

A PHARMACIST AS A POW ON THE BURMA THAILAND RAILWAY -
ATHERTON Fredric Henry-Sgt-TX5122-Pharmacist-2/4 Casualty Clearing Station

Fred Atherton was born in Launceston on 18 January 1917. He was educated in the Launceston area and commenced a four year apprenticeship at Hatton and Laws. He joined the 2/4 Casualty Clearing Station (CCS) in Hobart on 30 December 1940. It seems he was one of two pharmacists in the unit. The other pharmacist was Bevan Warland Browne and it is hoped that his story will be published in due course. Fred's detailed account of his time as a serviceman and as a Prisoner of War follows. One part of the story is an incredible account of when in Burma he was placed in a Malaria Survey Unit. This unit was raised by the Japs and had a mix of Japs and POWs in it's total strength of 20. The role was to take a blood slide for malaria from every human in the area i.e. the first 50 kms from the northern start of the line. The equipment and accommodation was very good, but, as nothing was done with the information gained, it could only be described as a farce. Read on and appreciate this absorbing story.

Fred was presented with the British Empire Medal in 1948. The citation follows this page.

NAME	ATHERTON, Frederic Henry						
Award	B. E. M.	Reg. No.	TX 5122	Rank	SGT.	Service	A. M. F.
Recommended by Governor-General on					4/7/46.		
Promulgated in London Gazette on					6/3/47.	G. H. File	A. M. F. O/A 43.
Promulgated in Commonwealth of Australia Gazette on					6/3/47.		
Citation (G. H. File	AMP O/A 43) Valuable service as POW in MALAYA, BURMA & SIAM.						
Insignia received from London	25/9/47.	FM LONDON.	2/3/48.		G. H. File	L/120.	
Insignia presented by	The Governor-General						
At Government House, Hobart,	On	18/2/48.			G. H. File	HOBART/7.	
Address of recipient on presentation date	28 Pedder Street,						
	<u>LAUNCESTON.</u>		<u>TASMANIA.</u>				
Remarks							
Other Awards							

Fred Atherton passed away 18 May 1988.

The assistance of his daughter Robyn Rourke and her husband Neville is acknowledged. They provided the hard copy of the story and photographed Fred's Mess Tins, providing a pictorial summary of where he serviced from 1940 to 1945. Lt Col Peter Winstanley OAM RFD (JP) email pgwinstanley@cambraivillage.com.au website www.pows-of-japan.net



HONOURS AND AWARDS.

BRITISH EMPIRE MEDAL (MILITARY DIVISION).

SERGEANT FREDERIC HENRY ATHERTON.

(TX5122)

C I T A T I O N .

Sergeant ATHERTON was a Prisoner of War in Japanese hands from FEBRUARY, 1942 to AUGUST, 1945, in MALAYA, BURMA and SIAM. During the bombing of TAMARKAN Prisoner of War Camp early in 1945, he led a stretcher party and rescued two men from an exposed position while the camp was still under machine-gun-fire from aircraft, showing courage of a high order.

Sergeant ATHERTON also exhibited outstanding devotion to duty under difficult circumstances over the whole period during which he was a prisoner of war particularly for untiring work at a microscope in the diagnosis of several diseases.

FRED, H. ATHERTON, B.E.M., Ph.C., M.P.S.1917 - 18-5-1988

HATTON & LAWS

1957 - 1987

Fred Atherton was the eldest son of Nellie Irene, daughter of Frederic Holmes Snr., and Tasman Henry Atherton. His parents were married at St. John's Church, Launceston on March 8th, 1916, and he was born on January 18th of the following year. A brother Geoffrey arrived in 1919 and a further brother, Louis, was born in 1925. Louis unfortunately died in infancy.

Both brothers completed their primary education at the East Launceston State School and then moved to the Launceston High School, which is now the Matriculation College in Paterson Street. Fred passed his matriculation Examination in October 1933 and was apprenticed to his uncles Chas.O. and Fred T. Holmes at Hatton & Laws on January 26th of the next year. The apprenticeship term was four years.

At that time an apprentice was allowed one half day a week away from work in which to attend afternoon lectures, the remainder of which were given three evenings a week at the Launceston Technical College. The practical dispensing was learnt in the Pharmacy under the supervision of a qualified pharmacist. The wage during the first year was 7/6 (75 cents) a week and during the second year £1 (\$2). Considering that the working week was forty-four hours, Monday to Friday 9 a.m. to 6 p.m. and Saturday 9 a.m. to 12 noon, and the amount of study that needed to be done, an apprentice had very little time left for leisure. Fred allowed himself Saturday afternoon, during which he played football or cricket, and Saturday evening at a social gathering or a cinema. He

was a better than average sportsman and played senior cricket as a fast bowler and played at centre-half back for the High School Old Scholars (Churinga) football team in the Amateur League. He was twice selected as the "Best and Fairest" in the Northern Amateur League. He passed the Pharmacy Examination in December 1938 and his certificate, No.84, was dated and presented on the 16th of the following month.

After working at Hatton & Laws, Charles Street, as a qualified pharmacist for twelve months he followed the family tradition of gaining experience in Victoria, and joined the staff of Henry Francis & Co., in Collins Street, Melbourne. He arrived there during a week of excessively high temperatures, over 100F° day and night, which culminated on the Friday in the disastrous bush-fires in Gippsland. That day came to be known as Black Friday. After ten months in Melbourne, he returned to Launceston on leave, where he learned that a Tasmania Medical Unit was being formed to go overseas with the 2nd A.I.F. He applied for and obtained one of the two positions of Sergeant Dispenser in the 2/4th Casualty Clearing Station A.I.F. The other pharmacist selected was Bevan Warland Browne, also of Launceston.

Mr.F.H.Atherton Ph.C. became Sgt.F.Atherton TX5122, A.A.M.C., A.I.F. on December 31st, 1940 and moved into camp at Brighton in Southern Tasmania. As it was a Medical Unit and all the key personnel were working



TX5122 SGT.F.H.ATHERTON
MALAYA 1941.

at their civilian occupations very little military training was necessary. Sgt. Atherton was selected to go to Melbourne and assist in checking and packing the unit stores and equipment. He had seven days final leave and left for Victoria on his 24th birthday, January 18th, 1941. The remainder

of the unit arrived at Royal Park, Melbourne, at the end of January and a few days later, after an over-night train journey, joined the 8th Division A.I.F. on board the "Queen Mary" in Sydney Harbour.

