More Complex than a Stereotype: Australian POW Doctors and the Japanese in Captivity, 1942–45[1]

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WHEN AUSTRALIAN DOCTOR MAJOR HUGH RAYSON WROTE IN HIS DIARY, 'Oh the cursed Japanese—how I hate them', he expressed the sentiments of many Australian prisoners of war who endured Japanese captivity during World War II.[2] Some 22,000 Australian service personnel were held prisoner by the Japanese military from 1942 to 1945, along with many thousands of British, Dutch and American troops.[3] While imprisonment under other Axis powers was by no means easy, prisoners of war (POWs) of the Japanese represented the most unfortunate of an unfortunate lot. Thirty-four per cent (or 7412) of Australians in Japanese camps died in captivity in desperate and degrading conditions, compared to a 3 per cent mortality rate for those in European POW camps.[4] Care by medical personnel was a significant component of every prisoner's experience and those Australian prisoners who did return home largely attributed their survival to the work of 106 medical officers and several hundred orderlies.

The experience of medical personnel in captivity under the Japanese was diverse. Over three and a half years they found themselves working in a variety of environments and conditions, from the Japanese home islands to the isolation of Ambon and Hainan. Some Australian doctors remained for most of their time as POWs in Changi, Singapore—a huge, well-organised, and comparatively autonomous camp with an established barracks infrastructure—while others were sent with work parties to primitive jungle camps in Thailand, Burma or Borneo. Some had limited medical supplies and equipment they had brought into captivity, while others had to use whatever they could lay their hands on to create medical tools and treatments. And some were with teams of Australian and other Allied colleagues with whom they could consult, while others could find themselves not only the sole doctor, but the sole officer in a camp. The doctors themselves were a mixed bunch, ranging from experienced surgeons to GPs in their twenties barely out of medical school. Throughout captivity, they were forced to practise medicine with virtually no equipment or drugs, treat-

ing patients malnourished and weakened from a starvation diet, regular physical abuse and often back-breaking work.

This article will explore two main areas of the relationship between captors and Australian POW doctors. Firstly, the composition of the Japanese camp staff with whom Australian medical personnel came in contact and the nature of these various relationships; and, secondly, how the different cultures and motivations of the captor groups, and the understandings and expectations of the POW doctors themselves, affected the relationships between them.

In the early days of captivity in Changi, Australian POW medical personnel had very little to do with their captors: this soon changed. From early 1942, contact between Australian doctors and the Japanese—whether in Singaporean work party camps, or those in Thailand, Japan and various other islands—increasingly became a grim part of daily life. While other ranks were a nebulous mass to the Japanese, as captivity continued and more men began to die, POW doctors, who stood out due to their crucial roles, became personally known to Japanese camp staff. While there were exceptions, the majority of captors made captivity a terrible experience for all Allied prisoners, and one of great personal and professional frustration for medical officers. As an ally of the British in World War I, the Japanese had been known for their excellent care of a large number of German POWs.[5] In doing so, Japan had ‘sought to secure recognition as a civilised nation by introducing international law, almost in direct translation, and affording it strict enforcement’.[6] Charles G. Roland argues that between the wars Japanese culture underwent an intense militarisation, intertwined with ideas of nationalism and race: ‘Part of the nationalistic revival included the strong support of old ideals. One of these was *bushido* and the spirit of the samurai.’[7] Education in this period, termed by Saburo Ienaga as ‘khaki-coloured curriculum’, emphasised the glory of military service and the utter dishonour of defeat or capture.[8] During the 1930s, ‘Japanese politics seethed with conspiracies, ideological movements, and secret societies that rejected liberalism, capitalism, and democracy as engines of weakness and decadence’.[9]

According to the intensely militaristic Japanese *bushido* code, becoming a prisoner of war was shameful. Thus, the 1941 Japanese field service code included the directives: ‘You shall not undergo the shame of being taken alive. You shall not bequeath a sullied name.’[10] As a result, the Japanese military renounced any of their own soldiers who were captured, and so considered themselves to have no reciprocal obligation to care for their enemies. By World War II, Australian medical officers faced Japanese military personnel who did not care about the welfare of their prisoners, and quickly realised that the 1929 Geneva Conventions on the treatment of POWs would not be observed.

