

Candacraig Hospital

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Abstract: For over a century, Candacraig House in Pyin Oo Lwin, Myanmar has been a luxury mansion used as an executive residence and sumptuous hotel, with a brief period when it was used as a hospital by the Japanese during their occupation of Burma in the Second World War. It is rumoured to be haunted, perhaps by the casualties of war. Death and disease and use of Candacraig House as a hospital during the Burma Campaign are discussed with parallels of today.

I. Introduction

The visitor to Candacraig House Hotel in Pyin Oo Lwin, Myanmar, will discover indefinite references to the hotel being used as a hospital by the occupying Japanese Army during World War Two. This article is the first collation of the available sources of information about the period and the diseases experienced by the warring forces including the perspective of town residents and involved doctors.

The medicine of history

Past experiences of death and disease are often irrelevant to the modern reader unless there is a bearing on the health issues of today, often occurring because we have failed to learn the lessons of history, often because serious diseases of third world tropical countries appear unlikely to generate immediate wealth, 'the dollar today', demanded by global financial markets. The major infectious diseases of the Burma campaign of 1942-1945, tuberculosis, smallpox, malaria, scrub typhus and typhoid nearly all persist today. Malnutrition contributed significantly to morbidity and mortality. Only smallpox has been eradicated for the equivalent cost of one nuclear submarine.

Latest 2015 WHO figures¹ reveal 214 million cases of malaria with 438,000 deaths in 2015, a sixty percent reduction since 2000, 21 million cases of typhoid with 222,000 deaths in 2014, and an estimated one million cases of scrub typhus with 60,000 deaths in 2015. Total deaths from dysentery were 1.388 million, and 1.37 million from TB. UNICEF report approximately three million deaths of children under the age of five worldwide, where under nutrition plays a large part. The deaths today from the often preventable diseases occurring frequently during the war in Burma equate to the total current population of Ireland or New Zealand, Boston or Berlin.

Scottish connection

The original beautiful historic Scottish baronial hall of Candacraig House² is located nearly fifty miles west of Aberdeen in the valley of the River Don, the hub of the earlier 13,500 acre Candacraig Estate. A house has existed on the site since 1578, and in 1620 the lairdship was granted to the Anderson family. The current spectacular baronial mansion was designed by John Smith in 1835, with major additions and renovations occurring at the turn of the 20th century and again in 1955. In 1866 it was purchased by Sir Charles Forbes, and in 1900 it passed into the hands of Andrew Wallace whose descendants owned the hall till 1980. However; in recent times it has been owned by celebrity business characters attracting media attention and 'A list' visitors.



Candacraig House, Scotland

Pyin Oo Lwin

Pyin Oo Lwin is an attractive hill town in the highlands of Mandalay's Shan Province located about 70 kilometres east of Mandalay at an altitude of just over one thousand metres.³ As with many other places it received a different name during the period of British colonisation.

At the time of the third and final Anglo-Burmese war, it became an assembly and resting position for British troops, hence the name Maymyo after Colonel May, the commander of the Bengal Regiment stationed there. It became a permanent military post in 1896, and rapidly became the expatriate summer capital of Burma, a pleasant refuge from the heat for families, and a desirable army posting.

George Orwell was prompted by the colder weather in autumn to write, '*Suddenly you are breathing cool sweet air that might be that of England, and all round you are green grass, bracken, fir-trees, and hill – women with pink cheeks selling baskets of strawberries.*'⁴ Paul Theroux postulated that the British Empire operated on the theory that high altitudes improved morals.⁵

The expatriate community endeavoured to produce a '*little England*'. Trainloads of furniture, silver and fine china tea services, hat boxes and pianos were unloaded on the platform. Outside horse-drawn gharries conveyed shipments to country mansions via streets named The Mall or Church Road or Downing Street. Walks cut through the surrounding forest resembled a gentleman's sporting estate in the Home Counties, and immaculate rides suitable for men and women were named Rotten Row or the Ladies' Mile.

The British high schools of St Mary's, St Michael's St Albert's and St Joseph's convent were located in town during the colonial period making it an important educational centre for expatriate and Anglo-Burmese children. The American Baptists collected bibles and bandages for their remote community schools and hospitals.

The national botanic gardens were established in 1905, and the centre piece, the seventy-acre Harcourt Butler Lake, named after the Governor of Burma, was dug by Turkish prisoners of war and completed in 1920. Today, they remain a popular centre of beauty and tranquillity.

