought, "Well, I blew that one." But anyhow, about a week later they called me out of the work line (I went back to work). And then people started to die, and I got a job as an orderly. There was another chap, Fred Drover, selected with me. The only other orderly. Fred really didn't know -- he knew even less than I did.

This was just a horrendous time. We had no authority, we didn't know what we were doing anyhow, and there didn't seem any hope over the horizon at all.

And then the Americans arrived, about 500 of them. I guess

we must have moved camps about then. I think that as they arrived we must have gone -- because they couldn't possibly come in the same camp. But anyhow, they arrived. But, again, there was no doctor, but there was a Major and a few other officers. And there was a chief petty officer, a pharmacist's mate, a very knowledgeable guy -- very weird guy too. Of course I imagine he must have been overwhelmed to see this sort of situation.

CGR:

What was his name, do you remember?

KGC:

Dixon. I forget his first name, we called him The Chief. He organized things pretty well considering everything, you know. You see, the people -- it was starting to get cold, and wet and they had no place, no dry clothes, and of course pneumonia (not that I would have recognized it as different from any other). And the only medications we had to treat pneumonia with (this will surprise you) were camphor injections and digitalis. Now, I have no idea why, but the Japanese thought digitalis was a great thing for pneumonia, at least Corporal [Takeo] Takahashi did. Takahashi, he was later sentenced in the war crimes trail for....

That was, I think, the worst period of all, about them. And then sometime, I dare say about November or so Bill Stewart arrived from Tokyo, a very interesting fellow, a wonderful guy. He must have been absolutely horrified because everyone heard the doctor was coming and, of course, everyone wanted to see him. I can still remember that first night and all these guys were lined up.

He had a really tough job because the Japanese were compul-

sive about getting everybody out to work. He tried several times to keep more people in and what happened is then they wouldn't let him keep anybody in. They decided who was going to stay in. This was even worse because they let anyone in who had a little sore in the knee or something but someone who had cardiac failure or something got sent out. So he had a tough job there. I didn't realize even then how tough it was till I got a little background myself.

CGR:

Was he a Canadian?

KGC:

No. He was a British soldier. A very interesting story. He escaped from Singapore in a small boat, went to Java, and got on a boat to Australia. And on the way to Australia the boat was captured by a German raider, and the German raider dumped them all off in Tokyo. So he had the best of both worlds.

CGR:

Or the worst.

KGC:

Yes. The next, I guess, the next year or so at Niigata was pretty rough. We had the highest death rate of any of the camps in Japan. The first winter there was just horrible! Everybody was sick then and it looked so hopeless, there wasn't any ray of hope. The diet was terrible. Nobody gave a damn. The camp commander was a psychotic. He was drunk most of the time. [His name was Lieut. Yoshida.]

From a medical point of view, as I said, most people in the winter, I think, died from pneumonia -- but it was just the end,

what they died of. The real [problem was malnutrition and exposure]. Everybody had beriberi. Well, when I say everybody I mean not everybody, almost everybody. Even Bill Stewart himself. And then when spring came, it would be spring of '43, I guess it was.

CGR:

It must have been spring of '44.

KGC:

Yes, spring of '44. Things started to look up and things improved quite a bit in camp. Because you see, when this building fell down, I think then the people in Tokyo began to get the message that something was wrong up here, you know. And they sent some sort of delegation up there, and they moved us out of that camp into other quarters. They eventually fixed up the place and then we eventually moved back. But this time it was ready. See, when we moved into the camp -- that's right, that's why they moved us with the Americans. We had moved into the camp even before they finished, they weren't really finished. [There was no glass in the windows. Snow blew right in. No kitchen in the camp. Food was brought in from the old kitchen several miles away -- cold rice etc. Then the building blew down, and I guess that killed 8 chaps, but saved the rest of us.]

CGR:

Did they get you a new commander?

KGC:

Yes they got a new commander. But the medical corporal stayed.

CGR:

What did he do that brought him his sentence?