The 2/4 C.C.S. on board the "Queen Mary" arrived in Singapore in the middle of February 1941 and then moved by train to a village called Kajang, about 17 miles south of Kuala Lumpur. There they set up an hospital in a two-storied concrete building which was normally a school. The unit personnel lived in wooden huts which had been built on one side of a very large sports oval. Sgt. Atherton was sent for a month to the Institute of Tropical Medicine in Kuala Lumpur to learn the microscopic recognition of the Malarias, the dysenteries and tropical intestinal parasites. He was appointed the unit pathologist.

After the Japanese invasion of Malaya the unit moved south setting up a succession of hospitals in rubber plantations. Because of Japanese air supremacy all work was done at night when the ambulances could safely bring the wounded from the front line. Sgt. Atherton examined blood slides of all fever patients and then acted as relief Anaesthetist in the operating tent until all the casualties had been treated. The hospital's final site in Malaya was the Jahore Bahru Mental Asylum. It then crossed the causeway and after two more moves was finally incorporated in the 13th Australian General Hospital which had been established in St. Patricks College on the south coast of Singapore Island. Sgt. Atherton was working in that hospital when Singapore surrendered.

His story of $3\frac{1}{2}$ years as a Prisoner-of-War in Burma and Thailand adds nothing to the story of Hatton & Laws, and is told in a separate chapter. What does concern that history is that he survived, returned to Launceston in October 1945 and re-commenced at the pharmacy in early January 1946.

On March 23rd, 1946, he married Betty Cockbain at St. Barnabus Church in Balwyn, Victoria, and the union produced two children, Kenneth John born on July 10th, 1947 and Robyn Joan born December 14th, 1950. They lived at 28 Pedder Street which had been purchased with Fred's accumulated and deferred pay, and this remained the family home until January 1972. By that time both children had left home and Fred and Betty seeking a more modern and a more convenient dwelling purchased 34 Lantana Avenue in the suburb of Newstead.

For the first few years after his return from South-East Asia, Fred was troubled by recurrent attacks of malaria and dysentery which necessitated numerous visits to the Repatriation Hospital in Hobart, but by 1953 he had recovered his health and gradually assumed more and more responsibility in the management of Hatton & Laws. Finally in 1956, due to the declining health of his uncle, C.O. Holmes, he took over the complete management of the business. On July 1st, 1957, he became the proprietor and the third generation of the Holmes-Atherton family to own Hatton & Laws.

Until the mid-sixties everything ran smoothly; Betty managed the clerical side of the pharmacy, Ken was following the family tradition and studying pharmacy and Robyn had decided to become an Occupational Therapist. Trouble arrived in 1968. During the previous ten years a war-time back injury had been causing Fred some inconvenience. The attacks became increasingly frequent and more severe until finally in June 1968, when immobilised by a particularly severe one, he was taken to the Launceston General Hospital by ambulance. Ten days later a fellow ex-P.O.W. Dr. Tim Hogg, operated on his back and removed the lumbar disc. The operation was a complete success and after eight weeks convalescence he resumed work. Fortunately at that time, Ken was doing his studentship at Hatton & Laws and he with Mrs. Gwen Bennell, managed the pharmacy during his father's absence.

For Fred 1971 was a year of near disaster. During the latter part of 1970 and the first half of 1971, his health declined steadily and he was admitted to the Hobart Repatriation Hospital in May and again in June. It took six months of tests and a very nearly fatal abdominal exploratory operation before it was discovered that his pituitary gland had been failing and finally ceased to function. Hormone replacement therapy was started and his recovery commenced immediately. During the operation a liver biopsy had been taken and had shown a heavy concentration of iron. Sixty-five weekly venesections at the Red Cross Blood Bank were needed to remove it. About eighteen months of these two treatments restored him to reasonable health and, although his physical activities were somewhat restricted, he was able to resume his full duties at Hatton & Laws.

He enjoyed an uneventful period of reasonable health until April 25, 1975, when he lost the use of his right eye. The sight was still there but the vision was completely clouded by a thick haze. This was diagnosed as a vitreous haemorrhage which would clear in time. Clear it did after several months, but the clearness of vision did not return. During his annual visit to the Repatriation General Hospital in March 1977, the Ward doctor suspected a tumour of the pituitary gland causing pressure on the optic canal. The hospital arranged for him to fly to the Royal Melbourne Hospital for a special E.M.I. Scan. This proved the presence of the tumour which was starting to affect the left eye as well as the right.

This reduced the options to two. Have the tumour removed or go blind. The tumour obviously had to be removed by surgery. The operation was performed by a neuro-surgeon, Mr. Duffy, and his team at the Royal Hobart Hospital on Tuesday May 10th at 9 a.m. It was most successful. The ailing right eye almost immediately started to recover and by the time the "two months no work" order had expired, was almost equal to the left, and so once again Fred Atherton resumed his duties at Hatton & Laws, 88 Charles Street, over forty-three years after he first commenced there as an apprentice.

However, 1977 still had not finished with him, because early September found him in the Launceston General Hospital with a

blood clot on his left lung, and then again in April 1978 with another clot in his left radial artery. In spite of immediate surgical procedures this necessitated the amputation of half the thumb and the first two fingers of the left hand. After a re-organisation of his work, as well as little things in his every-day life, he returned to Hatton & Laws in July.

THE HATTON & LAWS LETTERHEAD 1978.

Hatton & Laws

FRED ATHERTON, Ph.C., M.P.S.
KEN ATHERTON, Ph.C., M.P.S.

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SGT. F.H.ATHERTON, B.E.M., Ph.C.

2/4 C.C.S. 8 Division, A.I.F.

