ORAL HISTORY RECORDING

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INTERVIEWEE:	DR JOHN HIGGIN
INTERVIEWER:	DR JOHN MITCHELL
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START OF TAPE ONE - SIDE A

> Identification: An interview with Doctor John Higgin took place in Orange, New South Wales on 9th March, 1991. Interviewer Doctor John Mitchell. Doctor Higgin Service Number was NX34949 and he was a member of the 2/4th CCS and attached to A Force.

I suppose my prisoner of war experiences really start with the surrender when with the 13th AGH we were at St Patricks School at Kelang, near Singapore. On 20th of February we were moved out into the Changi area and I was quartered in the Selarang Barracks and at the time I was acting as medical officer to the Signals. In May of 1942 A Force was assembled and all the 2/4th CCS joined A Force. And we left Singapore in a dilapidated old merchant ship known as the Toihassi Maru which was some forty or fifty years old and hadn't had the best of service since.

This was really my first contact with the Nipponese because during my time at Selarang Barracks, apart from seeing sentries on the fence line I never talked to or was talked to by Japanese, and it was rather a shock to come down to the wharf on Singapore and find Nipponese soldiers lining us up and slapping us and treating us with what we felt was signal contempt. The Toihassi Maru sailed first to Medang in Sumatra and then to Victoria Point where about 500 of us were disembarked and we were split up into two parties: one under Major Green which I joined, which worked on the aerodrome at Victoria Point. And the second where ...

> Williams, was it?

No it was Colonel Black actually. Who had Claude Anderson as medical officer worked in the village at Victoria Point. In comparison with later days conditions were relatively good. Diet was inadequate but the Japanese who were, you know, regular Japanese Army personnel, were not all that unfair, it wasn't a bad situation to be in apart from very light rations.

Here I was unfortunate enough to see my first execution of an Australian soldier, where a rather feeble-minded individual developed the idea that he could walk to India. I think he got about four or five kilometres and was recaptured and eventually shot, which was a somewhat disturbing episode as far as I was concerned.

From Victoria Point in August 1942 we moved up the coast to Tavoy, which has a fairly large Burmese village. The Japanese seemed to be engaged in, I think, mainly despoiling the whole area and moving stuff to be shipped back to Japan and our fellows sort of hauled, dug trenches, worked as general labourers in the area. Then in October we were moved by boat to Moulmein where I spent a night in the Moulmein gaol. We were sleeping in the ward which I gathered had been used by lepers, it's main attraction was a splendid view of the pagoda. But I have a feeling we might have spent two nights there and we were then moved to Thanbyuzayat, which of course is the Japanese headquarters at the Burma end of the railway line.

After a couple of days at Thanbyuzayat where we were addressed by the camp commandant, Colonel [Nagatomo], we were sent first to the 40 Kilo Camp, the distances are kilometres from Thanbyuzayat heading towards the Thai border. The 40 Kilo Camp had been, I think, a temporary Burmese encampment but sadly enough was almost completely devoid of any water. To the best of my recollection we had to walk about three kilometres and the fellows brought back water in various containers.

So this period didn't last very long. The men were given jobs of shifting so much dirt on the railway line. I think, one started off with a cubic metre of dirt which was sort of dug out and replaced to form the foundations of the lines. This was well within the capacity of our people and had the diet been anything like adequate we probably wouldn't have had too much trouble. Unfortunately the diet was mouldy rice in small quantities, any sort of green matter that we could collect ourselves and very occasionally the Japanese would supply a tiny bit of meat, which was buffalo meat and you know it was really negligible, it gave a sort of flavour occasionally for the stew.

As the water supply diminished we were moved to the 25 Kilo Camp in - no, I can't remember the date - sometime in November 1942 and there we stayed until March 1943. The camp had been, I think, the site of a Burmese village apparently deserted because of cholera epidemic. We found it a singularly unattractive place to live in. Burmese huts which were lice ridden, Japanese guards had been replaced by Koreans who were one gathered had been knocked about themselves prior to meeting us and decided to take it out on us so that we became victims of, you know, a rather pointless sadistic activity on the part of these guards.