KGC:

Well he was the guy that, for instance, when Bill let too many people off sick he'd come and he'd take over the sick parade. He also refused to give us medicine, sometimes, that I knew he had. In this interval I had picked up quite a bit of Japanese. Bill Stewart brought a Japanese dictionary and I gradually taught myself quite a bit of Japanese. And I got to the stage where I could do almost a little bit of medical interpreting. We had a very good interpreter by the name of [Arthur] Rance, and he did all the formal interpreting, but you know, in all the little things I could get by. And I eventually was able to know pretty well what was available and what wasn't. [Rance died in Vancouver -- apparently became an alcoholic].

CGR:

What about surgery? Was there any surgery done there?

KGC:

No. As a matter of fact, there was only -- the only surgical case that I remember was what looked like an appendix, and this was towards the end, when they were much better to us. [End of side 1.] As I say, the only direct surgery case that I can remember, was a chap, Bill Fye, had appendicitis.

Oh, with this building falling down, I should have mentioned I had a unique experience from that, and this is where my little bit of Japanese came in handy. When this delegation come out of Tokyo, they realized the situation of the fellows who had been injured and who hadn't been killed. It seems to me six or eight

were eventually killed, but I know there was about four or five really badly injured, all of them I think with fractured pelves. And when these people came up from Tokyo and saw how the facilities were, they made arrangements for these people to be transferred to a little cottage hospital, a company hospital, in town. Someone had to go with them to look after them and I was picked because I had a little Japanese. This was a very interesting experience to me (I wasn't hurt, incidentally, at all). It gave me a little insight into the town that otherwise I would never have known. That was the most pleasant time I had in Japan. They also had a Japanese bath, of course. I was last on the list but after all the rest of the people had a bath I got into the bath.

CGR:

It sounds great.

KGC:

It was, yes. I don't know if there is much more. One of the tragedies, medical things, was just before the war ended. The boys who worked out on the dockyards -- this isn't the Rinko place where I worked, but the dockyard Marutsu. There were three places you worked at Niigata; a coal reception depot, I'd guess you'd call it; Shintetsu, the foundry; and the dockyard. People who worked on the dockyard were the aristocrats. They ate well and they robbed quite a bit and the guards encouraged them to rob because they'd take their cut. But these fellows came across this stuff that they thought was alcohol and unfortunately it was glycol and it killed some of them. Several of them died. It was most unfortunate. My first experience with poisoning. I remem-

ber we put tubes down them and irrigated them but nothing happened. One of them, in particular, I remember very well, just a delightful guy. I wept to see him die. [Bobby McLeod] There were some people in the camp, of course, who made life very difficult for guys like Bill Stewart because they'd insist on wanting to have time off at the expense of other guys. But they were remarkably few, but of course one remembers them.

CGR:

Did you have anything to do with the Japanese M.C.'s?

KGC:

There were a few doctors in Honk Kong -- there was one Japanese doctor, a fellow called Saito, that I remember. I had nothing to do with him personally; I naturally knew him because he'd come around to slap a few people, and I gathered he was a bit of a charlatan. The doctors that I met in Japan were pretty inadequate guys. After the building fell in, they used to have a doctor come up -- well they had one come up then, of course, and he was a nice fellow -- but after that he used to come up, oh, maybe every couple of months. He'd come up and look at things and shake his head and say, "Oh, we must do this," but nothing ever came of it. But you see Red Cross medicines arrived. That's what I forgot to mention. In the summer of '44 we got Red Cross parcels, and sulfaguanadine especially. That made a big difference. And with the spring and summer, of course, the nice long sunny days, things improved. Sanitation was pretty poor [which surprised me as I had always heard how clean Japan was].

CGR:

Was there any use of Japanese traditional medicine at all --

moxa, things like that?

KGC:

That's what my little article is about [see appendix].

CGR:

Smallpox, cholera?

KGC:

Well, I don't think we ever had anything like that. It's difficult to know, of course, whether some of what we called dysentery epidemics might not have been. [They tried out a cholera vaccine on us to which I had a very severe reaction, almost died. Most people just had a sore arm.]

Injuries were quite common, especially in the coal yards. They used to push these coal cars around the track and it could be very slippery. One thing that people used to get was ulcers on the legs. And I think in retrospect, the big ulcers were very hard to heal -- were probably from diphtheria, something like that. I'm not sure. I've often thought about it.

CGR:

Somebody told me there was a lot of cutaneous diphtheria. It must have been John Crawford.