In Australian cultural memory, Japanese captors of Australian prisoners are usually portrayed as barbaric people with little or no respect for human life. Unlike some perceptions of the Australian war experience, this representation is to a large degree accurate. Evidence of Japanese captors' apathy, negligence and outright brutality towards Allied POWs during World War II is considerable.[11] Yet the belief that the Japanese military were a homogeneous group who behaved in a cohesive manner is an oversimplification. Like any military hierarchy, Japanese camp staff consisted of various groups—command and administration, guards and medical personnel. No single group held a monopoly on neglect or brutality, but each represented for Allied doctors a distinct and complex relationship.

Japanese camp command and guards

The Japanese commanders who ran each POW camp generally were indifferent to the health of their workforce. To them, POWs were an expendable and nearly inexhaustible labour supply for the military's many projects—railway and bridge building, mining and factory work—across Asia. When Japanese officials inspected daily sick parades, they invariably declared most patients fit to work, despite constant protestations by Allied medical personnel. As a rule, the Japanese reserved their harshest treatment for the sickest prisoners. They were only given half rations (supplemented by camp canteens or black market supplies where possible), and if there were too many sick to fill a daily work quota hospital patients would be forced to work. The Japanese rationale was that the starving of prisoners would force them to work: 'The inevitable result was that hundreds of men died in a condition of extreme emaciation and complete despair.'[12] On the Burma–Thai Railway in 1943, Lieutenant Colonel Edward 'Weary' Dunlop wrote that not only did Japanese sick parade inspections ignore illness, they actually made a point of punishing the afflicted men, regarding sickness as a crime and singling sick men out for what Dunlop called 'specific treatment'—such as men with inflamed feet made to walk on rough ground, labouring and hauling logs in the jungle.[13]

The greatest concern for medical officers was that most basic of human needs—food. Without sufficient nutrition, men grew increasingly weak and susceptible to a variety of medical problems. Throughout captivity, doctors battled a range of conditions: malaria, dysentery, starvation and physical abuse, vitamin deficiency diseases such as pellagra and beri-beri, dengue fever, tropical ulcers, and trying to control outbreaks of the most deadly disease, cholera. Japanese Command complained about the high rates of sickness, yet would not

provide the food necessary to sustain the POW workforce. The basic subsistence level in many camps was not adequate for survival, let alone when heavy labour was also a part of daily life. Lieutenant Colonel Albert Coates wrote that on the Railway, men were frequently weighed, as Japanese logic dictated that the more weight prisoners lost, the less food they would need.[14] Major Howard Eddey recorded an experience at Sandakan where rice polishings (containing badly needed Vitamin B) designated for the prisoners were fed to camp pigs, 90 per cent of whom were then eaten by the Japanese. He wrote: 'The priority, we considered, was pigs and prisoners next.'[15]

Medical supplies were the second highest priority. From basic items such as Atebrin and quinine for malaria, to bandages and bedpans, supplies were always lacking. Entreaties to Japanese command for such essentials were usually ignored. In a typical incident in a Thai camp in June 1944, the Japanese felt justified in reducing doctors' meagre supplies, including quinine, following a rare distribution of Red Cross parcels. As a result, quinine could be given only to severe malaria cases. When a senior medical officer (SMO) asked a Japanese doctor for more quinine he was told to '[a]sk Mr. Churchill for some'.[16]

The only outsiders who ever came to visit camps were Red Cross representatives, that is, if they even knew where they were. At St Vincentius Hospital in Batavia, Lieutenant Colonel C. W. Maisey, RAMC (Royal Army Medical Corps) recorded that International Red Cross representatives were refused entry altogether, accused by the Japanese of being spies.[17] Red Cross parcels, often credited with the high survival rates of Allied POWs in German camps, were rarely distributed in Japanese camps, and were often ransacked first or completely withheld.