We did manage to make some degree of recreation. At one stage I joined the choir and later on I assisted Norman Carter to run the theatrical entertainments of a sort. And we also had access to radios which people had brought in - one was in a water bottle, the other one was in a stool, one fellow had one he built into a broom. And by means of these we had some access to the news that was going on.

From there in ... in March '43 we moved to the 75 Kilo Camp, which was actually ... the offices were high on a, you know, quite a steep - not sure if it was a hillside or whether the river had dug out a deep channel below. But the men were quartered down by the river and the officers for some reason or other were up on the heights with a sort of goat track leading down which actually I found at that stage very difficult to deal with because I'd sort of weakened with dysentery and malaria and used to stagger down these paths to do the sick parades and spend a bit of time in the hospital huts.

In the meantime, the Korean guards were getting more and more hostile, we had a drunken Japanese lieutenant called [Nito] who was the camp commander, he could be quite a reasonable sort of fellow when sober but unfortunately he rarely was. And when he got on the alcohol life became very difficult because he seemed to get probably rather paranoid ideas about spies, POWs

escaping, trading, God knows what - any sort of offence at all. Nito was quite convinced that we were up to it and he reacted rather savagely with beating people with sticks. He occasionally fired his revolver at people. It was singularly unpleasant to say the least.

From here we moved by foot to the 105 Kilo Camp where life became perhaps a little more difficult; it's hard to know. The pressure on the Japanese to complete the line was certainly building up as time went on and it meant that people who were quite unfit to do any work at all were forced out on the line. Occasionally as a medical officer one could keep a few people back but when times got really tough the Japanese just selected whoever they felt fit to go out and their idea of fitness was if you could crawl on your hands and knees more or less. So that things weren't all that good and here we had the cholera epidemic and I remember spending at least one or two weeks isolated with cholera cases, wondering when I was going to get it myself. I wasn't, you know, either very happy or very well at the time.

From here Colonel Nagatomo having come out and visited the camp and apparently being impressed by the poor state of the prisoners decided, out of the goodness of his heart, to establish a hospital camp at the 55 Kilo. I was selected as the first medical officer and we moved with I suppose about four or five hundred pretty incapacitated fellows down the line, starting off in a truck which broke down and then we walked for ten or twenty kilometres and then we got a ride in the railway for the rest of the way and were dumped off at this 55 Kilo which consisted of very dilapidated Burmese huts. No facilities whatsoever and the men, sick as they were, spent the first week or so trying to make it in to a liveable camp.

Over the course of the first few days we got some influx of Dutch POWs with two Dutch medical officers. Doctors Crock and Doctor [Reallingnap], neither of whom we felt were all that helpful. Crock had very little English and was of a bull at a gate sort of doctor: Reallingnap was a more sensible sort of fellow but spent most of his time learning English, which he picked up the most extraordinary vocabulary of an Australian invective which I preferred I think. This was more or less the situation with I suppose patients dying, initially at about a rate of one a day, eventually up to four a day. Quite early in the peace we got a lot from 75 Kilo including Colonel Coates, who was himself a very sick man. He had prolonged dysentery and then got scrub typhus and actually we felt he was going to die when he first arrived but being a determined individually and perhaps in spite of what medical attention we could give him, he survived and eventually he took over as the senior medical officer in the camp. And he I think started the amputations for ulcerations because prior to this our experience with tropical ulcers was really disastrous. They'd get these ulcers which would start off quite small, inoffensive looking things, they would eventually get some sort of anaerobic bacteria and just spread and develop gangrene wherever they sent, so that prior to the amputations most of these people died. As I say, it was Colonel Coates with the help of the Dutch chemist, Von Boxtel, who produced an

effective spinal anaesthetic which allowed the colonel to do his amputations. And there's no doubt that this saved hundreds of lives.

Eventually I was moved back to the 105 Kilo Camp where conditions were slightly worse than when I'd left it. The rainy season had begun, there was constant pressure by the Japanese to get the line finished and it was really appalling conditions for the men who had to go out to work. I didn't think much of existence staying in camp trying to look after the people who remained. This continued until the railway line was finished at the end of 1943 and early in January 1944 I was moved up to [Kanburi] in Thailand and from there, after a month or two, I was transferred to a Japanese party and we went on a long trek from Bangkok to Saigon, from Saigon to Singapore and eventually Singapore to Japan.

