

DR. SOLOMON MATTHEW BARD
Wartime experiences, especially as a MO POW

Interviewed in Hong Kong

by

Charles G. Roland, M.D.

7 September 1987

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Hannah Chair for the History of Medicine
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Charles G. Roland, M.D.:

Dr. Bard would you begin by just giving me the bit of background that we discussed about your early life?

Solomon Matthew Bard:

Yes. I left Russia with my parents when I was eight, that was in 1924, and for the next eight years I had my secondary education in North China -- a city called Harbin. Following that, for a year and a half, studying mainly English, in Shanghai, and in 1934 I came to Hong Kong to join the University of Hong Kong to study medicine. I graduated in 1939.

C.G.R.:

Were your parents British?

S.M.B.:

No, they were Russian.

C.G.R.:

Russian. OK.

S.M.B.:

Russian Jews. So I graduated in 1939 -- but just before graduation the war broke out, in 1939; I did join the [Hong Kong Volunteer] Defense Corps on the day the war broke out. Because I had not yet graduated I was given the rank of private, and advanced to lance corporal shortly later.

However, as soon as I graduated, in December '39 -- you should appreciate there were house appointments that kept one fully occupied, living in hospital, and you had absolutely no

free time whatsoever to participate in activities of the Defense Force. Of course the war wasn't on here, it was all fought in the west. So I had to resign, and that part of my service really doesn't count towards the continued servicing. But by August 1940 I was sufficiently free in my medical work here. I rejoined, this time with a commission as a lieutenant.

In [December] 1941 the hostilities began here and I was immediately mobilized to spend the war period of 17 days stationed on Mt. Davis as a medical officer attached to the gunners, the Royal Artillery, a regular regiment. I should point out that my unit was the Field Ambulance, as a doctor I was part of the Field Ambulance of the HKVDC, Hong Kong Volunteer Defense Corps. But on the outbreak of hostilities the HKVDC became formally embodied in the army, and the field ambulance became a common field ambulance of the Island and Kowloon. So we were really part of a garrison, no longer acting as an independent group. Therefore all our people were mixed up. A medical officer could be serving with the Regular Army, as I was, indeed, posted to a battery on Mt. Davis with the gunners, regular gunners.

C.G.R.:

Yes, Royal Artillery.

S.M.B.:

Yes, Royal Artillery. I won't mention the war itself; it was a kind of remote war for me -- always bombing and shelling. There was no contact with the enemy, but it was pretty hard and pretty drastic. The bombing and shelling was almost incessant -- we had casualties. The only amusing incident I remember was that

in the midst of this very intense warfare that we experienced, up at Mt. Davis, long-range bombardment, the circulars kept on arriving from headquarters on the treatment of VD and such like things -- totally out of place! I was more concerned with the treatment of casualties.

The war was all over in a matter of seventeen days and we were all collected at various points.

C.G.R.:

Were you still on Mt. Davis when the war ended?

S.M.B.:

Yes I was still there. Then we received our orders to march down to various collecting points, where the field ambulance gathered. Marched to a temporary collecting point somewhere in the central area, in fact near Murray Parade Ground, which doesn't exist any more. After about two days, with various rumors, of course, going about, we were all marched in large columns. We were now transported across to the other side, Kowloon, and began a "long march." But the thing is that at that particular point we didn't know where we were going. It could have been the New Territories, which was miles away -- no one knew. Also the rumors were circulating.

The Japanese who guarded us were, in fact, the people we fought. I'm a pretty keen observer, I think, and not very forgetful over a passage of time, and I recall pretty well that they treated us reasonably well. There was this thing that we respected each other -- the war was over. We were no longer fighting. There's some strange mutual respect among fighting

men, and they were not humiliating us, they were not laughing at us, not a bit. Whenever possible they passed out cigarettes, and bits of food, and so on, trying in some way to make us more comfortable. There were people lined up on both sides of the road and there was quite a lot of jeering -- local people had jeered us. That I remember very distinctly.

C.G.R.:

Chinese, mostly?

S.M.B.:

Chinese. Well, the majority, the vast majority were Chinese. This was perhaps the first time in their lives they saw the Westerners defeated and humiliated by the Asians. Understandable, perfectly understandable. Anyway, off we marched, carrying our very meager belongings, which was all that we could carry. We didn't know how far we were going to carry them. It wasn't until we turned left towards Sham Shui Po that we knew we were marching to the Sham Shui Po camp because there was of course a camp there before.

Now, what were the first days like? At first things were very chaotic. We didn't have any experience of being prisoners of war. But things began to settle down in an amazing way. Artificial objects, all sorts of things appeared, as if from nowhere. And everyone settled down as best as one could. I think all prisoner of war camps experienced that sort of thing -- the settling down period. The next three or four months were really very crucial as far as morale was concerned. There were two important factors that I recall very well -- again, as a medical person I'll look at it from that point of view. The bad

factor was the completely unfounded optimism of these men over what was going to happen. The second factor was this very sudden drop in our caloric intake -- very drastic. I'm not a physiologist, and I suppose there must be some sort of body adjustment to a lowering intake of food, whereby you arrive at a balance from where you can manage. But the first transition from an average of perhaps 3000 calories a day to something like 1500 or less, particularly for heavy or big people, could be pretty bad. And the first factor that I mentioned, the psychological one, I had no unwarranted optimism about the future. I had actually no faith in our sky being blackened with allied planes and our being rescued within two months' time. I knew this was going to be a very long business.

C.G.R.:

Chiang Kai-shek was not going to come swooping down and rescue you.

S.M.B.:

Not going to. Chiang Kai-shek was not going to rescue us within weeks, as we were told. I knew it was going to be a very, very long period, and frankly doubted if we would ever be found alive again. In the meantime, life must go on. And people who believed those incredible stories and rumors that we were going to be rescued or that Churchill would send thousands of planes, the war would be over in a few months, of course suffered a very severe psychological breakdown when they realized that things were not going to be like that -- when place after place fell down like ten pins in Southeast Asia, as they got knocked down.