P.O.W. Feb.1942 - Aug. 1945

* * *

The last days before the fall of Singapore found most of the 2/4 C.C.S. attached to the 13th A.G.H. and working in the St.Patrick's College building at Katong. The hospital was far enough away from Singapore City to miss most of the bombing and shelling, although one shell did knock off a corner of the main building and a few mortar shells landed in the grounds. After the surrender the hospital continued to operate as usual for about a week until orders came to move the whole complex to Selerang Barracks about 14 miles away in the Changi area. The move was made by trucks provided by the Japanese but the new quarters were so unsuitable and so crowded that finally all the sick and injured were concentrated at the Robertson Barracks about a mile away. All the Australian and British medical units combined to run the hospital which had about 1,200 Australian patients.

On May 14th, 1942, 3,000 comparatively fit men left for Burma, and the 2/4 C.C.S. was chosen as the medical unit to accompany them. The whole force was under the command of Brigadier Varley, and being the first of such parties to leave Changi was known as A.Force. The Japs told them not to take medical supplies as there were plenty in Burma, but fortunately this was disregarded, and all personnel carried some supplies in their packs. These small items turned out to be the only medical supplies available in the Burmese Camps, and these, by any standard, were pitifully small. The C.C.S. had a full strength of 120, Doctors, Nurses, Technicians and Orderlies, but by this time the number had dropped to about 100 and those 100 had the job of caring for 3,000 men in what turned out to be the most primitive and poorly supplied conditions imaginable.

The force was packed into the holds of a filthy little coastal tramp, called the "Celebes Maru" Each man had an area of 6 ft x 18 inches, and just sufficient room to sit upright. To add to the discomfort two landing barges were placed across the top of the hold and these most effectively blocked out most of the light and whatever breeze that might have filtered down into the hold. All the men developed acute prickly heat and nothing could be done to alleviate the constant irritation.

The "Celebes Maru" called at Belawan Delhi, the port for Medan in Sumatra and 500 Japanese soldiers were added to her complement. The next stop was at Victoria Point in Burma where 1,000 Ps.O.W. were disembarked and the boat then moved on up the coast of Burma to Mergui. There the remainder, including the C.C.S. men were divided into two parties. One party landed at Mergui and the other continued up the coast to Tavoy. Sgt.Atherton landed at Mergui.

The 2/4 set up a hospital in a two-story wooden school house,

but an outbreak of dysentery soon after a party of 500 Englishmen arrived from Sumatra, caused it to be extended to include two wards of the local civil hospital. The dispensary was set up in part of the civil pathology department and the Burmese technicians taught Sgt. Atherton which of the indigenous plants and fruits could help in fever and dysentery and how to use them. The most effective preparation was made from the bark-like outer covering of the mangosteen fruit. This when crushed and macerated with hot water produced a thick maroon-coloured jelly, loaded with tannin, bitter as gall, but quite effective for moderate cases of bacillary dysentery. He also made and used charcoal powder from the cook-house fires, but questioned its effectiveness. There was a parasitic creeper of unknown name which grew high up on one particular kind of tree. The Burmese used its leaves to make an infusion for reducing fever. It did not seem to make much difference in the malarial fevers. At the peak of the epidemic the hospital had between 600 and 700 out of a camp total of 1,500 men reporting sick daily.

About the middle of August Sgt. Atherton injured a disc in the lumbar region of his back and was out of action for ten days. Before he had fully recovered the whole of the Mergui contingent commenced to move north to Tavoy. They travelled in parties of 500, the hospital being the last to move. They were packed into the holds of a small coastal steamer where they stayed with minimal water and a little mouldy bread for 26 hours. At Tavoy they met the rest of the C.C.S. and the two parties combined to run the camp hospital in the local police barracks.

On 30th September, the whole force with the exception of two doctors, 25 Orderlies of the C.C.S. and 144 patients were moved north to work on the Burma Railway Line. Sgt. Atherton was in the group remaining at Tavoy and stayed there until January, when small parties of recovered patients were moving north to Thanbyuzayat.

They had a couple of days at the Thanbyuzayat Hospital Camp, meeting again some of their own unit and many of the patients they had nursed at Mergui and Tavoy, and then a party of them were taken by truck to a camp at the 18 Kilometre mark where they joined the gangs working on the railway line.

The Japanese opened a large base hospital at the 30 Kilo mark which they called Retpa. Atherton was the only pharmacist available and was taken from the 18 Kilo work camp and put in charge of the Hospital dispensary. Shortly after this time the number of sick increased sharply and the Japs set up a Malarial Survey Unit at a small camp at the 95 Kilo mark. Sgt. Atherton was assigned to this unit because of his training in the microscopic detection of malarial parasites in the blood. The object of this unit was to take a blood specimen from every person living in the area, in every camp, of all nationalities and report on the percentage of Malaria present. The survey camp was in a very pleasant setting about a mile from the road and built beside a crystal clear mountain stream just where it emerged from the jungle. The camp consisted of a laboratory building, two sleeping huts

and a kitchen. The total complement of Ps.O.W. and Japs was about 20 men and as rations were shared by all, the living conditions were very much better than the work camps.

Their task was formidable. To examine for malaria a blood slide from every man, woman and child living in the area - about 50 Kilometers of railway line was a truly massive project. The laboratory equipment was good and most of it was labelled "Singapore College of Medicine". However, the whole exercise was a farce as nothing was ever done about the number of positives that were found. In fact, the results did not even get back to the various camps.