While at Kanburi I was really devoid of any occupation and this was perhaps my main reason for volunteering to be a medical officer on the Japan party. Life was unpleasant enough but when one had nothing to do it somehow seemed much worse. And after the usual Japanese business of so-called medical inspections, of having stool inspections for dysentery presumably, we were eventually assembled into parties and sent off by rail, very much I should imagine in a very old first war ... what was it eight horses or forty men, except ours was about sixty or seventy men - per cattle truck.

And down from Kanburi by rail to Bangkok, spent a night in the trucks in Bangkok, and then were transferred to the line which went across to French Indo-china where we travelled to Phnom Penh. Spent some weeks in Phnom Penh where we were able to occasionally see a few French newspapers and this was the first I'd ever heard of the Buzz bombs - reading about them.

From Phnom Penh we were embarked on the river in I suppose barges pulled by a launch, which took us down to Saigon. And Saigon we found quite a largish camp, largely containing British POWs and the camp commander was a British major who I can only describe as being weak mindedly obstinate. That is he make decisions, he'd never change them and they nearly always seemed to me to be the wrong decisions. But life wasn't too bad in Saigon. For one thing we were able to get a few eggs and vegetables and for another thing we had a few Japanese guards who were really quite likeable individuals. I can remember one little lieutenant taking us to, of all the places, to see the zoo at Saigon. Just why he decided this was an appropriate place for us I've never really discovered. But this was the sort of thing that would happen in Saigon. About a week or two later the Japanese camp commander got all huffy and cut down our rations to half and forbid all trading in the camp and made life very difficult for us.

At this stage too the American bombers came over and they bombed the wharfs of Saigon very consistently, as we were only about a kilometre away from the wharfs, it sometimes wasn't all that comfortable. Whether the American bomb aimers were a little inexperienced or not I don't know but they seemed to cover a fairly wide area around the dock area. Any rate, we

remained in Saigon for ... some months I would think, because I think it was September that we were taken again - Saigon by boat back to Phnom Penh, Phnom Penh to Bangkok, and then Bangkok to Singapore. And we were in what was known as the River Road Camp in Singapore for quite some time - September till the end of the year.

The Japanese were not all that obvious and except for the fact that there was very little to eat it probably wasn't all that bad. Seriously ill people were sent to the so-called hospital at Changi, I'm sorry I never went out to Changi myself so I don't really know what the conditions were like.

Then at the end of December, I think it was perhaps Christmas Eve, we were taken down to the docks in Singapore and put on board what I suppose was the pride of the Japanese merchant fleet, a ship called the [Awa Maru], which was really a very well equipped and I imagine quite a commodious merchant ship. It wasn't all that comfortable in the holds where we were but we set off in convoy and at this stage the convoy business was getting a bit dicey and we were escorted by a small aircraft carrier, several destroyers and there were three or four merchant ships in the convoy. The Awa Maru had a number of Japanese civilians including at least one family with women and children which were was the first females we'd seen for some time. It was, you know, one of the occupations was to watch how the ladies behaved. There wasn't any room for any medical experiences and we were lucky while one bloke developed an appendicitis we were able to keep him on fluids and resting until we got to Japan and he was apparently operated on there and survived.

But I can remember one experience when there was supposed to be either submarines or dive bombers about and we were shut in the hold for hours, you know, it was sort of standing room only really. There wasn't enough room for anyone to lay down, it was singularly unpleasant. But eventually we got to [Moji] and this was quite an experience because we arrived in a snow storm. If you've ever sort of come straight from Singapore into a snow storm, you do realise the climatic difference. After a night in Moji we were sent by train southward down to a small village called [Senryu], which is in Kyushu and I suppose probably about fifteen miles from Sasebo which was one of main Japanese naval ports there. There the men were sent down a coal mine and medical officers and a few camp personnel stayed in camp. I went down the mine on a few occasions - sick people, accidents and things like that. It was singularly uncomfortable because I imagine even the Japanese had to stoop and some of the tunnels our blokes had to crawl on their hands and knees, it was, you know, not a very pleasant sort of place to work. But, once again, our treatment by the Japanese wasn't all that bad. We never really got used to Japanese discipline and people were always getting into trouble for failing to stand at attention to salute and things like this.