They just took island after island, and when they realized that we couldn't go back, that was a very serious psychological letdown. The result was, of course, a really quite serious drop in vitality, leaving men to just pack up and die, just like that. That was when the weak ones who died, and there were quite a number of deaths in that three or four months.

We settled down again into a reasonably stable existence, except that certain conditions began to catch up with us. I should think one of the earliest ones was a form of wet beriberi. I shall mention that (you see, I'm speaking to you all from memory and I'm not too terribly consistent in chronology) but medical officers also settled into a fairly regular pattern of work, were given jobs to do. It was quite clear that we, as medical officers, would be responsible for the health of the inmates, the prisoners of war in camp. There were three or four medical officers from the HKVDC, and several RAMC medical officers, a couple of dentists, and there were Canadian medical officers -- Martin Banfill [HCM 27-83], and Gordon Gray, in our camp and there was also a Canadian, one of the Canadian dentists.

C.G.R.:

Winston Cunningham [HCM 18-83]?

S.M.B.:

That's right, Cunningham.

C.G.R.:

I interviewed him. The other Canadian dentist is no longer alive.

S.M.B.:

Yes, Cunningham I remember. We all lived fairly close

together, and fixed our hospitals as well as we could, and got down to work. A few who were sick, a few wounded ones, and so on. Well, the first important event that happened in the life of the camp was in April, '42, after a particularly notorious escape. The officers were taken out into a separate camp called Argyle Camp, except twenty or thirty of us who were left in the men's camp to run the various essential services, including medical.

C.G.R.:

How many of the twenty would have been medical, do you recall? I mean roughly.

S.M.B.:

Yes, about eight were medical. Not all were directly involved in treating. One would be in charge [a sort of Senior MO], there was one pathologist who really wasn't doing very much except in an administrative capacity -- he wasn't doing any clinical work. One was a quartermaster from RAMC who was not a medical person at all, of course, but he was looking after the stores and drugs. Meager they were but they worked.

C.G.R.:

Do you remember the names of these eight medical officers?

S.M.B.:

Yes, yes.

C.G.R.:

That would be helpful to me.

S.M.B.:

Well, there was Major Robinson, RAMC, physician in charge,

and Captain Gray, he was a pathologist.

C.G.R.:

Not Gordon Gray, that was different.

S.M.B.:

No, no, that was different. The quartermaster was Taylor, and the medical officer, the RAMC, was Coombes, C-o-o-m-b-e-s, he lives in England I think, and Lancaster (he's dead). Then three medical officers from the HKVDC: Balean, Geoffrey Balean, B-a-l-e-a-n (he's dead), Albert Rodrigues, and myself. The Canadians were Banfill and Gordon Gray. There was also a dentist, RAMC dentist -- or RDC dentist -- Wallis, and Cunningham -- you know Cunningham. There was also Peter Brown, who was RAMC. Now there was another, an Indian doctor who in fact became Number One -- Ashton Rose.

C.G.R.:

I wanted to ask about him at some point.

S.M.B.:

Notorious in a way, a controversial figure. What happened was that -- I was wrong, Peter Brown went with the officers to Argyle Street Camp. A very tall man. Lindsay Ride, Number One of the Field Ambulance, decided he would escape. He was not a clinical man at all, as you know, he was professor of physiology. Well, we all had a meeting, and he said -- I recall that meeting very well -- it was quite early on, January or February, and he said, "Look, this is what I'm going to do. I certainly don't propose to tell you what to do and what not to do, or whether you should try to escape. I'm going to try to escape. I'm of no use in camp anyway. I haven't practiced medicine ever since I

graduated. I'm a physiologist and I'm an academic man. I also want to escape because it looks as if things are going to be dreadful here, and I want to let people know about it and to see how much use I can be outside. You, as medical officers, will be extremely useful and needed. I'm not going to tell you not to escape but I can tell you one thing -- that you will be sorely needed as far as I can see here, looking after your people. I leave it to your own conscience." Well now. And so he escaped successfully.

The man in charge was a senior RAMC officer; I believe his name was Robinson. The Japanese didn't get along with him at all. So they moved him out of the camp and put in Ashton Rose, who I'm told was a lieutenant, but who came into camp with a major's crown on his shoulder. To digress, I will say one thing --he was a bit of a rogue, and had an unusual character in many ways; he amassed a fortune, but he ran a very efficient medical headquarters. He could get out of Japanese things that no one else could get. He could really just tell the Japanese, "Now, you get this for me, and I expect it to be here the same night." In that respect, I think he did a damn good job. He certainly cared about the men under his command. But I've no idea what happened to him.

C.G.R.:

I was just going to ask.

S.M.B.:

He went back to India, and I've never heard anything more. He was Number One, and the Japanese dealt with him. I'm

convinced, myself, that things would have been far worse medically if it hadn't been for this very arrogant, forceful personality -- Ashton Rose.

The next thing that happened -- I'm back again to where I was -- is that the beriberi appeared. It was not really surprising, because the diet was mostly vegetables and rice, very little meat and very little fish, and we were only getting a certain amount of it. The canteen was very often lacking. Things used to be sold in canteens and sometimes there wasn't anything and sometimes it was closed. But the diet was really just the sort of thing that would result in beriberi, and it appeared. Fortunately, we did have a lot of thiamine with us, and it would bring it under control to some extent. I don't think there was much permanent effect from beriberi. It was largely confined to malnutrition rather than any one particular symptom.

But also, half way through 1942, the most disastrous things happened, I'm sure you've heard of it -- an epidemic of diphtheria suddenly appeared, with mortality something between 30% and 40%. Clearly resistance was low, the germ had found susceptible people. And it hit us really hard. For the first time I could really see the terror in people's eyes.

The trouble is that the Japanese either did not wish to recognize it as serious, or else decided not to do so because they didn't have the vaccine. At first they said it wasn't diphtheria, and after that, they said they didn't have any [vaccine]. So the very, very weak doses were given to orderlies, who were looking after [the patients]. But as far as antitoxin

is concerned there was simply none. And in 1942, in the twentieth century, we witnessed an untreated epidemic of diphtheria, which was something I never thought I would see when I studied it in my medical school. I never thought that I would see that, with the full blast of its complications, including paralysis of the diaphragm, vocal cord paralysis, quadriplegia, and death. Every day when there was a death in our hospital a black flag would be hung up, so that the Japanese headquarters outside the fence, outside the gate, would see it and make the preparations for coffins to be delivered, for burial.