Physical abuse

Prisoners of the Japanese lived with the constant threat of physical abuse. The scale of punishments across all Japanese camps were varied—from the withholding of rations (ultimately as dangerous as any other punishment), to frequent beatings and torture. In one example, in a camp near Saigon in 1944 two Australian POWs were caught pilfering Red Cross parcels that the Japanese had refused to distribute. The men were tied up, beaten repeatedly for days and given the 'water treatment'—force fed water through a hose after which guards would jump on their bloated stomachs.[18] Tellingly, Dunlop commented that there was little point keeping a record of every beating doled out by their captors:

> There were incessant examples of beatings and sadistic treatment of people, so many that it was a kind of routine and unless someone was actually killed, we did not deal with them.[19]

Should a prisoner be caught trying to escape, he would be executed in front of the camp, and usually some form of punishment would be applied to the entire camp as a lesson.

In medical reports written by POW doctors, there are some remarkably understated references to Japanese brutality. In reports on Nong Pladuk and Ubon camps in Thailand, Captain R. W. Lennon, RAMC and Major E. A. Smyth, RAMC recorded that men had worked for up to seven weeks without a break and that beatings by guards occurred daily. He described the injuries they suffered:

> nothing more serious than depressed fractures of the Malar Bone [upper jaw], fractured mandible [lower jaw], broken noses, loss of teeth, sub-conjunctival haemorrhages, concusions [sic], scalp wounds, contusions, spinous process of cervical vertebrae and one serious case of intestinal contusion following kick in the abdomen.[20]

These were described as relatively good camps. Perhaps when physical abuse became part of daily life, perspective on its severity was somewhat dulled.

POW medical officers themselves attracted physical abuse because of their important and unique positions. In many camps they were frequently, sometimes daily, slapped or bashed, while making constant attempts to protect sick men from being forced to work. It was up to the doctors to justify to the Japanese why some men could not work, and their reasons were usually not accepted. Lennon wrote that after one week on the railway, Japanese command

> declared that the British Doctors were liars and that they were deliberately keeping men in camp on the pretext of illness, and slowing work on the railway. They then struck each MO [Medical Officer] several heavy blows on the face with their fists.[21]

Psychological abuse

The psychological abuse of prisoners and medical officers was often as cruel as the physical violence. A particular theme in the relationship between medical personnel and the Japanese camp personnel was the unpredictability of the latter's behaviour. Recriminations and pun-

ishments were often meted out for spurious reasons. If a captor wanted to beat someone, an excuse was convenient but certainly not necessary. Maisey emphasised that ‘anyone who interfered with the Japanese… was likely to receive at the very least a most severe bashing’. He observed that over time the fear of corporal punishment from the Japanese ‘produced a pathological reaction in the majority of the prisoners of war’.[22]

This sense of their captors’ unpredictability often extended to individuals, who could display a confusing range of emotions and behaviour. For example, Captain Rowley Richards of ‘A’ Force wrote on 16 February 1943 that ‘Lt Asoto professes sympathy for sick; was unable to watch a boy’s hand being sutured but immediately afterwards beat one of his guards insensible’.[23] Similarly, in a hospital camp in Java, Maisey reflected on one of his captors: ‘it is difficult to understand a man who can severely beat a dentist in the morning, as did Lt Sonne, and then come for dental treatment in the afternoon’.[24] These contradictory natures were hard for both prisoners and doctors to cope with, and meant that they lived in a perpetual state of uncertainty as to what each day would bring.

Japanese camp command often randomly and cruelly interfered with POW doctors’ initiatives to alleviate the lack of food and vitamins. Although vegetable gardens at Changi and other large camps often flourished, doctors’ attempts elsewhere to produce badly needed sources of vitamins were not always successful. Captain J. J. Woodward of the Indian Medical Service recalled that in one camp he planted many tomato plants to combat neuritis and pellagra, which were causing vision problems in some men. When the tomatoes were almost ripe, a Japanese officer pulled them out. Woodward wrote: ‘For those whose vision was failing, the removal of this one of their last hopes was unbearable’.[25] There are many other examples of captors frustrating the efforts of doctors either directly, such as in withholding supplies, or indirectly, such as destroying hand-built medical equipment.