Once again there was practically no medical supplies, though the Japanese had some and unfortunately was caught stealing some of them at one stage and spent twenty-four hours standing at attention, wondering if I'd end up being shot or not.

Fortunately I wasn't. And we continued this way until we realised, I think, at some stage in August that things must have been getting crook. One thing, our camp was suddenly surrounded by sort of towers in which they placed machine guns pointing our way and we didn't feel this was a very optimistic sort of picture. But fortunately the war ended with the atomic bombs. We heard about the Nagasaki ones, though we were too far away to hear it but the Japanese told us that, you know, that there had been a terrible explosion in Nagasaki and many men had died. But the war then ended and we had speeches from the Japanese commander and quite suddenly the camp was handed over to us and we were told that, you know, we could depend on the mine people to give us rations and look after us and ... And it was quite astounding the difference in attitudes where, you know, from suddenly being a prisoner of war and considered less than the farm animals to suddenly being entertained by the mine management at their club, which us officers were. We were also invited to go for a seaside holiday at a place called [Koratsu], which I gather had been quite a well-known holiday place pre-war. Unfortunately I only spent part of a night there because while we were there the order came for us to be moved to Nagasaki to go home.

So we went by truck and then by train to Nagasaki and we saw the edge of where the atomic bomb had fallen and a picture of complete desolation really. Came down onto the wharfs where the Americans took all our possession, sprayed us heavily with DDT and embarked us on a converted aircraft carrier where we went to ... they took us to Okinawa. On the way we ran into the edge of a cyclone and we also spent some time, the Americans took in taking pot shots at the mine which didn't really impress me because their marksmanship I thought was dreadful. Any rate we eventually arrived at Okinawa where various groups of Japanese were still fighting being unaware that the war had stopped. But we spent several days there and were taken by an American ... they were DC3s, weren't they? DC3 to [Laoag] in the Philippines, the pilot was supposed to be going to Manilla but lost his way. [laughs] In actual fact we spent the last hour of the trip to the Philippines with everybody looking out the windows ... the pilot would like us to know when he saw land.

Maybe not so funny at the time I guess?

No it wasn't all that funny at the time but as a matter of fact it was really quite hilarious to think of it. In the Philippines we were taken to the camp at Manila and that's where all that stuff went on. Eventually we were taken from Manila on the Formidable, I think it was, British aircraft carrier, arrived back in Sydney at the end of October.

Gosh, how long did that trip take from when you left the island? Roughly, you seem to be ...

Well we left Nagasaki on 14th September and a ship called the [Sosogo] which had been an oil tanker and was converted into an aircraft carrier. Sailed into the edge of a cyclone and just missed a floating mine. On the 16th we landed in Okinawa - the US was still flushing out Japs who either refused to surrender

- but as I say I think they knew the war was over.

Two days later we went on the DC3 to Laoag, pilot getting slightly lost. We were flown onto Manila the next day, unfortunately I don't know how long we stopped in Manila. I find we arrived in Manila on 21st September and remained there till 5th October when I embarked on HMS Formidable and arrived in Sydney on 15th October, 1945.

This is the end of the first reel of the interview with Doctor John Higgin on 9th March, 1991 at Orange.

END OF TAPE ONE - SIDE A

START OF TAPE ONE - SIDE B

This is the second reel of the interview with Doctor Higgin.

Cholera began on the Burma line towards the end of May of 1943. I can only talk about my own experience at the 105 Kilo Camp. First one of Claude Anderson's orderlies got it, two days later a man from Ramsey Force, then a fellow named Southcott who was a staff sergeant dental orderly. They all died. I've got here Eric Baker will probably live, two milder cases then and then one more serious followed by about four or five other cases. It completely disorganised us. Claude Anderson and I worked on the choleras. Don Cumming and Alex White took the sick parades. The men in camp were in rotten shape, it's hard to get fifty per cent of people out to work. Diarrhoea, dysentery, infected sores, malaria, bronchitis. That's really all I've got about that period.

Well maybe just a couple of questions: did that correspond with the beginning of the rainy season, the wet, the monsoon, can you remember?