KGC:

Well, this is just in retrospect. I didn't even dream of it at the time. They were very common, almost par for the course.

CGR:

Did you lose a lot of weight?

KGC:

The lowest I got was in this period early in Niigata. I really lost; of course there were no scales so I don't know what

I weighed. I would think I would be probably be around 90 lbs. Things improved towards the end of the war. I guess the Japanese saw the end coming. I personally was quite pessimistic about our ever getting out of there, because I thought that they probably would fight till the end. I think they would have too, if it hadn't been for the bomb. It would have been a hell of a mess. But they did treat us quite a bit better.

CGR:

What about sex? Is that anything you thought of?

KGC:

I don't think anyone bothered. I don't know of any homosexual things that went on. Your sex drive was at a low ebb. I think perhaps at Sham Shui Po, where I was only very briefly, there might have been more among the people who had better resources, you know people who were mixed up in the black market. But I never had any -- I wasn't there long enough to know very much about it. I never had any personal experience with that.

CGR:

It was not something that was constantly on your mind.

KGC:

No. The big problem was food.

CGR:

That's what everybody says when I ask them that question.

KGC:

It's rather interesting, though. I'm sure many people have told you this. Otherwise perfectly sane people would sit down and compile big recipes. I was never really popular, I guess, because I never did, I down-played all those things and

down-played all the rumors. I've always been a skeptic, all my life, since day one, I guess [and still am!]. But there was this one chap, I remember, he had these big plans here, he was going to open a rice-burger store. I thought, "Christ, no one in their right mind would ever bother with a place like this," you know. However, [he was not offended when I told him off].

CGR:

What about brutality? You mentioned yourself that Saito was slapping people around.

KGC:

Well, the worst brutality we ever had was at Niigata, everybody was hit around. That was very traumatic when we went there because we had been relatively sheltered from the Japanese, you know, at North Point and certainly at Bowen Road. But here you worked among them and you were part of them, and if you didn't bow to even a third-star private, you would literally get everything knocked out of you. I was becoming myopic at that time, something I never had been before [and also has some corneal ulceration, so] I couldn't see all that well, and one time I didn't realize it but the camp commandant passed by and I didn't see him. God! he just whaled the tar out of me for that with his scabbard, and that sort of thing was most unfortunate.

And then of course there were a couple of very sad things -- this chap, his name was Mortimer (but you better not publish his name), he was in the camp and this Japanese workman had left his bicycle out with his lunch on it, and Mortimer stole the lunch. One of the guards saw him and they took him, tied him outside the guardhouse for a few days. His feet and hands froze. He died a

terrible death. I remember the smell. He hadn't been a particularly delightful guy before that, because he was always on the scrounge. But he turned into a real sort of a gentleman, you know. He died very gracefully, if that's the word. And that's what I remember about him.

Another example is a young Mormon chap called Spears; he's about the only guy that went psychotic that I remember. But he developed hallucinations that the Americans were only 40 miles down the road. Everyone played along with him. But even the Japanese knew that he was demented. He "escaped" one night; well hell, you didn't need much to escape from the camp, just about anyone could get out. And the camp commandant went after him and two other guys and they cut off his head.

There are other things more or less of that nature but difficult to explain.

CGR:

Incidentally, I've heard about Mortimer before.

KGC:

Oh you have, have you. That was most unfortunate. But the thing I remember about him was how bravely he died. I don't know if we could have saved his life if we'd been able to amputate. But see, Bill [Stewart] was in an impossible situation. He never got anything he asked for -- very rarely -- except towards the end.

CGR:

How did the war end for the people in Niigata?

KGC:

Well, what happened, I remember it very well. We weren't

bombed very much, to speak of; not many planes came over except at the harbor. But I later found out that Niigata was the alternative for Nagasaki. I don't know if you're aware of that or not. Much later I found that out. But this particular morning, after the work party had gone out, the Japanese guards lined up in front, and they brought one of those table radios out. The camp commandant came out in his dress uniform and stood in front and turned the radio on. This was the Emperor's speech, apparently. And then they all filed in. Well Rance spoke Japanese perfectly and he knew something was up, and then a few hours later the work parties came in and then we were sure. It didn't take us long to find out. George Francis was a friend of mine and we went down to the town. We were the first ones to get out. From then on it was just a ball. The next day or two the planes started coming over dropping supplies, everything, and one package came right through our little dispensary. But we had a very good time from then on, lots of food.