Camp guards

Most acts of physical and psychological abuse against POWs occurred as a result of their daily interaction with the ever-present camp guards. The brutality shown by these men towards the POWs is often attributed to the Japanese military code, in which discipline was founded on the right of a superior to beat subordinates, a fact not initially understood by most Australian prisoners. Many doctors were shocked by the physical abuse that seemed a normal part of the Japanese military. Major Bruce Hunt noted that the lower ranks ‘were particularly brutal in the

presence of their officers'.[26] In this system, Allied prisoners were at the end of a long, abusive chain of command.

Yet among the guard group, there was also an important delineation: many were conscripted Korean soldiers.[27] To the Japanese, Koreans were only slightly better than the Allied prisoners. For their part, the Koreans would have felt little loyalty towards Japan, which had invaded and brutalised their country for decades. One Korean POW guard, Kasayama Yoshikichi, said of his feelings toward the Japanese:

> After the first couple of years, we didn't hide our feelings any longer… 'Do you think we're going to let you shit on us till we die?'… The Japanese apologised and grovelled when they didn't have their rifles.[28]

One doctor witnessed three Korean guards attack a Japanese captain in his sleep, and one of the guards repeatedly asked the doctor for poison to kill this officer.[29]

When former POWs talk about Japanese cruelty, many then state something like, 'but the Koreans were the worst'. Most POW doctors explained the Koreans' particularly vicious behaviour towards prisoners as a trickle-down effect: the Koreans were abused and frustrated and, accordingly, took out their anger on those they could—the prisoners. In many ways, differences in treatment of the POWs from camp to camp could be based solely on the nationality of their guards. At Nakon Patom camp, Thailand, Lieutenant Colonel J. W. Malcolm, RAMC noted that the Japanese staff there left the prisoners and doctors alone, whereas the Korean guards were the opposite.[30]

Communication with captors

Significant differences existed among Australian POW doctors in their personal dealings with the enemy. Some, like Dunlop and Hunt, were known for being aggressive and confrontational. Others worked by compromising with the Japanese, where possible, so that when something really important needed to be negotiated they might be more responsive. Some of these doctors are unfairly remembered as being weaker, or 'Jap-happy'. Interestingly, Dunlop acknowledged that his confrontational style of communicating with the Japanese, for which he was later renowned, was not always effective: 'In time, I learned that unflinching confrontation was not in the interests of those for whom I cared, and a few Japanese won my respect and even liking.'[31]

While Allied medical officers picked up phrases and basic sentences in Japanese, few sought to learn their captors' language, preferring instead to rely on interpreters or to write letters to their camp com-

mandants in the formal and conciliatory style that they soon learned was often the most effective form of communication. Always written in English, these letters often requested official interviews on behalf of the doctors and other officers, or forwarded reports detailing the medical condition of the men and appeals for more food and medication. In most cases, these entreaties were ignored. Regardless, doctors persevered in their efforts to gain more food and supplies, and to communicate to their captors that men were dying all around them.

The reactions of Allied doctors to the practices of their captors were inextricably bound up with ideas of race, ethnocentricity and an ignorance of Japanese culture. In 1942, most Australians knew very little about the Japanese, or of Asia as a whole, and doctors were no exception. Based on their medical training, doctors were accustomed to a life that revolved around Western ideas of rationality, logic and empiricism. When the behaviour of the Japanese did not respond in accordance with what medical officers thought were the logical assumptions expected of military personnel, the disparity created bitter frustration.