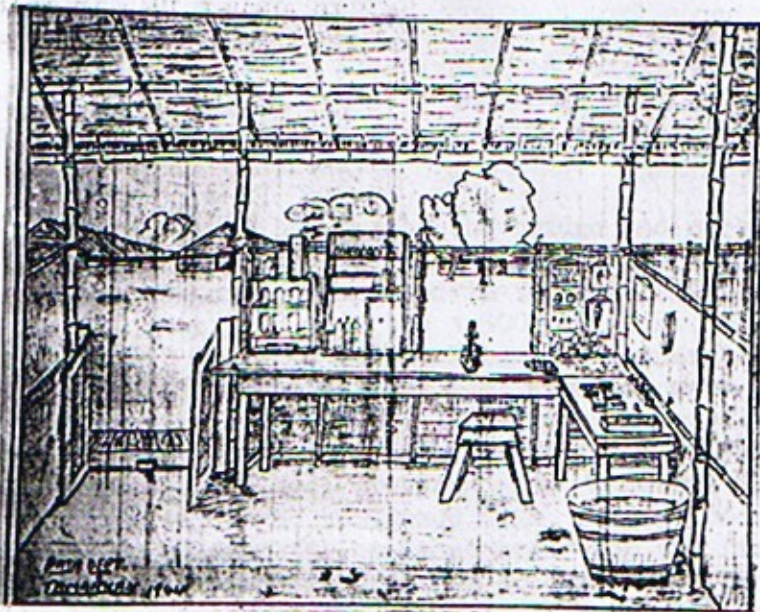
After about three months the Malarial Survey Unit was moved to the 73 Kilo Camp and attached to a work camp operating from there. Although they were kept separate, the living conditions deteriorated and Allied Air Raids on Thanbyuzayat made food supplies more uncertain than ever. The Unit was finally dissolved and Sgt. Atherton returned to hospital medical duties at the 105 Kilo Camp.

The curretage of the ulcers took the medics several hours each day and because of the complete lack of any form of antiseptic and, even though they exercised the greatest care, many of them picked up the infection through breaks in their own skin. This of course greatly increased the work load on the remaining hospital staff. At one time, when the only Doctor was incapacitated with malaria, two medical Sergeants, Atherton and Hailes, ran the hospital completely, even doing minor surgery and diagnosis, by working 12 hourly shifts.

The 105 Kilo hospital was evacuated to Tamarkan beside the Bridge on the River Kwai in late December 1943. The journey was by train with the patients and Orderlies packed into all steel trucks - eight stretcher patients and one orderly or 35 sitting patients and one orderly to each truck. The journey took four days and nights, food was irregular and scarce and three patients died during the trip. Eventually practically all the A.I.F. Ps.O.W., sick and partially fit, were congregated in the Kanburi area in the two hospital camps, Tamarkan and Chung Kai, both of which had been built during 1943.

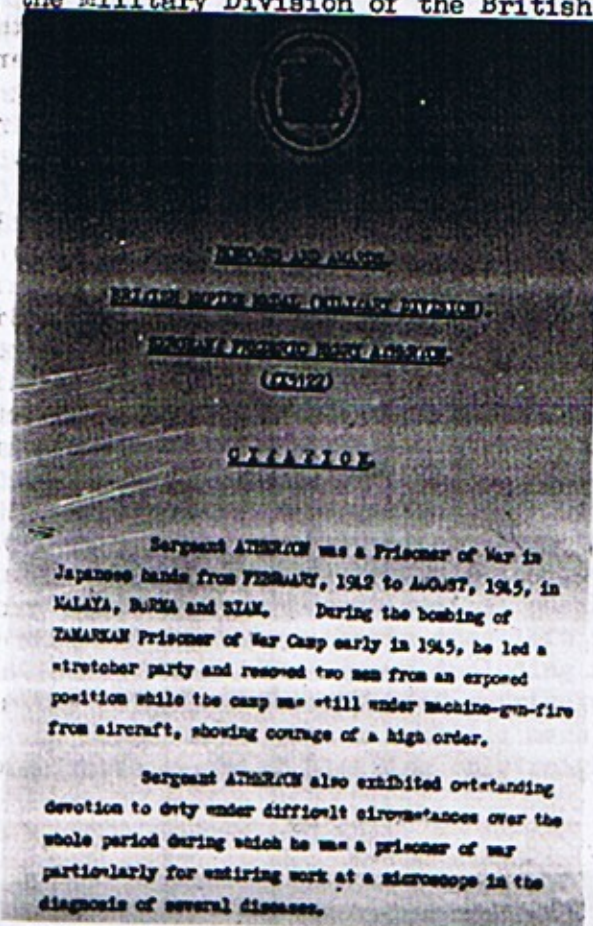
Sgt. Atherton was appointed hospital pathologist and set up a crude Path. Lab. in one corner of the bamboo and attap administration hut and there for the next 365 days examined over 100 malarial blood slides and sundry dysentery specimens every day.

At the end of November and in early December 1944 when the camp held 1,500 patients, the bridge and the nearby anti-aircraft battery were attacked by the U.S.A.F. Fortunately the first attack came during the evening "Tenko" or counting parade when everybody was on the parade ground, because the bombs dropped by nine Liberators and aimed at the battery target demolished four of the camp huts. If the parade had not been on at the time each hut would have held 150 men and the death roll would have been far in excess of the 20 killed. The bridge was attacked again on the 2nd, 5th, 10th and 13th of December.



The Path. Lab. at
Tamarkan -
The Camp at the
Bridge on the
River Kwai.

and each time more and more damage was done to the camp mainly by indiscriminate aerial machine gun fire. During the raid on December 5th, Sgt. Atherton led 7 other C.C.S. Orderlies to rescue two severely injured men while the camp was under machine-gun fire from aircraft. For this and his continuous work with the microscope he was awarded in 1946, the Military Division of the British Empire Medal.



THE CITATION

Sergeant **ATHERTON** was a Prisoner of War in Japanese hands from **FEBRUARY, 1942** to **AUGUST, 1945**, in **MALAYA, BURMA and SIAM**. During the bombing of **TAMARKAN** Prisoner of War Camp early in 1945, he led a stretcher party and rescued two men from an exposed position while the camp was still under machine-gun fire from aircraft, showing courage of a high order.

Sergeant **ATHERTON** also exhibited outstanding devotion to duty under difficult circumstances over the whole period during which he was a prisoner of war particularly for untiring work at a microscope in the diagnosis of several diseases.

"Sergeant Frederic Atherton. Sergeant Atherton was a prisoner of war in Japanese hands from February 1942 to August 1945 in Malaya, Burma and Siam. During the bombing of Tamarkan prisoner of war camp in 1944 he led a stretcher party and rescued two men from an exposed position while the camp was still under machine-gun fire from aircraft, showing courage of a high order.