C.G.R.:

That was the signal.

S.M.B.:

That was the signal, yes, that we had another death. A special ward, of course, was assigned; the people who worked there all should have been given medals because they knew damn well that there was no treatment. People either recovered or they didn't.

I remember going to see one [orderly] -- he is still alive -- the slightest little sore throat, there was great anxiety. They said, "Well, was it or was it not diphtheria?" This is the only thing that I think I would dramatize in this experience, because it is something that one doesn't like to see -- an untreated diphtheria epidemic in the 20th century. However, it died down once the susceptible people died out. I can't tell you our statistics -- Albert [Sir Albert Rodrigues, HCM 8-87] may be able to tell you the actual number of deaths, or nearly.

C.G.R.:

Were immunizations not being carried out at that time, for soldiers anyway? For example in 1938 or 1939 would they not have been regularly immunized against diphtheria?

S.M.B.:

I think something happened to your immunity with the lowering of the nutrition in the diet, or else somehow they weren't immunized. Frankly, I couldn't remember when I had them, or whether I had toxoid. One just didn't seem to care? Diphtheria, in 1942, it had largely disappeared, or was only amongst children. Suddenly here it was, a community of susceptible individuals. And it was a "gravis" epidemic to begin with. Then it burnt out -- the susceptible individuals either recovered or died -- it burnt out. And that was the end. It never came back..

C.G.R.:

Did you have any laboratory facilities, to check for...?

S.M.B.:

Laboratory facilities were really not for culturing, very, very minimal.

C.G.R.:

I was wondering if carriers could have been identified?

S.M.B.:

I don't think anything was done in that way at all.

So things began gradually to settle down into a more stable condition. You watched, and you saw how the physical, the strenuous physical games gradually disappeared, being replaced by sedentary games, or mild exercise games. People played more

chess and checkers, rather than soccer. Things like that. Of course, people were sent out on working parties. Our nutrition continued to be very poor. Parcels were appearing in camp and were well shared. On the whole, I think that morale in camp settled down to something fairly reasonable.

You mentioned friendships; yes, friendships were developed, friendships often developed between people who weren't socializing before. Especially among the Volunteers. There were the bosses and the employees, who found themselves in the same position. Here, they began to socialize much more than they would have otherwise, and friendships were formed. Parcels arrived from people who had contacts, and were freely shared. A lot of trading went on. Traders were very useful. They made money for themselves; of course they did very well. Ashton Rose himself was a trader. But I had a lot of time for them. As a medical officer I could come to a certain trader, with contact across the wire, and say, "Look, I've got a patient who's very bad. He needs some eggs." And right away I had eggs for that patient -- without any payment. Eggs. But what I wanted to emphasize was that they did do a lot of good. They were sensitive enough.

C.G.R.:

They weren't just out to enrich themselves and look after themselves.

S.M.B.:

They were prepared to help the sick.

A lot of morale booster was the fact that people had

something to do, and that gave them courage -- entertainment, concerts, shows, in addition to the fact that people were taken out to working parties. The good side of it was there and duties required, certain things, to have people occupy themselves, or some didn't, though the Japanese would provide them. They did bring in some musical instruments, and I was quite involved in producing some music.

The other part of the morale booster, and I'm not a military person, but I believe that a lot of credit should be given to people like our own Regimental Sergeant-Major, who was a man by the name of Jones, who maintained that we are still soldiers, prisoners of war or no, we are soldiers subject to discipline. The ranks would be respected. Saluting had to be carried on.

I do feel that in situations where morale can slacken down very quickly, it would affect one's will to survive, but if you can hang onto something, even a stupid thing such as discipline in camp -- it helps. And so we didn't give up, even though the uniform, most uniforms were beginning to resemble tatters, they were still worn, we still wore our ranks, we were still officers and men, there were still Non-commissioned Officers and Other Ranks. Jones encouraged that, not merely as a regular soldier or sergeant major, but I think he really believed that if you can maintain this feeling of belonging to a union, still an army -- even though you are defeated you are still an army -- it helped them to maintain themselves and survive. I think it probably is true, that it gives help. Interesting, amusing incidents -- I don't think they are pertaining very much to medical history.

But going back to medical history, what did happen in fact

to the medical officers? You mentioned that you had tried to contact the [Japanese] medical officers who were responsible for camps. Our own medical situation was not happy, not happy at all, at the higher level. Because the number one doctor, whom I met several times, by the name of [Capt.] Saito [Shunkichi] was not at all my idea of an enlightened doctor.

C.G.R.:

I have his name down, to ask you about him.

S.M.B.:

Do you know anything about what happened to him, at all? I know that he was sentenced to death, and then his sentence was commuted to life imprisonment.

C.G.R.:

And then it was made much shorter than that.

S.M.B.:

Yes, but did he die?

C.G.R.:

Again, he vanished.

S.M.B.:

He was a nasty bit of work. He did not respect us as doctors. He did not listen to us. He accused us of shielding people from working parties, which was partly true, but only partly. And I'm certain he withheld supplies. He is not worthy of being called a doctor. That was unfortunate, because otherwise we would have fared much better. But to offset that to some extent, the underlings were not bad. We had to deal particularly with a little sergeant, medical sergeant, his name I

forget, who used to drag his feet. In his own way, even though he used to bring us, with tremendous glee, news such as that Australia was sunk, that we'd lost all our ships, and that the victory, the Japanese victory was assured again. But with this news he also used to produce, clandestinely, packets of medicine which he smuggled in to us!

C.G.R.:

Really?

S.M.B.:

He'd come to the hospital, and he would stay for hours and chat with us. I'm sure that on the whole he did not bear us any animosity. He recognized something, he was a medical man -- only a sergeant, he was not a doctor of course -- and he did try to do something about it. And of course he was afraid of his peers. Saito did not help at all. There was no evidence that I can say, and I'm one of those who don't bear any rancor, but there was no evidence whatsoever that Saito had tried to help us, in the camp, medically, in any way whatsoever.