Candacraig House, Myanmar



Candacraig House, Myanmar

The name Candacraig was appropriated for a large colonial country house built in 1904 in Pyin Oo Lwin. The Edwardian style red-brick mansion designed by a Canadian architect named Craig, was built by the British Bombay-Burma Timber Company as a residence for their British expatriate executives during their overseas secondment. Subsequently it became the British Club, then a popular hotel.

It was noted for its grand teakwood staircase, the Scottish style turrets and the vines growing over the walls, set in seven acres of manicured gardens. Initially there were seven large guest rooms and a teak lined dining room. Paul Theroux visiting over forty years ago, described the elegance and service of the establishment.⁵ The restaurant had a reputation for serving the best of Burmese, Chinese and British cuisine, washed down with that buttress of the British Empire, gin and tonic. Roast beef was followed by scotch around the fireplace. Pine trees, poplars oaks, chestnuts and rhododendron bushes completed an English image.⁶ Another tourist reported enjoying tea and scones served in the garden, then a meal of lamb and vegetables all as part of the daily tariff of one and a half American dollars. It is rumoured to be haunted by ghosts of Englishmen. In 2016, as the oldest hotel in Maymyo, it had major renovations, before reopening as a luxury hotel once more.

The Burma campaign 1942-45

The Burma campaign of the Second World War was arguably irrelevant to the European War, and perhaps peripheral to the Pacific War in which the pivotal and decisive battles occurred in the Pacific up to the nuclear attack on Hiroshima and Nagasaki. America erroneously believed that a military supply route to China would enable the Chinese to play a major role in the defeat of Japan. It did engage several hundred thousand troops and prevent an invasion of India, though Japanese commitment to fighting in the Pacific prevented adequate reinforcement for a major thrust into India. Casualties were massive and hand-to-hand ferocious fighting was frequent. Estimated deaths, though impossible to count accurately, were, Burmese civilians 250,000, Japanese soldiers between 100,000 and 200,000, Chinese soldiers 40,000, Indian soldiers 25,000 and British soldiers 25,000.⁸

The Japanese invaded Burma in January 1942, and fighting continued until the end of the war in August 1945. Japan was partially motivated by the need to cut off supplies getting to General Chiang Kai-shek's Chinese army through Burma.⁷ Today the allied graveyards are signposted, often visited and beautifully maintained, but the estimated two hundred thousand Japanese casualties are buried in cemeteries that are not legally recognised, nor maintained.

The Japanese forces had the advantage of being of one nation, with one command, one language, and one centrally planned agenda, though motivation to fight on against hopeless odds varied from one commander to another. The allies, predominantly USA, Great Britain, China and Burma, with input from India, Australia and Holland had international and intra-national differences in long term political agendas and priorities, languages, levels of corruption, military efficiency, available finance and ability of senior officers. Some saw an inverse relationship between the various generals' self-esteem and their competence at the battlefield. Massive egos and personal hatreds severely inhibited coordinated strategies. Many Burmese including the communist party and their national hero, Aung San, initially supported the Japanese occupation, anticipating freedom from British rule, but subsequently changed to supporting the allies, ultimately become independent in 1948. Extended supply lines and the wet seasons led to as many casualties from disease, malnutrition and exhaustion as warfare.

Morbidity, mortality and medical professionals

The number of casualties was horrendous, for example the Japanese 33rd division under Major-General Tanaka Nobuo during two months at the battle for Imphal lost seven thousand killed in battle and five thousand who died of disease, some seventy percent of the division. In April 1943, most of Merrill's troops were suffering from scrub typhus, dysentery, skin sores and foot ulcers.^{8,9,10}

The monsoon each year multiplied the incidence of malaria, typhus and dysentery. Scrub typhus was a severe disease causing many deaths. Troops of all nations slogged up and down mountain ranges up to 6,000 feet, in freezing cold driving rain and deep mud. When the allies recaptured Tamu, they found not only Japanese soldiers killed in the fighting, but many more dead and dying from disease and severe malnutrition. General Slim's troops of the fourth and thirty-third corps in the period from July to November 1944, while pursuing the Japanese from Imphal to Kalemio recorded 50,300 casualties, of whom 47,000 succumbed to serious tropical diseases, 20,000 having malaria. The sickness rate from malaria in the 14th army was 84%. Total deaths in the battles of Tenchung and Lungling between Chinese and Japanese soldiers were 40,000. In the battle for Meiktila, the sick and wounded Japanese soldiers left their hospital beds to fight with sharpened bamboo poles, leaving several thousand dead.⁸

These few figures give an idea of the huge numbers of live casualties in urgent need of the optimum medical care to have any chance of survival. They would cause any health system to be overloaded a thousand fold or more beyond capacity. Any hospital in this theatre of war would be packed with trauma, infectious diseases and malnutrition, all problems compounded by defeat on the battle field, tactical retreat under fire, loss of supplies, appalling weather and terrain, the tropical climate, and the Japanese code of honour refusing to accept defeat.