I think it was before the rainy season ...

Was it?

... yes, I think the rain turned up about the end of July or August.

As late as that?

Hmm.

And the other thing is did you attempt any intravenous therapy?

Yes, we eventually decided that there wasn't much hope for these blokes anyway so we boiled up salt and water - more or less normal saline - after a pretty rough and ready estimate, I don't think we had anything to weigh the salt with so it was rather vague. But any rate we did give intravenous saline to these fellows and certainly some of them recovered but whether it was because of this or in spite of the saline ... [laughs].

Can you remember whether you had actual medical equipment for those injections or whether you had to make ...

No indeed, it was, you know, the stuff was tipped out of a tin can and rubber of stethoscope.

And did you have needles or have to make those?

We had a few syringes and needles, so yes that was all right. Everything else was improvised.

Improvised.

Hmm. The episode of Captain Molle was one of the tragedies in A Force and he and a number of POWs planned an escape going up through north Burma and hoping to get into Assam. Molle was an ex-Indian army officer and had quite a lot of experience of moving in the jungles and he felt that there was a reasonable chance of them getting through. They actually made it well up into the north Burma and were eventually betrayed by the Burmese, who I gathered were, you know, paid to put in escapees.

Molle was actually killed when the escapees were rounded up. I gather they fought it out with Burmese police and Molle was killed and one of his men was wounded. The other three were brought back to Thanbyuzayat, given what one assumes was a Japanese trial - though none of us knew exactly what this consisted of - and were all sentenced to be shot - which they were. And you know, it created quite a pretty disastrous atmosphere in the camps for quite some time after. It was a very sad sort of business, but it was amazing how high up in Burma they got. Actually they were within a couple of days of crossing the border into Assam.

My recollections of the 55, so-called, Hospital Camp are pretty hazy because I've ... for years I purposely repressed all my memories of it but referring to a few notes I had at the time I see that I moved there with the first batch who were sent from the 105 Kilo Camp at the end of June, 1943. As usual the transport was all messed up, we were supposed to go by truck, most of which broke down and we actually spent the first night only having got to the 95 Kilo Camp, where we had to walk for a few kilos to next point where we were again taken by trucks to the railhead at 61 Kilo and we were just dumped there until about seven o'clock at night and we didn't get to the actual 55 Kilo Camp until eight o'clock the next day, 8pm, where we found Newton Leigh who was the Quartermaster of the 2/4th CCS and Bill Tillney who had gone there as an advanced party to try and get the camp together.

My next note is we were working like blazes trying to get things organised, the patients were multiplying, the staff were in a mess, the Dutch were making hay while the sun shone with whatever rations were available. I was working with Doctor Reallingnap, a mass of energy, organising meals, lists, accommodation et cetera. I'm far too busy struggling with a flood of patients, lack of accommodation, difficulties with meals, utensils, drugs, equipment et cetera to worry much about

hygiene. Meals are very light and erratic. On 11th July Colonel Coates arrived in a very poor condition, together with the staff and patients from the 75 Kilo Camp. The death rate was considerable, since arriving here we've had sudden cardiac failures, malnutrition largely I think. Patients from 62 Kilo arrived in a rotten condition, one died of cholera half an hour after admission, we buried him at midnight. Another one died a day later. Japanese medical officer came over to see cholera suspects, swabbed their [ani],probably mainly of convalescent patients. A Dutch Doctor Shrock was helping in the dysentery ward, a lot of trouble organising pap for the patients, latrine facilities, hot water, dressings, ... The days passed away quickly, as do our patients. Amoebiases, no Emetine; ulcers, no dressings; diet deficiencies, no proper food.