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The continual bombing of the bridge and machine-gunning of the camp made the Japanese move the whole hospital to the Chung Kai Camp a few miles away. This was commenced in the middle of December 1944 and it took until mid-January to move the 1,500 patients. The hospital was moved again in June 1945 to a new hospital camp at Tamuang further down the Mae Klong River. The hospital and Sgt. Atherton were at Tamuang when Japan capitulated in August 1945 but the camp hospital continued to operate as before. About ten days after the surrender five Dakota aircraft, using the parade ground as a dropping zone, showered the camp with very welcome supplies of drugs, condensed milk, canned food and clothes. The medical supplies allowed the hospital staff for the first time in over three years to offer really effective treatments to their patients. It also allowed them to treat the hundreds of local Siamese who flooded the camp each day seeking medical help.

The camp was in touch with India by wireless and they only had to ask for any medicine, food or equipment and it was delivered by parachute within a day or two. The 2/4 C.C.S. revelled in being able to operate as an effective hospital unit once again and in seeing their efforts rewarded by the rapid improvement of their patients.

It was about four weeks before the A.I.F. personnel started for home. They were taken by train - not in salt trucks - to Bangkok and housed in the basement of a big concrete stand at the main sports arena. While awaiting their turn to be flown by Dakota to Singapore they were allowed leave passes to see the city. That city and the thousands of Japanese troops in it was under the control of one battalion of Gurkas. The Gurkas, very thinly spread throughout the city and out-numbered by the Japs by about ten to one, had the city firmly under their control and that control was absolute.

The main impressions of the flight from Bangkok to Singapore by Dakota aircraft were of hard metal seats, freezing cold in spite of gallons of hot coffee and piles of blankets, and a particularly rough trip, but these discomforts were minimal now that, after nearly five years, they were at last heading for Australia. When they landed at Singapore they were taken to a huge P.O.W. reception camp where hot showers, a complete clothing issue and a thorough medical check was waiting. As shipping or aircraft became available they left in batches on the last stage of the journey home. One group including Atherton boarded a chilled-meat carrier the "Highland Chief". Her refrigerated holds had been fitted with tables and hammocks and was a combined mess and sleeping quarters. However, after three years of sleeping on straight, hard bamboo platforms

the sagging hammocks proved too much for most backs and the tables and the floor became the sleeping areas. This was fine until the refrigeration was turned off and the de-frosting pipes covered the floor with water. Everybody thought it a joke and the hot sun up on deck soon dried everything.

Ten days steaming took them to Fremantle in Western Australia and to a magnificent welcome home. As they left the wharf they found a queue of cars whose drivers simply asked what they would like to do and then took them to do it. Many of them were taken home for the night and had their first home cooked meal and first sleep in a bed for five years. The ship sailed next day for Melbourne and nobody missed it.

The "Highland Chief" berthed in Melbourne at about 10 a.m. on a Sunday and the troops were taken by a convoy of buses to the Wattle Park Reception Centre. The arrival and the convoy route had been well publicised and the streets were crowded with people who cheered each bus. Wattle Park had been made into a reception depot where they were given leave passes, met relations and friends and those who still had further to travel were given their movement orders. The Tasmanians sailed next day on board the T.S. Taroon for Devonport where they were transferred to Red Cross cars and driven to their home towns throughout Tasmania. So the majority of them who had left Tasmania in January 1941 finally arrived back home in the middle of October 1945.

After a short leave they reported to the Army Hospital at Campbelltown and after a medical clearance moved to the Brighton Army Camp for final discharge. Their accumulated leave, deferred and undrawn pay were calculated and then they received their discharge papers. In most cases because of accumulated leave, these were dated about the end of March which gave them $5\frac{1}{4}$ years of active service. They then returned to their homes and civilian life.

RECOLLECTIONS AND IMPRESSIONS OF AN EX P.O.W. JAPANF. H. ATHERTON 1978On Sickness and Recovery

Now, over thirty years later and looking back, I wonder if anybody could even start to evaluate what the impact of our fully stocked civilian dispensary would have had at the Bridge on the River Kwai. I also can now fully appreciate the frustration of the Medical Officers who, knowing exactly what was wrong with their patients and what they needed for recovery, knew that, because of a complete absence of medical supplies, those patients would surely die. All the A.A.M.C. felt the same frustration, the ward orderlies, the hospital helpers, the cooks and even I felt it in the Path Lab. when I found a massive malarial infestation, which I knew could be controlled by a few quinine tablets if only we had them.

Also I often wonder how many of the very sick would have continued to fight on if someone could have truthfully told them how much longer it would be until release. I am sure that the unknown length of our prison sentence sapped the morale of the sick and to this was added the knowledge that if they did recover they would be sent back to the jungle work camps. These two factors certainly did not produce a state of mind conducive to recovery but rather one of hopelessness and resignation. The fighting spirit drops to an all time low when any sick man is on a diet of plain unsalted rice, plagued by malaria and dysentery and cannot see the end to his suffering and captivity. Some fought on, others gave in and died. Of the hundreds of the latter I do not remember one who was not happy to come to the end of his struggle for survival.

It Happened At Tamarkan

Tamarkan was the official name for the P.O.W.Camp by the Bridge on the River Kwai. It was a hospital camp and compared to the jungle work camps was a comparatively benign place. Japanese interference was minimal but none the less annoying and also not without its comedy if one was in the position and in the mood to appreciate it. The comedy situations remain in our memories while the other more sordid times fortunately are forgotten.

I well remember the time when the whole camp was ordered to be completely cleaned because of the impending inspection by a Japanese General. Everything was cleaned, even the pigs were taken from their pens and scrubbed. One naughty pig following his instinct to cool off returned and wallowed in the mud. He was taken out again and re-washed, soundly abused in Japanese, belted with a bamboo pole and put on half rations for a week. When he returned to the sty, a rope around his neck and tied to a post kept him away from the mud. Apparently, like us, he did not have a very high regard for Japanese Generals.

Celebrations were the order of the day in the Tinsmith's Shop.

The Japs had announced the arrival of some new tin cutters to replace the old worn out ones which were making every cut hard labour. The Tinsmiths were making surgical instruments, artificial legs, and all the hospital utensils. The whole camp knew and were celebrating with them. The cutters duly arrived and their arrival was immediately followed by an urgent call for left-handed tinsmiths - all the cutters were left-handed -- the tinnies were not amused, especially when they received orders for left-handed wash-basins, mugs etc. Later we all had a good chuckle about the whole episode.