C.G.R.:

Do you remember the name of the sergeant, by any chance?

S.M.B.:

No, unfortunately not. We also had help, fortunately, from some interpreters. They weren't all bad. We had some fairly reasonable people. One was particularly outstanding. I hadn't anything personally to do with him because he was not actually a camp interpreter, he was with headquarters, but his name is a legend. This is Watanabe.

C.G.R.:

Watanabe. I have a biography of him, in fact. [Liam Nolan, Small Man of Nanataki (New York, E.P. Dutton & Co., 1966)]

S.M.B.:

Well, he risked his life. His name is a legend, and I don't need to get involved but it's absolutely true that he smuggled messages and drugs and he took life in his own hands. How he managed to survive? But he was a reverend, he was a Christian, he was a practicing Christian, there's no question about that.

One or two other Japanese, without actually trying to fraternize with us, or without necessarily wishing to do anything for us because they pitied us, simply decided that since the Imperial Japanese Army had decided to keep camps, prisoner of war camps, they would see that the camps were run efficiently. And if certain supplies were needed, cement or food or whatever, they would bring it. And if prisoners of war needed spectacles repaired, or dentures repaired, they were attended to and had been repaired. That is far more important, in my view, than giving us a few slaps in the face now and then. They recognized that their job was to run a camp. One or two others, of course, did not.

Now, as far as the camp commandant is concerned I think on the whole we were extremely lucky. We started off with an officer in charge of the camp who was neither good nor bad. He lasted only a few months, three months -- I don't recall his name -- and was replaced by a little fellow who was very weak and really quite harmless, and a school teacher in civilian life, who came as neither good nor bad. I can't say that he indulged in

any cruelties or anything like that. Any cruelties that were done, because of summary punishment or something, were done mostly by guards, who were mostly Formosans, and who were far worse than Japanese. The original guards -- the Japanese -- were all really quite reasonable. This was second-line troops.

Now this little teacher went on a very long sick leave. And those were the times, the adjutant to the camp commandant was a sergeant major by the name of Honda. You may have heard of him, he was absolutely first class. There wasn't the slightest bit of fraternizing -- there was no hint of a man who might have seen the writing on the wall or anything like that. He behaved himself as a proper soldier and he ran a good camp, and he did not enjoy any of the cruelty, or indulge in any cruelty. Everybody gave him full credit. Unfortunately, he was merely a sergeant-major, and he was overruled by the higher-ups. The higher-ups were Saito, one or two senior interpreters, and of course the commandant of all the camps, Colonel Tokunaga. And that is where we were unlucky. We were unlucky in having this top man, who was a nasty bit of work, and the top doctor. But as I say, by and large, because of the immediate contact with Honda, we were on the whole quite lucky. That didn't alter the fact that throughout the camp the food was very short, and getting worse and worse. Red Cross parcels did not arrive except on three occasions -- three parcels. Although they were sent regularly, they were not received. The medicine supply was coming in very, very short, like a trickle, when it is absolutely essential and when Ashton Rose practically browbeat them. To make the story even worse, well, Ashton Rose would really speak to the

Japanese in a commanding manner. The Japanese established our own liaison officer, the notorious Major Boone. You've heard his name?

C.G.R.:

Yes. Cecil Boone.

S.M.B.:

Cecil Boone. A very indeterminate character, a regular soldier, with a few of his stooges and underlings, and he was totally unbelievable, would have absolutely no spine, totally spineless, and wouldn't stand up for anything. In fact, took Saito's side. I remember one particularly very unpleasant incident, when he lined up medical officers and he went about accusing them. He could have been Saito, when actually now he's accusing us of shielding people, making them appear or reporting them as more sick, ill, than they really were, to keep people off of working parties. That was a little bit much, that was a British Officer -- if he had any common sense....He was taken into custody when the war was over.

With all that, I'm realistic enough to say that Boone was not really a collaborator, he was not really a traitor. You see, he was spineless, a totally spineless man, who became demoralized. You, as a doctor, will understand that psychological state --it is quite easy to fall into that state where you seem a victim, where you gradually lose all sense of self respect before a victor. The Japanese could behave in such a way. And when you have to salute every Japanese from private up, they do appear to be almost as demigods. I'm sure that this

was the psychological state into which Boone fell. It seemed the Japanese were certain to win the war. And without actually being a true collaborator, he thought himself lost, and he lost all self respect in this matter. What he really was guilty of was cowardly behavior and stupidity.

But they accused him of treason, and collaboration, and of course a good lawyer got him off. That was all wrong, awfully wrong. But he was never guilty, actually. The Japanese knew who to choose, you see they chose him to be in charge though he was far from being the senior officer. Somehow they spotted that this man would do their bidding -- and so he did. You should have seen him tremble in front of the Japanese. We didn't see that at all. We were given orders to salute -- well, we saluted. But we certainly did not abase ourselves the way some did, such as Boone.

Now, to come to the next important medical aspect. Illness went on, various types. Dysentery was quite common, as you would expect. Lice were there but lice were part of our lives. Delousing sessions were held regularly. I was quite good at delousing -- seams of shirts and so on. But of the illnesses we got: dysentery and malaria were particularly common.

We had a big dilemma as medical officers. We did manage to get a trickle of sulfonamides. At that time sulfonamide was very effective for dysentery. I think it became far less effective eventually, but it was dramatic. The point is, how much to give? That was the dilemma. To this day I don't know whether we were right or wrong. Because there's a question of, to give a full course to a very few, or a small dose to many? Well, we gave a

small dose to many. And of course, the small dose was four tablets. How many chronic dysenteries we produced, I have no idea. I honestly don't know whether we were right or not.

C.G.R.:

Tough kind of decision to have to make.

S.M.B.:

Very difficult. How can you...the first day they were running to the toilet every half an hour. Can you say that the amount is not enough -- you're not on the treatment? This chap is getting it, you're not; some are getting it, you are not. We gave four tablets, that's all, four tablets. Two grams.