Japanese attitudes to POW medical personnel

It is difficult to find an Allied medical officer who believes that their captors treated them better than other prisoners: the Japanese certainly did not recognise the separate legal status of medical personnel in war under the 1929 Geneva Convention. One doctor was told by Lieutenant Fukuda, commander of Shimo Songkurai Camp, that 'International Law and the Geneva Convention do not apply if they conflict with the interests of the Japanese army'.[32] Consequently, as time went on, many doctors did not even bother to keep their Red Cross cards. In one camp, in March 1944, when the Japanese declared that medical personnel would be paid upon the production of their Red Cross cards, none were to be found. 'A number of blank cards existed in the Camp,' one doctor wrote, 'but they had all been cut in half and were being used for such games as "Monopoly".'[33]

Apart from being in the unenviable position of acting as a buffer between sick POWs and the Japanese, medical officers were also the only group of prisoners who actually had something to offer their captors—medical expertise. Japanese soldiers of all ranks sought treatment from Australian doctors, particularly in the case of venereal disease as they would be punished for presenting with this to their own doctors. In exchange, doctors would ask for supplies of food and medicine. Captain Leslie Poidevin, for example, performed circumcisions on those of his captors who believed that circumcised men went to the front of the queue in brothels.[34] This mutual exploitation was

a good arrangement where it was possible. While some doctors confessed to a private reluctance to treat their captors, none recalled an ethical difficulty in doing so. Richards recalled that '[i]t's very difficult to withhold your medical knowledge from anybody irrespective of who they are'.[35]

In general, contacts between Australian POW doctors and Japanese command and guards were personal and constant, forming a reluctant symbiotic relationship. The Japanese relied on POW doctors to keep the men well enough to work on various military projects, and the doctors needed the Japanese to provide food and medical supplies. That the doctors were occasionally useful to their captors was advantageous, but ultimately it did not protect them from systematic persecution.

Japanese medical personnel

Just as Japanese camp staff were not a homogeneous group, neither were Japanese medical personnel. There were varying degrees of contact between Australian and Japanese medical personnel, usually during inspections of camp medical facilities by the latter although larger camps had a permanent resident Japanese doctor or small medical attachment. While it is in some ways understandable that Japanese commanders and guards did not believe in preferential treatment for enemy doctors, Allied doctors' Western notions of a professional fraternity brought an expectation that their Japanese counterparts would have a sense of mutual respect for them that 'rose above' the military context. This was rarely borne out in captivity. Accordingly, the greatest challenge to the expectations and cultural values of Australian doctors lay in their relationship with Japanese medical personnel. For although these captors were no harsher than Japanese commanders and guards, the Australian medical officers were most distressed when a Japanese doctor was cruel, as if it were a personal *and* professional betrayal. Their professional self-identity and *esprit de corps* sustained Australian doctors through captivity. However, when it came to their Japanese counterparts, Australian doctors condemned them on two levels—humanitarian and professional.

In one case in Burma in 1943, a Dr Higuchi forced Coates to record 'diarrhoea' on the death certificates of thirty men who had died from amoebic dysentery. Higuchi also prevented medical officers from conducting autopsies to determine exact causes of death and thereby learning more about the pathologies of those conditions that were killing prisoners—particularly important for those tropical diseases of which very little was known at the time.[36] Even when autopsies were permitted, medical assistance was not guaranteed. When Coates, after

finally being allowed to perform post-mortems on amoebic dysentery patients, showed his evidence to Higuchi and asked for emetine to treat the condition, the latter stated that as Coates did not have a microscope, he could not conclusively prove the diagnosis.[37]

After the war, when asked by the Australian War Crimes Board of Inquiry whether he considered Higuchi to be 'neglectful', Coates answered:

> That would be my view; it may not be the Japanese view. His argument would be that he was under orders; but as a doctor I take it he has certain duties to sick men.[38]

This was a sentiment expressed by many other Allied medical personnel in relation to their dealings with Japanese doctors.