In the camp lived a Siamese cat and her three kittens. The camp also had an official rat-catcher who used a cage-type trap. The kittens were so much alike that we distinguished them by dyeing their white foreheads, one yellow, one blue, and the other red. A ritual developed at dawn each day. The cats and the rat-catcher met in the middle of the parade ground, the rat was released and the kittens, followed by the mother, gave chase. Bets were laid on which would catch the rat - a cigarette on the blue or perhaps an egg on the red. It was a good way to start what could be and ususally was a very trying day.

I remember being woken in the middle of one night by our camp interpreter accompanied by a Korean guard who was gingerly holding a faeces sample in a large leaf. I was instructed to put it under the microscope immediately because it was from the much despised and hated Jap Doctor. My first comment was I remember "what do I use for light - a B.... star?". The interpreter jabbered to the guard who dumped his specimen on the bench and disappeared into the night. Several minutes later he was back with a candle which was duly lit, placed on the bench and I focussed the microscope mirror on it. Even in that poor light, one glance was enough. Our pal the doctor was a magnificent case of very active amoebic dysentery. He was sent away for treatment and we did not see him again. I returned to bed a much happier man. He really was an awful doctor. His own troops called him the "Bamboo Doctor".

I can still see the horrified expression on the face of another guard when through the interpreter, I told him that he had a tapeworm in his gut about five metres long. It was probably cruel of me to be so blunt but I enjoyed it.

It was at Tamarkan that I got the greatest fright of my life. Just before dark a flight of American bombers had overshoot their target, plastered three of the camp huts, killed nearly twenty Ps.of.W, and wounded many more. The operating theatre worked well into the night and about 2 a.m. four of us were carrying a patient on a bamboo stretcher on our shoulders back to the surgical hut. All lights were blacked out and, as we were carefully feeling our way along a narrow path, the deathly silence was shattered by the explosion of a delayed action bomb. Remembering that we had all done twelve hours of daylight work, been bombed at 6 p.m. and then worked for eight hours laying out the dead and helping the wounded it was remarkable that our patient remained on the stretcher

when the whole area shook with the noise and the blast of the explosion. When our nerves had steadied we continued on our way carefully and gratefully deposited our burden in the hospital hut.

About the middle of 1944 an epidemic of Dengue fever added to the medical problems in the camp. Like most such outbreaks of a disease it did not distinguish between nationalities and our guards got their share. One morning the interpreter and a Korean guard armed with a British Lee Enfield 303 rifle arrived at the Path. Lab., and I was instructed to find the breeding place of the Dengue vector - a mosquito called "Aedes Egypti". We searched the camp and its surrounding area without success and my suggestion to have a look at the Jap Camp across the road was rather unfavourably received. However, they finally agreed, and there it was. Under a large mango tree were dozens of 44 gallon drums of petrol. They were all neatly standing on their ends with each holding a pool of water in their tops. This is just what Aedes likes, and each drum supported hundreds of larvae, pupae and eggs. The drums were all laid on their sides and the epidemic subsided. The Japanese Camp Commandant thanked me for the discovery and my reward was a duck egg and a more sympathetic hearing when I asked for stains etc., to use in the Path. Lab. I was also excused from the dawn and dusk "tenko" (parade for counting heads). The parade report then became "so many on parade, so many sick and Patho". The Japs then recognised my specialist activities and left me to my work with a minimum of harassment.

On the Burma-Siam Railway Line

Besides the ever present mosquitoes the two most annoying pests in the Railway Camps were Bed-Bugs and body lice. The latter we were unable to control because of the lack of any facilities to boil our scanty clothing. But the bed bugs were kept down to reasonable numbers by passing flaming bamboo under the sleeping platforms. The 105 Kilo camp was very badly infested and as the parasites were equally partial to Jap blood as they were to Australian, everybody was affected. The Ps.O.W. of course had to put up with them but the Jap Commandant thought he had the answer. He had a moat dug from the creek that ran by the camp around a piece of flat land on which he had built a brand new hut for himself. All the materials were flamed before use and the builders wore especially boiled clothes. It was to be absolutely free from blood-sucking vermin, or so he thought.

The builders and most of the camp spent the last night before its completion busily collecting bed bugs, placing them in any available container and next morning smuggled them on to the building site. They let hundreds of them loose in the sleeping quarters, and, with only one body available for attack, the Commandant must have had a very busy night scratching and wondering where his vermin proofing plans went astray. Fortunately for the whole camp he did not think of sabotage. Talking of sabotage, it is amazing how much damage a large clump of bamboo roots plus a bucket of termites can do to a railway embankment.

In 1943 the 105 Kilo camp was visited by a Jap propaganda film

unit who wished to record on film the "happy Ps.O.W. going out to work. By extensive borrowing the camp managed to outfit about fifty men in reasonable shorts and shirts and they were ordered to march out the camp gates happily singing while the cameras rolled. They marched out as ordered but without a smile or a song. Three times they marched out but still not singing. It was only after a threat of half rations for the whole camp, sick included, for a week that they consented to sing. The fourth time they marched out singing at the top of their voices their own version of a pre-war popular song "A tisket-a-tasket a little yellow basket". Fortunately for all the camp the Japs did not catch the words and the film crew left with a can of film the sound track of which expressed the Ps.O.W. feelings precisely.

Among the Korean guards was one noticeably shorter than the rest and known to all of us as "George". George was the exception that proved the rule and was nearly always on our side. He also had the unhappy knock of always being in trouble with his superiors. Breakfast in the work camp was always served before dawn and the workers joined a long queue which led to a big fire where the cooks would ladle out the breakfast "pap", a watery rice porridge. I remember joining such a queue at the 18 Kilo camp and, as we approached the light from the fire, realized that the man in front of me was far too short to be a "digger". Sure enough it was George in our breakfast line. We learned later that the Jap Officer had inspected the guards and found that George's rifle was dirty. To clean it he washed it in the creek, was caught in the act, and put on half rations for a week. So he joined our mess line. In payment he took a couple of our boys, raided the Jap cookhouse, and together they stole a bag of rice. When it was all over and we were asked to report on the guards, everybody spoke so well of George, that he was given a high priority for his return to Korea. Although some of our Korean guards were almost human, George stood apart and many Ps.O.W. considered him almost a friend and certainly greeted him as such.