However, Ashton Rose was damn good at it. He established, he even managed to produce a small operating table. Because sometimes there was an enormous delay in sending patients to Bowen Road. The Japanese would be informed and it could be two or three days. And Ashton Rose himself operated, I think twice. I'm quite sure that the other Major who was not a very practical person at getting things from the Japanese. That way Ashton Rose would really cut him off. He managed to get Atabrine, and I myself was a beneficiary of that. I had malaria probably two or three times, and I had, actually, dysentery and malaria as well.

But around about 1943 another problem began, the burning or the "electric feet." What it was, I don't know. I never had it, and I don't know. I never had it. With some people it just never developed. But those that had it were really suffering. There was nothing you could do except kill the pain. Fortunately, we had some morphine in the form of tablets, little

tablets, which we would dissolve and we could give by injection or by mouth. They would be lying all night without sleep; the only thing that ameliorated that was cold. So their feet were out in the open, out of the blankets, and there would be continuous non-stop pain and burning and pricking, and it would go on and on and on. It was always felt more in the night, felt more severely in the night. It was a torture. We'd just go around, and we kept books.

My ward was particularly full of the burning feet, and I kept accurate books of who had the dose of morphine and when he had it last. And I'd be going on my rounds and they'd be sitting and begging me, "Doc, can I not get another tablet?" "I'm not going to give you another dose." And we calibrated that very carefully, not to produce any addiction. I was to decide when that man was going to get his medicine.

What you had there was a camp of ataxic people walking about. As if you suddenly had a camp full of tabes dorsalis, which of course they were not. The people were walking with a wide open gait, who obviously had lost their depth sensitivity. Now, I saw quite a few; I wasn't sure what it was. In some ways it was something like an amyotrophic lateral sclerosis. In some cases it was like Guillain-Barre. It was a symptom of its own, and I really hesitate to give it a name. I don't like to keep on calling it the "burning feet" when people were complaining of the loss of deep sensation. By that time the pain had subsided in some of them. But this thing of instability, having lost depth sense and having a wide-stepping gait, remained for a long time, in many people, after the war. I remember being in England in

1947, being shown at Queen's Square, by a neurologist, by a specialist neurologist -- being shown an ex-POW from the Far East, demonstrating a loss of deep sensation, and ataxia, and this burning feet syndrome. I'm told that there is literature that the Chinese were able, a hundred years ago, to put people in prison and produce this syndrome by a certain diet and it was known as a torture.

C.G.R.:

Oh really?

S.M.B.:

Yes, I believe it is recorded in Chinese literature. But they were able to produce this in certain criminals as torture, simply because it was so unremitting.

C.G.R.:

Some of the men I talked to have had it, and that's one of the highlights, so to speak, of their medical experience.

S.M.B.:

Cold water; see, you couldn't, you can't spend your full time in cold water.

C.G.R.:

Some of the men tell me they still have discomfort. Nothing like they had.

S.M.B.:

But do they have ataxia, or ataxic gait?

C.G.R.:

Not the ones I've seen, no.

S.M.B.:

Well, the nerves must have regenerated, some of them. Because you see them all over, the ones we put on a....

[End of side 1.]

C.G.R.:

Perhaps I could ask some questions? One of the things that I always like to ask about is the question of sex, sexuality. How did people cope with this, was there homosexuality then?

S.M.B.:

There was a tendency, but I think very slight -- there were perhaps tendencies, but slight, towards homosexuality. There was nothing apparent, nothing very obvious and nothing that produced any form of a scandal. I think, on the whole, all sexual feeling really was very suppressed because of the low, practically low amount of calories. I suppose there was probably a considerable amount of masturbation, as I'm sure there would be. And if that satisfied, I think that was probably all the men really needed. Far more drastic was the lack of cigarettes. Sexual activity -- there was actually no women at all in the camp. There was no obvious homosexuality, there was nothing that certainly produced any impact in the camp. I could see men getting a little bit excited, we had women impersonators and some were damn good, I mean extremely good. I remember having sort of an uncomfortable feeling myself with one lad by the name of Castro, who died only about six months or a year ago.

C.G.R.:

Sonny Castro?

S.M.B.:

Sonny Castro.

C.G.R.:

I was going to ask about him. I've heard that name many times.

S.M.B.:

He was incredible. At that time the famous name, of course, the great actress, was Carmen Miranda. His impersonation of Carmen Miranda was something unbelievable. And they were feeling a little peculiar with him there. But apart from that, I can honestly say that there was not much overt homosexuality at all. Just probably because of suppressed physical activities, physical vitalities and probably masturbation was sufficient to take care of it.

The other thing that I have learned, and I don't know whether this would be reflected by other people, but in my experience, just one experience in camp, is that it seems that drinking was far less a problem than expected and much easier to break than the smoking habit. People who were known to be drinkers -- and there was no alcohol at all -- seemed to manage quite well. There was no alcohol. That was that. People attempted to grow, people got grapes in, but more for fun -- they tried to brew their own wine. But the lack of cigarettes was something! People, in the end, were prepared to sell, to exchange, to give everything they had. And I think Canadians were very bad. In the end, some of them were left without anything. They even flogged their blankets for cigarettes. It's such an evil habit! It's a habit that is very difficult to break. And we all smoked there. I smoked too. You never threw

a butt away. But people suffered; if there weren't cigarettes, then they really suffered badly. Cigarettes were better than any currency. Why is that so?

C.G.R.:

I've never smoked, so I have no personal feelings about that.

S.M.B.:

I have, and I can tell you that people could really abase and humiliate themselves, and pick up butts from the ground, no matter what their rank was, and the sentries would throw them in from outside the gate and then watch people scramble. It really was quite humiliating, you know. You could buy anything you wanted, if you wanted anything they would give it for a pack of cigarettes. And that was of course how Ashton Rose operated. With the Japanese he had a regular supply of cigarettes and all he got was for cigarettes. That was the only currency that worked -- yen meant nothing.

C.G.R.:

Back to the sexual thing just for a moment. Was there any difference, in your opinion, between the way the Canadians, for example, might have felt about this. They were so far from home; the Hong Kong people had wives, girl friends and so on a mile away or within in the next block or whatever.