Colonel Coates was gradually improving and he was able to get around and see a few patients. Death rate kept up. `a few patients. Death rate kept up, amoebics, general breakdowns of sudden cardiac failure. We are getting a few eggs in these days - have made decided difference in some cases. I have Colonel Coates continuing to improve, more talkative, very well informed and interesting bloke. Things gradually improved in the hospital, though we've lost thirty-six patients in thirty-four days. Numerous mental cases probably due to pellagra. Another doc, Doctor Slatter, came from 108 to take over the ulcers, He started the heroic cleansing methods - it does seem to be producing results. Colonel getting into stride doing a bit of surgery. And later, Colonel Coates has a regular list now, about three amputations per day, numerous incisions et cetera. General health and spirits, I think, are improving a bit. Dearth of canteen stuff again, no eggs for some days, short of [shintagar] - native sugar. Pellagra cases still continue - sudden collapsing. Amputations now become the order of the day, few each afternoon - locals or spinals. Death rate continuing high - two or three per day. The death rate continued to increase up till about four a day up till the time I left at the end of August. That's about all I can say about the 55 Kilo Camp, I think.

> All right John, maybe just to clarify a few points. Until Colonel Coates arrived and started amputating, you were occasionally using iodoform, were you in scraping, can you remember?

We had a tiny bit when we got there, I don't think I ever got any from the Japanese there. Later on from the 105th I found some guard who had a bit and he ... I think first of all a watch and then a silver whisky flask, something else was persuaded to part with some of it but that was, you know, minute amounts really. It wasn't until that fellow Slagter started the ulcer scraping that he did any good with it.

> The ulcer scraping came after a period of time did it?

Yes.

> From when you first arrived?

Not when we first arrived though, I didn't have a clue what to

do about them really.

How was his name spelt that Dutch doctor?

Slagter.

Thank you. And can you remember much about the amputations - what materials you had? Were they the ones manufactured by Von Boxtel at that stage?

Yes, Von Boxtell manufactured all the anaesthetics, yes.

The home made cat cut et cetera?

Yes, cat gut and you know ...

And was he sort of full time on that type of work ...

Was an old butchers saw, I think that they used for the bone cutting.

John could you elaborate on the mental consequences of pellagra please?

The pellagra cases generally mentally started off with depression, they were, you know, became very dispirited. After a few days of depression auditory hallucinations were very common, most of them heard voices, sometimes of parents and friends back in Australia, sometimes they heard Japanese cursing them and things like this. They would become agitated and terribly distressed and some of them would try to get up and run out of the hospital. And then it seemed to sort of semi-comatose condition going on to coma and death.

And there were a number of those then?

Oh, quite a bit, a large number - I can think of about thirty or forty while I was at ...

And did those suicide then ...

...and I'm sure it continued ...

... in that sort of irrational state?

Well really a lot of people, I think, more or less committed suicide just by deciding not to live, not to eat, not to do anything, they just lay quite immobile, they wouldn't speak and as I say they gave up eating and drinking and they just died. Now how much that was suicide, well I always think it was but I wouldn't know for certain. None of them ever described their condition so it wasn't all that easy to decide. But I always felt that, you know, one's attitude to living was tremendously important there, that once you decided it wasn't worthwhile going on you didn't live very long after that.

John, I wonder if you wouldn't explain your feelings on the Japanese attitude to the Geneva Convention and why they did not ratify it in, I think, 1928?

I'm not sure that I can give any very clear answers about this but I've always considered that probably this dates back to very long held convictions of the Japanese. The old business that they were descended from the Gods, really, that the first Japanese was literally descended from the Sun Goddess. And this gave them a sense of superiority over everybody else no matter which ... you know, the Chinese had much better civilisation than they did and had sort of defeated them in battles from time to time, they still think that the Japanese was a ... I suppose, the master race. And this has continued down the centuries, perhaps disturbed when Commander Perry opened Japanese up to European settlement but once again reinforced by the Russo-Japanese war, their experiences in the Great War. And while they were remarkably apt at taking what they desired from European civilisation, their attitude to the Europeans was generally one of contempt, that we were obviously an inferior people, we didn't have the right sort of culture, our nations were barbaric, our religion was ridiculous. And this was their attitude. And at the same time their army was built up on the old idea of the Samurai, the absolute devotion of these sort of inferior ranks to the [Dimeoval] sort of lord of the province and through him to the emperor. So it was a matter of absolute obedience from bottom right up to the top. And this really precluded any idea that you should have any particular convictions about how to treat your enemies. There was only one thing to do: you either made slaves of them or you killed them. You know, there was no point in any other sort of system. And I think this is perhaps why basically, they never bothered to sign the Geneva Convention; never considered following any of it's precepts.