The following may seem unbelievable, but it is true. When the 2/4 C.C.S. medical unit finally reached Siam, four of us each contributed a week's pay - about 10 cents of Japanese printed Siamese paper money - and bought a cupful of salt. Our diet for the preceding two or more years had been completely devoid of this essential food supplement and our bodies were so depleted of it that our sweat no longer had a salty taste. The four of us then sat around that cup and ate salt by the spoonful. One of the major lessons taught us by our term as Ps.O.W. was how to appreciate the essential nature of so many of the small things which, in civilian life we took for granted. Salt was a good example of this as was good drinkable water coming out of a tap and the production of light and heat by the flicking of a switch. We also learned, and learned the hard way, that anything the body can digest is good food. We even welcomed the weevils in the rice because they meant more protein in our meagre diet. Frogs and snakes were delicious but rats, hungry as I was for meat, I could not face.

To sum up the pros and the cons, the war took us away from normal life and development for almost five years. Many of us left as

boys and, returning as men, found vast changes in society and in our friends, many of whom were well settled in their careers or businesses. Also on the debit side of the ledger was a marked deterioration in health which as each year passes becomes more and more apparent. On the credit side we learned much about our selves and how we react to stress, danger, frustration etc., and above all we learned how to judge and appreciate our fellow servicemen. We learned to look below the surface to find a man's true worth and never to judge a book by its cover. I am sure that those of us who did survive, about 60%, have been better men and better Australians because of our experiences as Prisoners of War of the Japanese.

SGT. FRED. H. ATHERTON B.E.M. PhC. M.P.S.

March 1982

2/4 C.C.S. RAAMC 8th Division 2nd A.I.F.

Repat File No. MX14078 100% Disability Pension

Born 18/1/1917

Father died 21/6/1950 - Parkinsons Disease

Mother still living - Aged 95 (Born 18/2/1887)

Brother, Louis Tasman, died at 18 months - Colitis

Brother, Geoffrey Charles - Ex RAAF, Ex RAF, Fighter Pilot -
died 24/10/1980 - Massive Coronary Embolism

MEDICAL HISTORY

- 1940 December - Joined 2/4 Casualty Clearing Station as a Pharmacist.
- 1941 March - Developed Otitis Media in right ear - hospitalised in Kuala Lumpur, Malaya for 14 days.
- 1941 June - Caught resistant fungal infection of the right ankle. Was due to be invalided back to Australia but found a cure myself in Martindale - Vlemiks Solution - Calcium Polysulphide - 3 weeks in C.C.S. hospital.
- 1942 February - Became P.O.W. Japan at Singapore while working in the 13th Australian General Hospital.
- 1942 June-July- Injured my back while lifting a patient at Mergui on the West Coast of Burma. Incompacitated for 10 days - later proved to be a lesion of 4-5 Lumbar Disc.
- 1943 Jan-April- Worked on Burma Railway with pick and shovel. Food was plain, unsalted, polished rice with one 1 inch cube of meat and one small helping of greens per week. Later was moved to various P.O.W. "hospital" camps as Pharmacist and Microscopist - looking for Malaria, Dysentery Hookworm and Intestinal Parasites. Diagnosed myself as B.T. and M.T. Malaria, Amoebic and Bacillary Dysentery and infested with

Ascaris and Strongyloides Stercoralis. Developed Pellagra manifested by continuous peeling of the skin of the scrotum.

1944

- Pathologist at "Tamarkan", the camp by the "Bridge on the River Kwai". Examined 45,000 blood slides for Malaria and did innumeral faeces tests for Dysentery and/or Parasites. Lost the sight in my right eye (Monocular Microscope) so changed to my left eye. Was given one egg per week and sight returned after 2-3 months. One of my fever cases turned out to be a fatal case of Small Pox, but even though I was taking blood slides from him my vaccination was still effective.

The food in Siam was much improved - more protein and plenty of greens - which caused much constipation. I developed an anal fissure which was surgically removed by Col. A.E. Coates - using a cocaine spinal anaesthetic - 10 days in hospital.

- 1944 December - Was in the camp when the U.S.A.F. repeatedly knocked down the "Bridge on the River Kwai". During 1944 had monthly attacks of Malaria but Dysentery was under control and I missed an epidemic of Dengue Fever. I discovered the breeding place of the vector (mosquito Aedes Egypti) and when the petrol drums in the Jap camp were laid on their sides the epidemic subsided and I was given a duck egg by the Japs for "Good Work, Kenah".

- 1945 October - Arrived back in Melbourne after a flight from Bangkok to a reception camp on Singapore Island and a trip home on a chilled meat ship. After eight weeks of good food I still weighed only 10½ stone (normal weight 13 stone). Except for the last 15 months when we could buy salt, duck eggs and some greens we had lived on plain unsalted polished rice for 3 years and 8 months. At one stage we were so depleted of salt that our sweat (and tears) did not taste salty, and

- it was unknown how we continued to exist on a diet of pure carbohydrate.
- 1946-1949 - Health was good and I played football and senior cricket as a medium fast bowler.
- 1950-1953 - General deterioration in my health. Went to Repatriation General Hospital in Hobart three times a year. I had an irregular heart beat (Extra Systolic Beat) and was diagnosed as Amoebic Hepatitis and treated with I.M. Emetine and oral Chloroquin. Liver was swollen and tender. This condition was controlled with Chloroquin and during 1954-5 gave me very little trouble.
- 1957 - My back started to give me acute sciatica and I ruptured the cartilage in my right knee. This became rapidly acute until it had to be surgically removed in August. The operation was successful and all I get now is an occasional touch of arthritis which is removed almost completely by Brufen 200mg three times daily.
- 1958-1968 - My health was good but attacks of pain from the Lumbar Disc lesion got progressively more severe and more frequent until early June 1968 when I was completely immobilised and hospitalised. Drs. T. Hogg and D. McIntyre performed a successful Laminectomy. I now get an occasional tension in the back and an indicator pain in the outside of the right calf. Diazepam 5mg and fifteen minutes on my back on the floor and the tension goes.
- 1970 December - I commenced a period of a gradual loss of general health, Haemoglobin count dropped to 10.4, I had no energy, lost weight, skin colour became greyer and had very little appetite.
- 1971 May - I went to the R.G.H. in Hobart for four weeks and came home on a double dose of slow release Iron tablets. I could not get warm, food passed through me undigested and

my faeces contained traces of blood.