CGR:

What was it like in Niigata, and the people, how did they....?

KGC:

Everybody had some of the language, you know what I mean, from working and so on, to get by, I guess. The ordinary people always pretty good. I think we were unfortunate enough to be exposed to a lot of psychotics. Even the guards would almost appear as though they'd been chosen. There were some exceptions, some of them were very good guys too.

CGR:

Has this experience had any long-term affects on you, physically or mentally?

KGC:

Well, it was a great education. Physically, when I came back, after the initial trauma, and I went to school, I had a great deal of trouble but I'm sure it was all psychological especially with my stomach. I couldn't go out anywhere to eat. I met Aileen then [Mrs. Cambon] and she never forgets. We'd go out to eat and I'd go out and vomit in the street. I went to see several people about it. I have a feeling myself that it was a nervous stomach.

CGR:

Did it stop?

KGC:

Yes, finally. By the time I got to about third-year medicine it stopped. But I had a tough time the first few years. I remained quite thin and never gained any weight for the first little while.

Another thing that might interest you, psychologically; for years and years every dream I had, no matter what my dream was about, there'd be a Japanese guard in it. It went away, I guess, oh, a few years ago anyway.

But of course it was, in many ways, the best thing that ever happened to me. Physically I feel it didn't leave me with many scars except that I had a little problem with my eyes with night blindness [and some visual problems from corneal scars.] I think a lot of the trouble with the fellows -- as you know, a lot of

the chaps have turned out to be semi-invalids, you might say.

Don't quote me on this. I'll be shot by the rest of them. I have a feeling [recorder turned off] you didn't have anyone else make a comment that I just made?

CGR:

There have been hints. Nobody wants to say anything.

KGC:

It's a tough thing to say.

CGR:

Exactly. I understand that.

KGC:

No, all in all it probably made my life for me. I would have ended up as a chief soda-jerk. (Of course I might have been just as happy). All in all though, the experience left you feeling life in so many different colors.

CGR:

If you had to pick out one aspect of this experience that was absolutely the worst part, what would you say it was?

KGC:

Oh, no question about it. The time I told you about, I guess, the first couple of weeks when I had dysentery.

CGR:

Dysentery.

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COUNTLER POINT

By KEN CAMBER, F.R.S.

No day goes by without some reference somewhere to the exciting medical treatment introduced from China acupuncture. Stories abound about its miraculous ability to relieve pain and its remarkable powers of healing apparently incurable conditions. Conventional physicians are shafted with questions and are at a loss for answers. Special acupuncture clinics are initiated. It is a popular topic in bar, boardroom or boudoir.

This is not only a description of the current scene in North America. The same surge of interest swept Western Europe in the late eighteenth and early nineteenth centuries.

Acupuncture was introduced into Europe by the Dutch surgeon, Ten-Rhyne. It excited great controversy especially in the lay press and medical literature of France. For a brief period, acupuncture was the rage in fashionable circles.

The Chinese art crossed the Atlantic westward and figured prominently as a method of treatment in early American textbooks of medicine. Then it gradually faded out of Western Medicine, only to revive a hundred and fifty years later, sparked by President Nixon's visit to China. The Chinese, who had been pariahs for twenty-five years, suddenly could do no wrong.

In Canada, prime ministers, premiers, health ministers and their camp-followers now make the pilgrimage to the new Medicinal Becca, becoming old China-hands in a two week crash course. What with ping-pong diplomacy and state banquets in the Great Hall of the People, all that these grand

viziars lack is a new Gilbert and Sullivan score to complete their lyrical setting.

Because of this Sinophilic enthusiasm, there has been a grave lack of objectivity in assessing the true value of the ancient art. Excessive publicity, flowing especially from those who know nothing of the East, has raised false hopes and will create sorry dissappointments. It is becoming increasingly difficult to convince patients that their problems cannot vanish with the flicking of a few needles. They fail to get the point.

Even the delegation from the normally conservative Canadian Medical Association appears to have been carried along by the tide of enthusiasm. All that Peking duck and rice wine may have induced a temporary loss of good judgement.