> John, during a number of interviews I've had I've been impressed by the almost universal gratitude of the men to the presence of a medical officer. They've always said even if the medical officer could not do much for them physically just the fact that he was there was very important to their morale. So perhaps you could comment what it was a medical officer had to offer?

I suppose there are a number of things about being a medical officer. First of all of course there was all the associations from civil life where doctors were called and perhaps usually had something to offer in the case of illness. The next point about it was that the Japanese did recognise medical officers and to the best of my knowledge all of us were always kept as medical officers by the Japanese, which that is we had a status which perhaps nobody else in the POW system did.

When it came to trying to treat people obviously the fact that you had practically no drugs to treat them with meant that apart from the fact that one could set fractures and clean up cuts and things like this, there was very little that one could do for people. But we were able to some extent to keep the sickest people away from the working parties and this was obviously something of tremendous value that, you know, if you really were at the point of not being able to go out to work it was at least a comfort that you had somebody to support you and at least fifty per cent of cases succeed in keeping your work force. On the other hand this didn't always work and sometimes

the Japanese just over rode us and took out to work anybody they felt who could do anything at all. But I think it was a sort of attitude that the men had that the doctors were at least some sort of protection and perhaps in individual cases that the ... you know, the ... Once again it was probably a therapeutic sort of approach that one actually gave them a tiny amount of psychotherapy and this was of some assistance. But I suppose all of us had great difficulty in seeing that the men really did appreciate what we were doing because to us it would frequently seem that we were, you know, doing nothing.

> John I'm wondering what kept the medical officer going because he, certainly in the railway camps, suffered from professional isolation, frustration, I guess loneliness was a big factor, he really wouldn't have anyone to lean on and what actually was important for him?

This I suppose was very much an individual matter, but basically, of course, none of us really felt that we were being of much help to the men. This obviously wasn't true in all cases. The surgeons who able to do amputations and a certain amount of basic surgery, well, these people were obviously serving a useful medical function. But for most of us who are just seeing the sick and trying to sort out, you know, an acceptable number to the Japanese who were obviously quite unfit for work had, you know, very little satisfaction in what we were doing. And I think most of us sort of substituted in various ways with other sorts of activities. Doctors, some of them, became tremendously interested in camp hygiene and design complicated methods of defecation and urination with various bamboo contraptions. They sort of planned lines and drainage trenches, things like this. Others of us went around as amateur botanists and found edible plants and things like this. I myself, I've probably got more satisfaction out of the sort of entertainment part of the troop and I was fortunate in working with Norman Carter who had done quite a lot of broadcasting and entertaining work pre-war, and Norman and I designed quite a number of theatrical productions while we were in Burma and this at least gave us a lot of satisfaction. Whether the audiences were quite as appreciative I've never known, but there you are. I think it was in this way of sort of finding substitute activities which helped you to feel you were doing something that probably helped to keep us going.

> Which were the camps where you did run concerts?

We started at the 26 Kilo where first of all I was involved with the choir and then I think the first two of Norman Carter's theatrical productions were produced. We continued at the 75 Kilo and from the railway point of view it finished at the 105 Kilo where Norman produced his last and major production which was known as Ali Baba. It has, I think, been commented on in various books on the subject. No productions were attempted at the 55 Kilo where the inhabitants were largely too sick to take any interest in.

> Well thank you. Doctor Higgin is now going to speak about some of his fellow MOs.

Probably best for me to start on the members of my own unit, the 2/4th CCS, many of whom I didn't know all that well but certainly knew something about all of them. Tom Hamilton the CO was a very extroverted individual. He was a very good commanding officer. He knew his officers and men perhaps better than most commanding officers do. He was always a cheerful, practical fellow. To the best of my knowledge quite a competent surgeon and a man who took a great interest in what was going on around him. He seemed to have numerous friends and acquaintances throughout the 8th Division, most of whom used to come into our unit at any time they were passing and he was really quite an authority on what was going on in all the Australian forces in Malaya. Of the officers amongst his command Alan Hobbs was an Adelaide surgeon who was a very charming, soft spoken gentleman who once again showed a great deal of competence and was a kind and considerate man who I think was universally liked.