- 1971 July - I was back in the R.G.H. for numerous tests one of which proved cessation of thyroid function. Numerous barium meals and enemas showed an indistinct area in the Ileum.
- October 20th - A Laparotomy was performed looking for intestinal cancer. A liver biopsy during the operation showed a heavy concentration of iron but no carcinoma. I was diagnosed as Haemochromatosis but there was no cancer. Cardiac fibrillation occurred during the operation and one blood transfusion reacted badly (I have A.B.- blood). A rematch of the blood proved compatability and could not offer any reason for the adverse reaction. I was in the Intensive Care Unit for 14 days - in and out of a coma - and developed a massive infection in the abdominal wall. Finally they cut the sutures and with a probe drained the infection, so I now have an incisional hernia.
- 1971 November - I was moved to the Royal Hobart Hospital under Dr. R. Connelley and after numerous tests it was proven that my Pituitary Gland had ceased to function.
- 1971 December - After a week on replacement hormones I was discharged and recovering rapidly. I have taken the following continuously ever since:

Cortisone Acetate	12½mg Q.I.D.
Fluoxymesterone	5mg Twice Daily
Thyroxine Sodium	300mcg In the Morning

 and for the Haemochromatosis I had 65 consecutive weekly venesections followed by one monthly for one year. As a result of a liver biopsy in February 1976 I was pronounced free of iron but advised to be very careful not to eat foods heavy in Iron.
- 1972 April - The Repatriation Department accepted the Pituitary failure

as service related (P.O.W.J.) and gave me a 100% disability pension which covers all illnesses.

- 1975 April - After a very severe bout of vomiting due to food poisoning I lost the sight of my right eye.
- 1977 February - On an annual visit to the R.G.H. the ward doctor suspected a Pituitary Tumour
- 1977 April - Repat. sent me to the Royal Melbourne Hospital for an E.M.I. Scan (C.A.T. Scan now) which showed the tumour.
- 1977 May 20th - Mr Duffy and his team removed the tumour at the Royal Hobart Hospital and reported it to be benign. Sight in my right eye commenced to return in three weeks but the brain surgery left me with Diabetes Insipidus which I control with Desmopressin Solution 0.04ml intranasal at night, and I lost most of my sense of smell and taste.
- 1977 September- Embolism in left lung. L.G.H. 14 days. Heparin I.V. The clot came from a Deep Venous Thrombosis in the right calf.
- 1978 April - Embolism in the left Radial Artery. Doctor at L.G.H. removed the clot and saved all my left forearm except 1st and 2nd fingers and half of my thumb of my left hand.
- 1978 May - Amputation of 1st and 2nd fingers and $\frac{1}{2}$ of my thumb of my left hand. The thumb took 18 months to completely heal.
- 1978 October - At my suggestion had a Cholestrol and a Triglyceride Test taken (I had spent 26 weeks in 3 major hospitals but none had done the tests). The results were:
 Cholestrol = Normal
 Triglyceride = 368 with the normal 20-180
 I had been stabilised on Warfarin 3mg/die in September and when my L.M.O. suggested a course of Clofibrate to reduce the Triglyceride load I pointed out that it would effect the balance of my hormone and warfarin intake so we tried four weeks without and sugar in any form - result - Tryglyceride

count from 368 down to 115. But that diet was too rigid for me so we compromised for 4 weeks on a "livable diet". The next result was 150.

- 1978 December - I allowed myself to become overtired and having one of my many leg ulcers active at the time I developed a form of Septicaemia with a temperature of 40.5°C with malaria like rigors. Spent 4 days in the L.G.H. receiving I.V. Cloxacillin and I.M. Penicillin.
- 1979 January - Still from the ulcer and overwork another temperature over 40°C . Same treatment and another 4 days in the L.G.H.
- 1979 June - Had my first real holiday in 20 years when I had 5 weeks in the U.S.A. as guest of the Obermans in New Orleans. I put on 8kg weight and had no medical problems.
- 1981 October 14th - I developed a most irregular heartbeat. At the L.G.H. they tried unsuccessfully to rectify it electrically. I am now on Digoxin, probably for life. They also put me on Warfarin as an anti-coagulant.
- 1981 October 21st - Developed a nasal haemorrhage which lasted for 5 hours and which by anti-coagulant test proved to be mechanical.
- 1981 December 29th - While holidaying at St Helens I developed a massive Cellulitis of the right ankle and was sent by ambulance to the L.G.H. The Cellulitis developed from a 7 month old ulcer on the right ankle. It was treated by 1gm of Cloxacillin I.V. every six hours for 20 days. The Achilles Tendon was shortened and after physiotherapy and exercise I was allowed to return home on crutches on 20/1/82. The infection was shown by culture to be Staphylococcus Aureus (Golden Staph.)
- 1982 January 22nd - While on crutches I overbalanced and fell backwards down the 13 steps of our internal staircase. Fortunately only bruising and abrasions resulted.

- 2 January 27th - I developed a gross Diplopia (Double Vision). By occluding the left eye I was able to move about but not drive the car.
- 2 February 9th - I was sent to R.G.H, Hobart where a C.A.T. Scan at the R.H.H. revealed a regrowth of the Pituitary Tumour. More brain surgery was ruled out and the Peter MacCallum Clinic advised deep X-ray therapy four times a week for four weeks. It was estimated that it could be 6-12 months before it became effective. The treatment was arranged at Launceston and I returned home on 19/2/82.
- 2 March 2nd - Commenced X-ray therapy and by 9/3/82 an improvement was evident. By 15/3/82 my vision was almost normal. The treatment was completed on 25/3/82 and had not produced any side effects.