Major Max Pemberton, RAMC, for example, while SMO of Chungkai and Tamuang POW hospitals in Thailand, wrote of many instances where he had been shocked by the callous behaviour of Japanese medical personnel. In January 1945, when men were still being sent on work parties, a Japanese doctor inspected 836 sick POWs, many with acute malaria, and declared most fit for work. When asked how long a man should remain off duty with malaria, the Japanese doctor suggested two weeks. When it was then pointed out that he was recommending prisoners be sent to work on the second day of a malarial attack, the doctor said that 'he was judging by general appearances and these men that he picked out were fit enough for work'.[39] Five months later, Pemberton was still protesting, but on 10 June, 300 sick men were made to work. Pemberton recorded that when medical officers protested against sending sick men to work a Japanese sergeant replied that he was 'not particularly concerned whether prisoners died or not since there were plenty of padres to bury them'.[40]

There are many documented cases of Australian doctors being forced to watch Japanese medical personnel perform rough examinations, prescribe what they considered absurd treatments and, in some cases, conduct medical experiments on their patients.[41] In Java in October 1943, Maisey wrote of a Dr Yamani who visited 'one patient with a very distended gall bladder he palpated so violently that the patient vomited'.[42] In a Tokyo camp, Private Mick Ryan described receiving a Japanese beri-beri treatment, in which three pieces of cotton wool were placed on his leg and set on fire. He recalled: 'They would burn away and burn into the flesh causing ulcers—it was dreadful, after 40 years, the scars are still on my legs.'[43] In another example, an Australian doctor was forced to sign a document stating 'he understood that he was ordered not to let any more men die. This was during an epidemic of pneumonia in a bad camp with severe dysentery and beri-beri.'[44]

When it came to beatings carried out by Japanese medical personnel, doctors fared no better than other prisoners. Some even found the indignity of remaining stoic in the face of systematic abuse harder to bear when it was administered by 'colleagues'. Apart from such abusive treatment, the refusal by Japanese medical personnel to take heed of POW doctors' professional knowledge and experience caused great frustration. For among Allied doctors it is clear that, while military rank was important, medical experience came first. As time went on, they increasingly came to regard many of the Japanese medical personnel as little more than glorified first aid workers. Although some had been trained in Western countries, many Allied doctors questioned their captors' medical knowledge and expertise.

The Western-based Japanese medical profession was established in 1870, and by 1900 Japan had its own medical course at the Imperial University. It was heavily influenced by the German medical tradition, one that from 1870 to 1914 was considered unequalled in the world.[45] By World War II, however, such international esteem appeared outdated. Lennon's sentiment that '[a]ll Japanese doctors and NCOs [Non Commissioned Officers] were appallingly ignorant of medical knowledge' was a typical comment on their skills.[46] In some cases, Allied doctors were certainly right in their assessment of their Japanese counterparts. In 1942, at Tamarkan camp on the Railway, Major Arthur Moon noted that the Japanese medical orderly ostensibly in charge of the 2000 Allied POWs had been a 'rice laborer' before the war.[47] These adverse judgments undoubtedly do not apply to Japanese army medical professionals as a whole; as with commanders, the best doctors were most likely deployed with fighting units. This was certainly a common rationale expressed by Allied officers when musing on the qualifications of all their captors.

Cultural differences were extremely significant in understanding the relationship between Japanese medical personnel and Allied doctors. Many Japanese medical personnel had trained overseas, spoke good English, and some identified as Christian. The Australian doctors, however, found it disturbing that the pervasiveness of the Japanese military indoctrination seemed to override any sense of professional collegiality. It was as if any brutal behaviour by Japanese medical personnel somehow demeaned the position that Western doctors held, coming as they did from an era in Australia where doctors were considered almost above criticism. Captain Bill Hetreed, RAMC, recalled meeting a 'properly qualified Japanese doctor' who had been trained in Germany, but was surprised that after a long conversation he seemed to still be as 'Japanese' as the rest. He said to Hetreed: 'Of course, if I was in your position, I should have to kill myself… because I couldn't go back to Japan, having been taken prisoner and made to work.'[48]