Gordon Seagrave graduated from John Hopkin's Hospital in 1921 and went to Myanmar in 1922 as a medical missionary, subsequently constructing a hospital at Namkham, in Shan province near the Chinese border.⁹ Prior to the war in 1938 plague was common with many deaths. Vaccines prevented the disease which was treated with antitoxin serum. Vaccine phobias amongst the uninformed villagers, as today, lead to increased incidence of plague and fatal outcomes. Quinine and the more recently developed mepacrine were available to treat malaria. During the war, Seagrave treated many war casualties, often with several wounds, death was common, and his treatments included sulphanilamide tablets which could be powdered and placed in infected wounds. He was still collecting casualties from Maymyo on April 19th 1942, and visited there on April 22nd to find most shops closed because of Japanese bombing.

Seagrave provided medical care in impossible circumstances in transient hospital camps to Stillwell's troops as they walked out of Myanmar to India in front of the advancing Japanese army. He notes the

availability of some sulphathiazole tablets, but the frequency of severe malnutrition, malaria, amoebic and bacillary dysentery and smallpox. Cholera and smallpox inevitably had a very high mortality.

Baty, a British Army surgeon served in India and Western Burma between 1942 and 1945 treating many severe war casualties.¹⁰ The furthest east he progressed when the Japanese army was in retreat was Bagan in 1945. He noted faecal contamination of wounds implied a poor prognosis, and that maggots were effective in debriding necrotic tissue. Sulphanilamide tablets and sulphathiazole powder were available, but penicillin was not obtainable till late 1944. Quinine tablets were not readily soluble and could be excreted little changed. Baty wrote that cleaners of public toilets in Calcutta would check for quinine tablets in the excreta, and if only slightly smaller than unused, they were retrieved, washed and sold, perhaps curing both malaria and clostridium difficile colitis long before faecal culture treatment was conceived. Like Seagrave, Batty saw many cases of malaria, typhus, dysentery, tuberculosis and plague. Venereal disease was not uncommon amongst the allied soldiers. He treated many Japanese prisoners after the cessation of hostilities, noting severe malnutrition, and chronically infected wounds, as well as their marked gratitude. Winifred Beaumont, a British nurse, worked prominently in the thousand bed Imphal Hospital in 1944 after the relief of the siege.¹¹ She complained herself of miliaria or prickly heat. She reported vaccinating troops against the plague aboard ship between Africa and India. Patients under her care often had multiple problems, infected wounds, jungle sores, dysentery, smallpox, scrub typhus, dengue, pneumonia and malaria. She noted the use of sulphanilamide, and later the arrival of penicillin in early 1945. She thought penicillin may have contributed to the survival of all the smallpox cases. Quinine was available for malaria, including an intravenous preparation, and mepacrine was available for treatment and prevention. Beaumont also reported the suicide of a British soldier immediately on receiving a letter from home, perhaps some form of 'dear John' letter.

Japanese occupation of Myanmar

Initially life in Maymyo appeared unchanged, a music quintet continued to perform at Candacraig for weekend weddings and balls, strawberries and cream were consumed on the lawns for afternoon tea. Whisky was still plentiful. It could not last.¹²

Maymyo was a centre of allied high command early in 1942. The British General Slim based his headquarters here in early 1942.⁸ It was the site of the initial meeting of Lieutenant Colonel Michael Calvert and Colonel Orde Wingate, leaders of the long-range penetration Chindit groups.⁸ Tactical discussions were attended by Generals Alexander, Slim and Stillwell, and Wingate on April 15th and subsequently with Wavell and Chiang Kai-shek in Flagstaff House. Photographs were taken of Stillwell and Chiang Kai-shek on April 19th. Soon afterwards Maymyo was bombed by the Japanese, on one occasion provoking the American General Frank Merrill, not an arm chair general, to jump into a trench and open fire on the Japanese zero fighters with a Bren gun.⁸ Soon the allied forces evacuated the town which was then occupied by Japanese forces for nearly three years. Even the Japanese general Mutaguchi Renya found Maymyo a congenial place for his headquarters during the occupation although the battle front was distant.