Our physician, Major Fisher, was a man that I perhaps knew better than most of the officers because he'd been my tutor in medicine at Sydney Hospital. Ted was an elegant, cultured man, only son of a widow which perhaps gives some clue to his character because he was a tremendously precise in his ways. He was perhaps even a little feminine in his manner at some stage but a highly or at least a very well read physician who had spent quite some time in England and used to talk to us at some length about Lord Dawson of Penn who he worked with. And in the CCS he was a rather aloof individual and he had a somewhat acid tongue and I think he was perhaps regarded with more respect than affection in the early days. But as a POW his tremendous earnestness and the fact that he was always willing to take on the Japanese on behalf of the POWs earned him a really tremendous reputation which carried on after the war where most of his life was spent in acting on behalf of his ex-POW mates.

John Chalmers, the radiologist, was a Sydney University graduate who I think did his hospital and registrar in Hobart and once again a very nice chap who was obviously competent at his job, he had a wide interest. I can remember discussing philosophy with John. We tried to learn a little physiology together and we had various discussions about things in tropical medicine, both of which we discoursed with enthusiasm but I fear very little knowledge.

Sid Kranz the other surgeon in the CCS was an interesting individual. He was short, dark, Jewish. A rather pugnacious man but Sid seemed to take offence very easily about things. He was very argumentative and I must say that I never got on terribly well with him. Sid was always very dogmatic about anything he said and I am of a rather dubious nature and tended to perhaps disagree or at any rate lodge objections with certain of the things he said and we never seemed to get on terribly well. But once again he was a very competent surgeon and a lot of the men under his care thought the world of him.

Tom Brereton was a friend of mine; a year before me in Sydney University; a member of an old Sydney family who are quite

well known. And he was a man of wide interests, he had considerable knowledge of various biological sciences, he knew a lot about music and was very well read and at times I was with him I always found him a very stimulating companion.

Alec White was I suppose the baby of the medical officers in the CCS. He only joined us a few weeks before the capitulation in Singapore. And I consider he had a pretty rough time as being the most junior medical officer seemed to get the rough jobs, he seemed to be pushed about and because he was a man who ... didn't really query other people's decisions very much, he'd just go off quietly and do whatever was requested to do which was perhaps very commendable in certain situations but perhaps not all that wise sometimes in the army.

Claude Anderson, one of the people I came to know very well. We first met at Victoria Point when we were put ashore with about 500 POWs and we were in contact with one and other from then on until the end of my period with the railway. Claude, a West Australian, was I suppose a very typical general practitioner. He was a good doctor, very interested in people and Claude seemed to be able to get, you know, life stories out of people, many of us wouldn't have thought it was worthwhile bothering with it. Claude was always interested in the people and what they did and their relatives, things like this. As I say a very typical good general practitioner. He was a very solid individual. Claude seemed to be able to cope with all sorts of situations without showing too much stress. And I perhaps owe more to him that I was able to sort of keep functioning in the jungle than I do to most people. Dave Hinder was a big, good humoured, amiable individual who was not all that easy to know on first acquaintance but the more one got to know Dave the more one appreciated his qualities of being persistent, of thinking out what he was going to do well before he did it and generally of being a man who showed consideration of his fellow men.

Also Ian Duncan who once again went through with me and we were at Resident's Hospital together at one stage and met again in Malaya. I didn't see much of Ian during his POW days but he was once again a man who was very interested in his fellow men and became very involved with the troops he was with and really spent a lot of the rest of his life concerned with the affairs of the ex-POWs and his attempts to get a better deal for them from the Repatriation Department.

John Taylor was one of our I suppose military success stories being awarded the Military Cross for his medical work with Colonel Anderson's Force in the famous battle of Muar. John once again was a well-built though not very tall fellow, who was really intensely determined in whatever he did. He was a very hard worker at university, keen sporting individual and was obviously ideally suited as a regimental medical officer. He was able to do practically anything the rest of his men could do, he took a great interest in their physical health and obviously he showed considerable bravery. Once again I didn't see anything of him during his POW days and didn't meet up with him again until after the war.

That's the end of the interview with Doctor Higgin.

END OF TAPE ONE - SIDE B.

END OF INTERVIEW

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