It's time someone hollered "RUMBOG!" (That isn't the word I first had in mind in these days of deleted expletives!)

Before jumping to rebut, I should confess that I am not entirely dispassionate and unbiased. Indeed, I am a treatment failure who wants to get his licks in.

Late in 1943, I took part in a guided tour of the Orient, courtesy of the Imperial Japanese Army. Along with several hundred other allied P.O.W.'s, I boarded a small collier in South China and headed for Japan via Taiwan. It was a rough trip, taking twenty-four days to reach a new camp, set up for our care, custody and comfort, in Niigata on the west coast of Japan.

Since we were crammed in a hold that still had some coal in it, the Voyage was something less than a pleasure cruise. We arrived weary, hungry and permeated with coal dust.

Our reception was lukewarm. The weather was cold and raining, a sharp change from the tropics. The camp wasn't ready. The local military was expecting us to come two months later. Such foul-ups had their bright side as they sustained our conviction that we would win the war. Incredible as it may seem, the Japanese Army was more stupid and disorganized than our own. That must be another story.

We were herded into temporary barracks near the coal yard where we were to work. These had been designed to accommodate about seventy-five people, with one pump as the only source of water and with woefully inadequate latrines.

With such crowding and poor sanitation it was hardly surprising that before long an epidemic of dysentery flashed through the camp. Our weary and malnourished group had little resistance.

In these early days the camp had no doctor. The only medical care was offered by a Japanese Army Medical Corps Corporal, Takeo Takahashi. He dispensed bismuth powder to those with diarrhea, gave camphor injections to those with pneumonia and suspected that all his patients were malingering.

Many died and more became disabled. Work parties shrank to a fraction of their original size.

The Camp Commandant became frightened about possible blame by his superiors. There was no knowing whether he tried unsuccessfully

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to get a Western-type doctor or whether he believed strongly in his home-tutored medicine. In any event, he arranged for two acupuncturists to treat, or at least, tend our ailments.

Two saffron-robed gentlemen appeared early one morning. Those of us with the most severe dysentery were ordered to one hut and directed to lie down. The acupuncturist knelt beside the patient. After exchanging a few words to and from the interpreter and the sufferer, he took the patient's pulse at both wrists and ankles, brooding over the count as would some venerated Merlin in a mystic trance.

Some of the group he treated by inserting the conventional acupuncture needles into their skeptical hides, twirling them with remarkable dexterity.

Others were de-toxified differently. Small cones of dried leaves were placed in a pattern of the Cross of Lorraine on the abdomen. The occasional patient had one placed on the pinna of the ear. These cones were then ignited by a long taper and the tiny smoldering fires allowed to burn so far down as to raise a blister on the skin.

The procedure was acutely painful but no one whimpered. Pride dictated stoicism. So did the Camp Commandant whose vile temper was already legendary in the camp.

This type of treatment, known as moxibustion or moxa, is a cousin of acupuncture. The little cones are made of powdered mugwort leaves (*artemesia vulgaris*), the word moxa being a corruption of mokusa meaning burning herb.

This scene was repeated several times over the next few days. The treatment was uniformly successful.....in producing tender infected sores. The dysentery raged unabated. In two or three weeks a British doctor arrived and the priests never did return. I had long forgotten this incident, but my memory was revived by an announcement by the minister of health that an acupuncture clinic was to be opened in the hospital where I work.

Acupuncture is reputed to have been introduced into China by the legendary Yellow Emperor, Huang Ti, who reigned about five thousand years ago. It may have been brought to China from Egypt. Flint needles were used then but metals were substituted as they became available. Classically, the needles were of nine different shapes.

Moxibustion was first used about the same time and when Japan embraced Chinese culture and medicine, the Japanese adopted it along with acupuncture. Indeed, it became their preferred method of treatment.

To begin to attempt to understand acupuncture and moxa it is necessary to have some appreciation of the attitudes and philosophy of the Orient, then and now.

The ancient era subscribed to a wierd mixture of superstition and scholasticism. Medicine was woven into religion and as in other early civilizations, priest and doctor were one.