S.M.B.:

Not much, I think. My contact with men was mostly with the Volunteers, whom I knew, and I would go into the lines occasionally, but by and large it was during sick parades and hospital. My contact with the men who were Canadians was not

much. My contact with Canadian officers was very much, there. We made a lot of lasting friendships. In 1960, I went to Canada, I went to Winnipeg, where I met my old friend Neil Bardal [Capt. Njall O. Bardal, Winnipeg Grenadiers]. I spent some time with him. We communicated and kept in touch all the time until he died. And with many others like that. We all came into almost like one family. There was a considerable amount of good morale and good feelings generated that way. We realized that Canadians were particularly hard hit because they had no local contacts. They were only in camp three weeks before the war, and they consequently did very badly. There was some very fine people among them, and they were terribly friendly. Martin Banfill and Gordon Gray, they were very much a part of our medical family. We were very much together.

But I really can't say that sexual feeling was really a bother at all. The restriction is something you really have to experience to realize, even though it's a camp with a fair amount of space, you'd walk around and you're not actually confined in a cell, there's the feeling where everybody wanted to get out. And it was indescribable pleasure if you did actually get out, immediately beyond that fence -- you had a feeling of exhilaration that is difficult to describe. You have to experience that. It very, very seldom happened. The working party went out daily, but for us officers who were in camp, it was very rare. The only time that I'd been out -- maybe four or five times altogether -- was when I took people being sent to the British Military Hospital.

C.G.R.:

Bowen Road.

S.M.B.:

Bowen Road. I would accompany them and then they would be taken over, and that was an amazing experience. The other time was when people died, and the medical officers pointed out to the other officers that burial parties were something that you should try to share. So all officers, including medical officers, could accompany the burial parties, simply to have that marvelous experience of walking beyond the fence.

C.G.R.:

Right. To be out.

S.M.B.;

To be out. It's an extraordinary experience. You have 500 yards inside the camp, and it doesn't match up to 20 yards of this outside. You suddenly felt you were free.

C.G.R.:

Even though you were still a prisoner, and guarded with guns.

S.M.B.:

Very pleasant.

C.G.R.:

Were you married at this time?

S.M.B.:

I was, yes.

C.G.R.:

And how did your family cope, your wife and...?

S.M.B.:

Well, my wife was here in Hong Kong, and she did bring parcels fairly regularly. We were only married for two and a half months before the thing [war] started. But we just started up where we left off, and fortunately -- I understand that with children it wasn't so simple, but without children life wasn't too difficult. Now, after the war we resumed where we left off and went off to England and everything was fine.

Another thing I wanted to mention, because it also is slightly related to medical matters, is that we did have a few inspections by the Red Cross. They were really a farce. I'm a JP [Justice of the Peace] here, and one part of my job is to visit prisons from time to time. The prisoners are visited every fortnight by two JPs, and the prisoners are allowed to speak to us and so on. I don't think it was quite a par, but it just makes me think and reminds me of our visits by the Red Cross. Somewhat different circumstances, but in a way, that's what I was thinking -- how genuine were our visits, and whether the inmates, the prisoners, are treated in the best possible way.

It was quite simple: the Japanese stood up and said, "Not a peep out of any of you." If we just as much as make a sign, or anything like that, we'd be sorry. So we had to prepare -- it was so clear the Japanese wouldn't joke about those things. They were not necessarily deliberately sadistically cruel, but if you transgressed, if you broke the rule, the punishment was very severe. There was nothing left to wonder about, you know. But from that point of view it was quite different from camps in Europe and Germany. You attempted to escape, you're caught,

you're not even properly prepared, and then the Germans said, well, "Too bad, better luck next time. You'll stay in solitary confinement for a couple of weeks, you try again." I hear the record was seventeen escapes or something like that.

The Japanese didn't understand this business of escape. Even planning an escape would be it. The punishment was execution -- people were executed. Even planning an escape, let alone being caught! And for many other crimes. What they considered worst was breach of rules. The punishment was extremely severe. Ten years was lenient, and execution for most things. So if they told you, that is how you behaved. You heeded it. You were risking, not a couple of days in solitary confinement, you were risking your life. So when these inspections were announced, everything was cleaned up properly and they brought in food, different food, and everything was different. Prisoners were all lined up with clean blankets, patients were all lined with blankets right up to here, everyone was lined up, and not a peep out of them. Of course, the Red Cross, Swiss people just didn't buy any of this, but what could they do? And that was that.

Towards the end, a man told this story from Argyle [Street Camp] -- when they gave an inspection they decided one of the officers would speak. And they drew lots, and the lot fell to a man called Ken [K.M.A.] Barnett. He's still alive, and still comes to Hong Kong from time to time, Kenneth Barnett, K.M.A. Barnett, a Volunteer officer [died, late 1987]. When the Swiss came they were all lined up, and he said in French, "We are starving here." Whether the Japanese understood or not, he was taken out and he was beaten violently. And survived. That was

the only attempt that I know of, of drawing to the Red Cross' attention our plight. The hospitals were all spick and span, and we were all standing there, and not a peep out of us. We were warned, in no uncertain terms. But we had the inspection.

C.G.R.:

How was your personal health during the war? You mentioned malaria, but other than that -- did you lose a lot of weight?

S.M.B.:

Yes. Yes I lost quite a lot of weight. I know exactly how much I lost -- I lost 30 pounds all together. I went in, I was 146 pounds, and I'm 5' 7". When I came out I weighed 116 pounds. But I'm not aware of really feeling ill or anything like that. A certain amount of weakness, yes. I had, in fact, a bout of dysentery and malaria shortly before the camp. But apart from that I didn't suffer anything in particular. My mental state was fairly stable. We reached a fairly placid, almost a laissez-faire, almost a fatalistic state where we didn't think very much of the future.