A European description of the period of occupation is provided by the diary of Walter Sherman.¹³ He was in Meiktila when it was bombed on 12th April 1942, stayed briefly in the house of Dr Stuart in Maymyo between 15-21 April, and was captured on 14th May. He was sent to Maymyo on 21st July where he remained in captivity till October 1943, when he was allowed to return to his home in Meiktila, where he remained till the town was retaken by British forces on 11th March 1945. The diary is predominantly a catalogue of deaths. Dr Stuart's brother died on 19th June and Walter's son Dennie (Denzil) died with an unspecified stomach problem on the 29th June, with Dr Stuart present at the burial. His wife, Violet, lost both her parents and a brother within a few weeks in April and May. Walter's aunt, Bessie died on 21st February 1943. Violet gave birth to her son, Winston Sherman, on 5th June 1943, the midwife delivering her fee of fifty rupees.

One of his friends, Claude Taylor became ill with jaundice and an 'inflamed liver' Despite attendance by Dr Valu, and emetine injections, he developed hiccoughs, deteriorated and died on 18th April 1943. Jaundice, hiccoughs, emetine therapy and death suggest diaphragmatic irritation and perhaps amoebic hepatitis. Other acquaintances died, Mr Tresham and Mr Hankins in August and Mrs Jackson in October. Many of his diary entries were illegible, but subsequent deaths included his sister, Nell in September 1944. Sherman appeared to remain in his home in Maymyo for most of the occupation with reasonable treatment by the Japanese occupying forces. He was employed in the Oriental Café till the evacuation of Maymyo by the Japanese, and the arrival of British troops on 11th March 1945. The cause of all these deaths is not related except Taylor's, but presumably the usual causes of death during warfare, malnutrition and infection would have been common, even if there was little trauma. Many Anglo-Burmese were incarcerated for the duration of the war.

A Japanese military medical perspective is provided by Dr Maruyama Yutaka in his war memoir, *The Moonlit Road*.¹⁴ Maruyama, a graduate of Kyushu Medical School, served in the Japanese Army in Burma during the Japanese occupation.

His medical experiences were inevitably like those of the allies. In the monsoon season, he describes a third of his brigade suffering from malaria daily. Maruyama records that he himself suffered from fever and rigors from malaria and improved with quinine.

Also in the monsoon season, Maruyama was also confronted with the probability of plague, a condition he had not previously experienced. Rats dying with visible pustules were found. A steel wall fifty centimetres high was built round the barracks, despite which he recorded one soldier dying with painful lymphatic involvement. Trauma was a common problem for both sides. Maruyama records a military colleague performing a 'femoral', presumably an above knee amputation on a soldier injured by a land mine.

In May 1944, when the fighting had turned in the allies' favour, his unit was under attack in Myitkyina, nearly 600 kilometres north of Maymyo by a larger attacking force, and by August most of the three thousand Japanese soldiers there were killed. On retreating to Yunnan in China, his unit was again attacked by a larger force, and nearly all sixteen hundred soldiers there were killed.

Maruyama describes Japanese soldiers suffering the fate of many retreating armies. Food, transport, medicines, morale and healthy stretcher bearers were all in very short supply. The route back into Thailand was littered with bodies and described as 'the bleached bone way'. He describes soldiers with dysentery being left in temporary hospital to recover or die unaided by any therapy. He describes soldiers with pus oozing out of infected wounds for whom there were no antibiotics. He describes doctors being reduced to digging graves as the only service they could provide for the sick. Yutaka himself was ultimately able to escape to Chiang Mai in Thailand. In the years after the war he rarely spoke of his experiences.

The town was recaptured from the Japanese in a surprise attack on 15th April 1945 by Ghurkhas from the nineteenth division, and many fleeing Japanese troops were captured by a Welsh regiment. This cut the rail link between the Japanese troops in north and central Burma.

Candacraig Hospital

There are no traceable extant medical records of inpatients. Candacraig had always been used for the upper echelons of society; one would imagine it being a recuperation hospital for the Japanese army officers only. It has a limited number of rooms, seven large bedrooms, a reception area and a dining room plus verandas. It would have been unsuitable as a major hospital. Even with beds packed together, it would be hard to imagine more than one hundred beds fitting in, and that number squashed together would risk transmission of infection. Two authors, Gerald D'Souza, and Joseph Valu who spent their childhood in occupied Maymyo provide relevant information about Candacraig's time as a hospital. D'Souza wrote a chapter of Yvonne Vaz Ezdani's book *Songs of survivors*.

Ezdani's book is a collection of chapters, each written by relatives and acquaintances whose families migrated to Burma from Goa. The authors were survivors or relatives of survivors. Many of the women and children escaped from Burma early in the war by ship to India. Many of the men escaped by the incredibly arduous trek through the hills to India, battling cold weather at high altitude, the monsoon season, wild animals, snakes and leeches, malnutrition, malaria and dysentery. However, many family members perished during the war from injuries or disease. D'Souza states that the Japanese army surgeons took over the British Military Hospital in Maymyo between 1942 and 1945, using Candacraig Hotel as a recuperation annex providing rest and recreation for officers.