The exceptions

Another small but significantly different group of captors was the one made up of those few who helped Allied doctors, either in attitude or action. In the case of Japanese combatant officers, this usually took the form of ignoring doctors rather than actively giving assistance. Some camp guards, however, would help to procure goods for doctors, or turn a blind eye to local black market trading for food or medical supplies. A number of those guards who were sympathetic to the prisoners were Korean. One plausible explanation is that as colonial subjects of Japan, they despised the Japanese as much as the POWs did, thereby creating a bond, however tenuous. In captivity, Lieutenant Colonel Glyn White became friends with a Korean guard known as Azuarma. White and another Australian doctor, Colonel Hedley Summons, taught the guard English and in exchange, Azuarma smuggled medication to them periodically and protected them from other captors. In 1969, White happened to pass through Korea and found Azuarma under his Korean name, Kim Yung Duk. White wrote that apart from reuniting with his wife in 1945, 'I don't think I have ever experienced such an emotional reunion'.[49] After a friendship that lasted many more years, White gave the oration at Kim Yung Duk's funeral.[50]

In another instance, Maisey wrote a glowing report of a Japanese doctor who was of great assistance to him. According to Maisey, Dr Mitsufutsi

> devoted every care and attention that he was able to our welfare, but he had no powers of discipline, and was always getting into trouble with his senior officers for trying to do anything for us.[51]

When Maisey witnessed Red Cross parcels intended for POWs being sold in Batavia by the Japanese, Mitsufutsi intervened and locked up the parcels, giving the key to the Allied medical dispenser.[52] It is pertinent to remember that Japanese personnel were always under the watchful eye of their superiors, and as such their choice of whether or not to aid prisoners had to include considerations of personal recrimination should they be caught. In a camp in Japan, two Japanese doctors who tried to help Captain Ian Duncan paid the price; both were moved from the camp and one was declared insane.[53]

While the behaviour of such individuals was erratic, when they did give aid it was gratefully accepted. In war crimes trials' statements, Australian doctors and other officers were quick to name those captors who had been helpful to them. However, perhaps such incidences of kindness, as recorded in doctors' memoirs or interviews, are so well remembered because, generally, they were rare. There are no discernible

patterns as to why these particular individual captors took risks to help their enemies. Whether it was a form of rebellion against their own superiors, a sense of personal morality that differed from their comrades or, in the case of doctors, professional fellowship is difficult to determine.

After the war

Recriminations for their treatment of POWs only became a salient consideration for the Japanese towards the end of the war, when the fortunes of their allies soured and defeat became a possibility. In early to mid-1945, the change in behaviour was plain, particularly after Germany had been defeated in Europe. Red Cross parcels and mail were distributed more often, beatings became less frequent and doctors were allowed to do their jobs with less interference. This would suggest that Japanese POW commandants recognised that the way they were treating prisoners was wrong, at least in the eyes of the West.

Despite this erratic behaviour, as the war drew to a close it is clear that the relationship between POW doctors and their Japanese captors remained mostly difficult and abusive. Indeed, some Japanese took the change in their fortunes as a signal to prepare to execute all of their prisoners. Those unfortunate Allied POWs still surviving in Sandakan in 1945, for example, were marched to their deaths as the Pacific War drew to a close. And at Mergui Road Camp, prisoners were ordered to build a system of machine-gun posts trained on the camp hospital barracks.[54]

Former Australian POW medical personnel have tried to make sense of their treatment at the hands of the Japanese during captivity. Some have speculated that for many of the Japanese camp personnel, who were often either retired or failed officers, being in command of Allied POWs was akin to imprisonment or at least great disgrace. As the MO of Oeyama POW Camp in Japan in 1943, Surgeon-Lieutenant Samuel Stening noted that the most brutal captors were also those who were medically unfit for the Japanese army, suggesting that this might have influenced their feelings of frustration.[55] Others have offered rationalisations such as that their captors often did not have enough food or supplies, and were under extreme pressure from their superiors to finish building projects on time and so on—as if they could not help how they behaved. This is, however, not a common attitude among other POWs.