Quite frankly, I didn't think the future held anything more, the way it effected us. I didn't think we would get out alive -- or at least, perhaps, the thing is there are always survivors but there wouldn't be many. We knew that the Allies were winning the war, the news was coming through. But I didn't really think, I personally didn't see that we wouldn't have been finished by then. I thought that the Japanese would not surrender, of course I knew nothing about the atom bomb. I thought that there would have to be, eventually, a landing on the south coast. And I was

pretty convinced that the Japanese would not leave us behind. So in the long term, I thought that I would not be alive. I was simply not prepared to think in those terms; we were living from day to day and my morale was pretty good as long as we didn't think of what eventually would happen. Whatever would happen eventually, I thought that there would be tremendous chaos, and some of us might have lived, because the great thing is, no matter what happens, there are always survivors. Somehow there will be survivors. Even in the famous Masada, apparently there were survivors. This is how I thought -- that there would be tremendous chaos, and that somehow I might be able to [survive], but the chances weren't very good. The Allies would have to fight all the way to Japan.

And quite frankly this was so unexpected, this was almost like a scene from a play, you know. Everything was there except, "Gentlemen, you're free." They didn't say that. But it was like a play, in the end. The Japanese surrendered, they behaved themselves incredibly. And if it hadn't been for the bomb, my original prognostication would have been correct. I've never been able to substantiate it, but people are convinced that there were in fact plans, that they were found, how the Japanese planned the slaughter which would end the war. Whether it's true or not, I don't know.

C.G.R.:

Well, there's documentary evidence in the International Military Tribunal for the Far East, that is equivocally worded, but certainly sounds as if there were formal instructions that prisoners were not to survive.

S.M.B.:

Yes. Well it wouldn't surprise me because they wouldn't want a whole bunch of people in their rear, in their way, or anything like that. But I thought there would probably be quite a chaotic stage, in which some might have attempted to escape.

C.G.R.:

Was there any retaliation at the end of the war against the Japanese?

S.M.B.:

No, no. There was nothing at all. I was surprised myself, I had seen a fair amount of atrocities, nothing that was committed directly against me, except now and then I was found in the wrong place at the wrong time. I was caught curfewing and things like that and I might be late on parade, but what I was surprised to find in myself and maybe it happened with others but almost immediate absence of any mention of rancor, or hatred. And in fact, there was almost a slight pity. When the war ended it was the 14th of August, 14th or 15th of August, and our relieving troops in fact had not arrived until the 30th of August -- two weeks later. In the meantime at the camp, the Japanese were out, and the senior officer was no longer Ashton Rose, and Boone was taken into custody. But Ashton Rose -- yes, sorry, Ashton Rose continued. He was a medical officer. But the senior officer in camp was a Royal Scot [Col. White] and Boone was taken into custody.

He [the Royal Scots officer] tried to keep control of the camp, and he said, "We must stay in camp." Leaflets were thrown

by our people saying, "Japanese are still in control, you stay put. Wait for your relieving force, which is on its way." The planes came down and dropped cigarettes, food parcels. That was fine. And Colonel White, Simon White, the senior officer, tried as hard as possible to keep people in camp and not let them out.

However, many had families and it was a losing cause, people began to disappear, "escape" and come back, escape at night and come back in the morning. They were still coming back. People who came back with Samurai swords. How these men managed to disarm the Japanese! We had no arms at all. The Japanese were fully armed. Anyway, they came back with swords, and rifles, and bayonets, and souvenirs. And in the face of that, Simon White decided that it was better to regularize that. So he began to issue passes; he informed the Japanese that we just can't keep put. It's better to have it controlled rather than uncontrolled. So the Japanese issued passes, about a week later. And gave priority to those who had families.

So I received my pass, and began to look for my family, my wife, on the Island, in Pokfulam, not far away. And here I was walking in uniform, in the city, full of Japanese troops, armed, and I was walking alone. It was a peculiar thing. They were saluting me, now, and in a fairly subservient manner. I saluted back, not feeling terribly confident, because if anybody suddenly cracked up there they might have shouted "Banzai!" and let go. I mean, that was the end of me. After all, there were thousands of Japanese troops there. You can't expect all these to take it absolutely lying down, and obey the words of the Emperor. But apparently we were in command, and I was conscious of a certain

feeling of pity. They were now the prisoners, and I was particularly sorry for them. And I was in uniform.

C.G.R.:

Captain's uniform.

S.M.B.:

Captain's uniform, but still recognizable. And they stopped me. They kind of gave way, all lined up on the side of the pavement, and bowed to me. And I froze. I felt awful, I saluted them, and I felt really awful. It happened almost immediately after. I had been a prisoner of war three years and eight months. Is it because of my medical sense of compassion, or what? I don't know what it is. But I think I've lost all hate or anything I may have had almost immediately, as if I never had it. In after years, in fact, I was able to eat and mix with Japanese without any rancor. War brings out the worst in many. After all, I'm sure that the Allies were also capable of terrible things -- in certain circumstances.

C.G.R.:

Well, there's lots of evidence of that.

I wonder if you could try to describe for me an ordinary day, for you, in the life of the camp. What time did you get up, and what did you eat? That sort of thing.

S.M.B.:

As far as I recall we'd get up, reveille, the trumpeter would blow reveille. There, reveille was about six o'clock in the morning. Then there were two roll calls a day. Everybody had to line up on the parade ground and be counted. Then we'd

have breakfast -- we had two meals a day, not three. One was about 9ish, and the other one was about 6 o'clock. We had our breakfast meal, and then I would go to the hospital or so called hospital. There wasn't a great deal you could do. My rounds would be over in about an hour. I'd do my rounds. I would have a chat with various people. I was mostly dealing in general ward. We had an infectious ward, and dysentery wards. Most of the time I was working in the general ward. I would have the "electric feet" and other deficiencies, whatever there might be. Malaria itself would be there, because it is not considered to be a really contagious disease. But not dysentery, and certainly not diphtheria. But that was it, all done in a half of an hour.

C.G.R.:

There used to be about how many patients?

S.M.B.:

I would have probably, at any time, between 30 and 40 patients. Other than that, we were out of there quickly, and most of the rest of the mornings would be sitting and chatting. It might be with Martin [Banfill]. Martin might be reading his anatomy book, which he somehow managed to get hold of, and would be reading it from cover to cover a few times. He wanted to be an anatomist. Having a chat about all sorts of things. The subject of conversation would mostly be either food or your home country. I had never been to England before that, but I knew London by the time I finished at camp, I knew London and every corner house, every last corner house, because of what Tony Coombes said. Because he was talking about London all the time.