By the time of the Chou dynasty, some hundreds of years later, the functions of religion and medicine began to separate. The written character for doctor evolved with this change in status. The original character for doctor was comprised of symbols for a quiver of

arrows in the upper left hand corner and a hand grasping a weapon on the upper right. Below the latter was the symbol for a priest or sorcerer. In the transition, the lower character was changed into the symbol for wine, demonstrating that the practice of medicine was no longer confined to priests but had been taken up by profane men who administered wines or elixirs to their patients.

Despite this separation, the study of medicine continued to be dominated by scholastic philosophers. There was no evidence of a wish to experiment scientifically. Diagnosis and treatment were not guided by accurate observation or rational measures but by fantastic speculations.

An example of this is evident in the anatomical diagrams of the day. There is some suggestion that originally these were based on direct observation, but this was replaced by speculation and mere guessing. The end result was that some of the main organs were left out while hypothetical ones were inferred.

The great philosophers, especially Lao Tze, Mencius and Confucius, had such overwhelming influence that medicine became progressively subject to their dogmas. Foremost of these is the belief in Yin and Yang. This concept is difficult to grasp, but a somewhat inadequate attempt to summarize it may be made from an outline in "The History of Chinese Medicine" by Won and Wu (The Tientsin Press Ltd., Tientsin, China, 1932.)

The Chinese view of creation suggests that in the beginning

there was only form, force and substance. These divided into many fragments, of which the lighter and clearer ones soared upwards and formed Heaven. The power of these is Yang. The heavier and coarser ones sank and formed earth. The power of these is Yin.

These two powers are the instigators and activators of all change and are present in all things. Yang and Yin represent heaven and Earth, Male and Female, Day and Night, Heat and Cold and so on ad infinitum.

All this is apparently explained in the famous diagram called "The Pau Kau." (See illustration) The circle in the middle represents the infinite void which is divided into two pear-shaped bodies by a double curved line. (Yin and Yang). This is encircled by eight trigrams, each a combination of triple lines arranged differently.

According to legend, the Pau Kau was revealed to the world by a supernatural animal called a dragon-horse that rose from the waters of the Yellow River. No one since then has been able to give the Pau Kau a definitive interpretation. Confucious reputedly said that if he could devote fifty years to the study of these lines he might well attain wisdom. No wonder Mao is downgrading him!

Classical Chinese medicine has the human body divided and subdivided into many areas. Each area and organ is dominated by either Yin or Yang. The ebb and flow of the two powers passes through twelve large ducts (Ching Mo) that channel them through the body. Good health is achieved when the forces of Yin and Yang are in balance. The constant flux of Yin and Yang must be uninterrupted, lack of balance

and disharmony causing disease.

The confidence in the therapeutic value of acupuncture and moxa comes from the belief that these complementary forces created the world and are inherent in all worldly things. If stagnation affects one or more of the ducts in the body, disease and pain result. By puncturing or burning one of these channels "air" can escape and harmony is restored. So the acupuncture points are located where these ducts reputedly approach the surface of the skin.

During the Sung dynasty a copper model of the body was made and pierced with the 365 holes that represent the traditional acupuncture points. A coating of yellow wax was painted on the surface after which the interior was filled with water. Students were required to practise needling the spot where there was a covered hole. Those who hit water passed the test.

Generally speaking, needles are charged with the activity of Yin and will therefore counteract too much Yang. The reverse is true of moxybustion. However, these "truths" vary with the season of the year, age, sex and particularly the pulse of the patient.

The practitioner would make his "diagnosis" chiefly by feeling the pulse. Much depended upon variations in its strength and character and upon various minutiae which were then co-related with the state of the moon and a hodge podge of mystical phenomena. The "diagnosis" was not of a specific disease but of where the imbalance of Yin and Yang existed and what needed boosting. Perhaps a little Yin needed to be

coaxed into one channel or some Yang let out of another.

The reason for going into such tedious detail is to demonstrate that there is no rational basis for acupuncture. There are no such "ducts" in the body and the delineation of the acupuncture points is without physical foundation. The method of "diagnosing" so much by feeling the pulse is nothing but quackery.

There are the remaining trappings and myths of a primitive religion. Persons whose early upbringing and culture exposed them to these beliefs are much better candidates for acupuncture than westerners who are not conditioned to such reverence for traditional authority. By the same token, there are few Buddhists cured at Lourdes.