According to his son Gerald, Martin de Souza, a musician of Goanese origin, had a band that played in Candacraig for weddings and dances before the war. During the war time occupation, Martin played the piano and sang Japanese songs to the Japanese soldiers in Candacraig Hotel between late 1942 and 1944.

One engagement in Candacraig was on March 30th 1944 for recovering soldiers about to return to the battle front, and the anticipated, but subsequently unsuccessful capture of Imphal. A captain Tanaka once ordered his piano to be stripped down to ensure it did not contain a radio transmitter.

Joseph Valu's diaries of Burma¹⁵ tell of his childhood and the role of his father, Dr Peter Valu, a public health physician previously based in Rangoon. In 1944 Peter Valu's colleagues and friends suggested he should assist the Japanese doctors in the military hospital with the large number of wounded and diseased soldiers, while concealing his rank as a captain in the British Army.

Dr Ikeda from the Japanese Army Hospital approached Dr Valu and requested to attend his clinic to observe and learn from him, as he had been made a medical officer after two years training in anatomy and pathology, knowing little of internal medicine and tropical diseases. Soon Ikeda asked Valu to attend the sick Japanese soldiers which he did under the eagle eye of a Japanese doctor. Valu's professional ethics transcended war-time national differences. Valu was concerned that his assistance may compromise his future with the Indian army, but the Japanese gave him a plaque stating: "*Because of his expertise, Dr. Peter Valu's services are required by the Imperial Army's medical center in Maymyo.*" When Peter's sister Norma caught malaria, Ikeda provided quinine to Peter for her treatment. Their professional relationship, a harmony of contrasts, appears as a solitary ray of sunlight surrounded by dark clouds of death and disease, violence and hatred.¹⁵

Joseph Valu writes that the family got to know and love the friendly Ikeda, describing him as ‘a big giant roly-poly of a man.’ He was pleased to report that Ikeda survived the war and was repatriated to Japan.

The clinical condition of patients within Candacraig would depend on available therapy. Prior to antibiotics and intravenous fluids, typhoid had a twenty percent mortality and an average stay of fifty days¹⁶, and compound fractures required amputations. However; Weary Dunlop in his ‘*War Diaries*’¹⁷ records that doctors in POW camps not far away on the Burma railway had vaccines for cholera, typhoid and dysentery, plus emetine, aspirin, quinine and sulphaguanidine drugs as well as skin disinfectant and improvised intravenous fluid delivery systems. Presumably these and more would have all been available in Candacraig Hospital which would have provided a delightful environment in which to recover predominantly from the infectious and tropical diseases, and from battle trauma so prevalent during the Burma campaign.

These two primary sources of information about the hotel during the period of interest, refute the suggestion found elsewhere that Candacraig was a hostel where ‘*comfort women*’ provided for the ‘*needs*’ of the healthy, rather than nurses providing for the needs of the sick. However, Valu notes that the Maymyo Church of the Immaculate Conception had been used during the war as a ‘residence for the enslaved Korean comfort women’ i.e. a brothel.

Today

The current diverse population of around quarter of a million people in Pyin Oo Lwin, renamed after independence, reflects its history and geography, with a mixture of Anglo-Burmese, Anglo-Indians, and Chinese, plus citizens from the states of Chin, Kachin, Shan and Karen in Myanmar. There is again a large military population in town as the Defence Services Academy and the Defence Services Technological Academy are located close to the town.

The town is an important centre for the production of flowers, vegetables and coffee, silk worms and pharmaceuticals, and for tourism. Even today the British legacy is present in the many tea shops, and in a wistful longing for the past amongst the most ancient citizens. Pyin Oo Lwin still remains a centre of Christian churches, the All Saints Anglican Church, built in 1905, was restored in 2006 and has two Sunday services monthly announced by the bell installed in 1926, the Catholic Sacred Heart Church, originally the Anglican Garrison Church, was used as a recreation centre and badminton court during the Japanese occupation, the St. Matthew Kachin Baptist Church, once Anglican, a Kachin Baptist orphanage since 2001 housing some 200 children, and the Church of the Immaculate Conception are still to be found.

Candacraig was open as a hotel during the era of the Burmese generals’ military regime.

II. Conclusion

The luxurious historic Candacraig House for a brief part of its history was used as a recuperation units for Japanese army officers treating the potentially preventable diseases that still cause some four million deaths yearly, while fifty percent of global wealth is held by one percent of the population, the business and celebrity ‘stars’ of the current paradigm.

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