C.G.R.:

Was it like that when you went there?

S.M.B.:

It was like that. In fact, when I first arrived I was walking down Baker Street, there you are! When we got to talking about food, mostly bacon and eggs, that sort of thing. A subject like that. In the afternoon there might be some games going on, there might be a chess game. I might be doing some musical arrangements, which I did. We started an orchestra; there might be an orchestra rehearsal. Then we would more or less while away the time, like that. We can go for a walk. We might have a game of bridge. Lancaster, Dr. Lancaster was very keen on it. And after that we'd just go back to the lines and chat until it was dark. Quite often, you know, in our lines would be an RC padre, Padre Green.

C.G.R.:

Really.

S.M.B.:

Really. And a very brave man, very brave man. He'd put up quite a fight for our welfare with the Japanese, and suffered for it. There was never any attempt to convert, but there actually were a lot of conversions. I think Padre Green did a marvelous job without actually seeking out converts. There were quite a lot of converts, though. Seeking comfort, perhaps seeking protection.

C.G.R.:

Quite naturally.

S.M.B.:

Quite natural that they would become more religious. Church services were going on. Even the few Jews that were there organized services with a little, not a synagogue itself, but we gathered in the church.

C.G.R.:

I was going to ask that, yes.

S.M.B.:

From time to time, there would be, of course, entertainment of a sort that we actually enjoyed. In the second part of '42, it was the end of '42, the raids by American aircraft began to be quite regular. And from all this it was evident, of course, that something was happening, and the bombing was increasing, and it became more regular. Now and then, things fell in the camp. We were forbidden to come out during air-raids, ostensibly for our own protection. But we leaned out of the windows and so on; we enjoyed that. We were certain that the planes, that the airmen knew where the camps was and wouldn't bomb it, and of course they didn't. Although it was very close to Kai Tak, not a single bomb really fell in camp. That's not true of Stanley [civilian internment camp], but that was a mistake. I think it was a damaged ship, bomber, that was unloading it's bombs. This was a tremendous morale booster, to see our planes in the air and bombing Hong Kong.

C.G.R.:

Tell me about the orchestra.

S.M.B.:

Yes, the orchestra was a remarkable feat where we just had to do what we can. Some instruments were in camp, somehow. I

don't know how they came. The others the Japanese brought to us. A few violins. I had a flute. And I began to organize them into a group. In the end, we had about 15 people in the orchestra. But certain instruments were missing; there were no cello and no double bass. Instead of a double bass I had three guitars. You knew about Neil -- marvelous guitarist from Winnipeg. He taught others to play guitar among them Albert Rodrigues; he taught him to play the guitar. He was a really concert guitarist. You've heard his name, Neil Bardal.

C.G.R.:

Oh yes.

S.M.B.:

Yes, in fact he was a mortician in a funeral parlor in Winnipeg.

C.G.R.:

Winnipeg's my home town. I'm familiar with the name but I don't know him.

S.M.B.:

He died. But "cello" I said, "I have to have a cello." And, in the end, it was a Canadian who made a cello out of a petrol drum. It weighed about 300 pounds and had to be carried on stage by several people, and used a spanner to be tuned. But it worked. We made a cello out of an oil drum, or out of a petrol drum.

C.G.R.:

Who was that, do you remember.

S.M.B.:

Now who is the Canadian who made it? I can't quite remember his name. I just can't recall his name but Albert [Rodrigues] might remember his name, who made this cello. Incredible skills appeared in camp. I will say more about that a little bit later. But the orchestra, then I managed to get some music, piano scores. And I did three major concerts, which were really a big effort. The funniest part about it -- the Japanese appreciated that and they attended the concerts. They all liked the concerts and sat in the front row. Then at one point they had issued a statement to us, they encouraged us to spend time playing music, a worthwhile pursuit, but we were forbidden to play three tunes. This is the funny thing. One was "God Save the King," -- that's understandable -- one was "Rule Britannia," -- that's understandable -- the third one was "Home Sweet Home." C.G.R.:

"Home Sweet Home," yes.

S.M.B.:

That was the Japanese way of protecting us from suffering from nostalgia! So we weren't to play them. In any case, the outshot of that was that one of the pieces that came my way was -- that's another thing, the remarkable things that turned up in camp, I really don't know how -- well one of them was a very famous naval overture called "Plymouth Ho!" a well known naval work, orchestral work, played as an overture by brass bands. This was a piano arrangement and I arranged it for my orchestra; the end, right at the end, there is the "Rule Britannia," coming through with a lot of noise going on, the whole orchestra plays, but through it comes "Rule Britannia." The tune was there. And

as I arranged that, there was some hesitation on the part of the orchestra. In the end I said, "No, I'm not going to change that. We're going to play it, we're going to play it." And there it was, and we performed with the Japanese occupying the front row, sitting all smiling, wide smiles and very very happy, because they didn't know "Rule Britannia." So it got through without any incidents. So we played "Rule Britannia."

They really thought that this was quite worthwhile, and certainly we used the orchestra not merely for giving concerts like that. I had three major concerts, but we also used for it for plays, and it was really quite good -- the stage musical. The people used their imagination and memories and tried to see how the whole thing would go.

But the skills that appeared in camp was another one of the amazing things -- what men can do when confronted with a situation like that. Some carved, there was marvelous carving -- just learned themselves. They produced plays, they did all sorts of things. Among other things, they suddenly started to pick up knitting. Now, before that I've never seen men knit. In no time they became excellent, and they'd get old sweaters and cardigans that they had which became rather tatty, and there was the wool. And reknitted them into other things! What a wonder. There it was, I don't know where it [the skill] came from, and until then I had only seen women knit. There they were, and they had perhaps learned from first principles, but they learned to knit and made beautiful things. I still have a pair of gloves that they knitted in camp. I never learned to knit, but certain

people were expert knitters. People could draw and sketch, all these skills somehow appeared.

C.G.R.:

Well, perhaps that's a good place to stop.

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