The one field where there may be some evidence of value for this modality is anaesthesia. Yet even here the assessment appears somewhat naive. All the surgical procedures performed under acupuncture anaesthesia have been done at one time or another under hypnosis alone with no anaesthetic agent.

This requires a good deal of conditioning, but so does anaesthesia by acupuncture. In fact, the Chinese patient is admitted to hospital several days and sometimes weeks prior to surgery to undergo intensive indoctrination.

Professor Pat Wall of University College, London, is one of the world's leading authorities on pain. After a recent visit to China, he made some pertinent observations that have not surfaced in the glowing accounts in our press. Writing in the New Scientist, he documents

the fact that all of the patients had premedication with barbiturates on the night before and on the morning of the operation. Intravenous narcotics were given just before and frequently were repeated during the surgery. In some cases these were supplemented with local anesthesia.

In the most active hospital using acupuncture, there were about 5200 surgical procedures a year. Of these, the following number were done under acupuncture:

1970	-	845
1971	-	395
1972	-	350
1973	-	325

This hardly indicates a burgeoning enthusiasm.

The Chinese themselves say that acupuncture anesthesia will not work unless the patient believes it will. Dr. Wall indicated that social and psychological mechanisms play the dominant role. Particularly poignant is the answer given to his question on why acupuncture could not be used for surgery on children under ten: "They begin to cry."

He points out that there is no agreement amongst acupuncturists as to where the proper points are and it really makes little difference where the needles are inserted. The effect is a general one, not confined to any specific area.

It is well known that almost half of patients can be relieved of severe pain by an injection of sterile water. Acupuncture with its ancient mystique, coupled to the rigid authoritarianism of a communist state would be expected to be at least as effective.

Why, if it works, should anyone object to it? The same question

can be asked of voodoo, faith healing, Phillipine bloodless surgery et cetera, and the answer is the same.

All these forms of suggestion may prove valuable in certain isolated cases. Unfortunately they can also do a great deal of harm, both directly by their misleading promises and indirectly by causing delay of rational treatment. Inevitably, they are exploited by unprincipled people and as always it is John Q. Public who foots the bill.

There has been no well-documented case of any previously demonstrated organic disease being cured by acupuncture or moxa. Scarcely a week goes by but one of my deaf patients tells me how he or she is paying \$75.00 a treatment in Seattle.

Wire services have carried several pictures of "deaf" people who have "regained" their hearing after such treatment. Curiously, none of these has ever had a pre and post-treatment audiogram or been examined by an otologist.

A recent series from the United States documents several hundred hearing-impaired people who enthusiastically tried this "new" therapy. They all had pre and post-treatment audiograms. Some claimed to hear much better.....yet not one showed any improvement on the tests done after treatment. Not one of my patients has shown any improvement after acupuncture.

There is such a condition as psychological deafness. No doubt, patients with this problem would claim encouraging results.

As for those who say that acupuncture gives remarkable immunity to certain diseases, one cannot improve on an item recently quoted in Punch:

A fellow was standing on a street corner waving his arms and shouting, "Go away!" A lady comes up and asks him why he is doing that. The fellow says he is keeping giraffes away.

"But I've never seen any giraffes around here!" the lady protests.

"You see," he says triumphantly, "I'm doing a great job, aren't I?"

It is not so many years ago that the Government of British Columbia sent a delegation to Texas to assess the "cancer cure" of the Hoxsey Clinic. This clinic was responsible for one of the longest and most costly medical frauds ever perpetrated on the American public. Its charlatantry had already been thoroughly documented by the American Medical Association and it was being prosecuted by the federal authorities. Yet some legislative committee in Victoria persisted in pursuing this at public expense only to make asses of themselves.

It is sad to see such better forgotten history repeat itself. Official delegations, with the blessing of organized medicine, are now visiting Old Cathay and being awed by the "new medicine."

That the taxpayer should support such frivolities is unfortunate but the recent announcement that acupuncture clinics are to be operated in public hospitals is depressing. One can only speculate about what pork-barrels of public money these will consume.

It seems we have to make the same mistakes as were made one hundred and fifty years ago.

Frankly, my Yang is boiling over, or is it my Yin?



F3
McM
Boo