Exploring the motivations of Japanese personnel in this context is problematic. Not surprisingly, there is no active or comprehensive dialogue of experience taking place among former Japanese camp staff

as there is among ex-POWs in Australia today. The immediate post-war period in Japan was, perhaps ironically, the most open time for discussion of the country's role in the war, with a frank discourse in government and academic circles, and a national desire to face the realities of the war and begin the slow physical and psychological reconstruction of the nation. The first post-war textbook, entitled *Our Nation's Path*, even stated that: 'The Japanese people suffered terribly from the long war. Military leaders suppressed the people, launched a stupid war, and caused this disaster.'[56]

The 1950s, however, witnessed a complete turn-around in accepted war history in Japan. When a former war criminal, Nobusake Kishi, became Prime Minister in the late 1950s he 'legitimised a great deal of wartime practices and marked the beginning of the distortion of some of the wartime atrocities'.[57] As Yoshikuni Iragashi writes: 'post-war Japan's relation to its past is filled with tension'.[58] He argues that in order to rebuild their devastated nation, the Japanese embarked on a collective process of actively forgetting their war experience.[59] Similarly, Ian Buruma writes that, in terms of what Japanese schoolchildren are taught about the war,

> Japanese school textbooks are the product of so many compromises that they hardly reflect any opinion at all. As with all controversial matters in Japan, the more painful, the less said.[60]

During their captivity, Australian POW medical personnel experienced personal and professional frustration, constant struggle and a deep sadness, especially in their relationship with Japanese medical colleagues. They were frustrated by their differing understandings of the value of human life and the shame inherent in surrender, and their inability to prevent the cruel and inconsistent behaviour of their Japanese captors. As for the latter, apart from a few exceptions, they generally adhered to an intense militarism and contempt, or at the very least apathy, for the welfare of Allied POWs. They mostly hampered Allied medical officers' efforts to work in their professional capacity, and were often directly responsible for the doctors' inability to save more lives.

POW medical officers seemed to be able to juggle their various roles according to their professional code: one minute, 'one of the men'—commiserating with their patients and trying to keep their spirits buoyed—and the next, ministering to Japanese or Korean soldiers, considering them just another patient they felt duty-bound to treat. Although this might have caused some personal conflict, it was not strong enough to override their sense of professional obligation. It is curious, too, that the Japanese, while relying on the professionalism and unique skills of these foreign doctors, still treated them as badly

as the other prisoners. But most Japanese camp staff continued to see medical officers the way they saw all of their prisoners—as members (albeit non-combatant) of an army that had failed and as individuals who had allowed themselves the shame of being captured, regardless of their role.

However, the groups among the captors were diverse and cannot be stereotyped. Each represented both a distinct challenge to the POW doctors and a separate relationship to negotiate, thereby adding to the overall pressure on them in captivity. Their ignorance of Japanese culture, and the strength of their own, also had an important influence on how they perceived their captors. Yet, over time and after frequent contact with their captors, Australian medical officers' efforts to understand differences in the hierarchy and the motivation of the various groups enabled them to keep alive as many of their patients as possible.

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1. Unless otherwise stated, all officers referred to in this article are Australian medical officers. British medical officers are distinguished by 'RAMC' (Royal Army Medical Corps) after their names.

2. Major Hugh Rayson, personal diary, PR00720, Australian War Memorial (AWM).

3. Department of Veterans' Affairs, 'The Australian P.O.W. Story—Courage and Mateship in Adversity', *Australia Remembers 1945–1995 Series*, Dept of Veterans' Affairs, Canberra, 1995.

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5. Philip Towle, 'Introduction ', in Philip Towle, N. Margaret Kosuge & Yoichi Kibata (eds), *Japanese Prisoners of War*, Humbledon & London, London, 2000, pp. xi–xiii.

6. Ikuhiko Hata, 'From Consideration to Contempt: The changing nature of Japanese military and popular perceptions of prisoners of war through the ages', in Bob Moore & Kent Fedorowich (eds), *Prisoners of War and their Captors in World War II*, Berg Publishers, Oxford, 1996, p. 253.

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