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File: 3127-4

Title: Medical Reports

AGRP-95

Origin: Shinagawa POW Camp

Dates: Sept 1945

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Source: Com. H. L. Cleave - British

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3127-4

Medical Reports
Shinagawa POW Camp
Sept 1945
Originals signed
Com. H L Cleave

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ARCHIVES FILE NUMBER 3127-4

TITLE MEDICAL REPORTS

ORIGIN SHINAGOWA POW CAMP

DATES SEPT 45

AUTHENTICITY ORIGINALS, SIGNED

SOURCE COM. H. L. CLEAVE - BRITISH

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Office of the Vice Admiral,
Second-in-Command,
British Pacific Fleet.

11th September, 1945.

VABPF No. 432/4/11.

The Commander,
Task Force 111.
The Commander-in-Chief,
British Pacific Fleet.
The Vice Admiral (Q),
British Pacific Fleet.
The Commander,
Third Fleet.
The Commander,
Task Group 30.6.
The British Naval Liaison Officer,
To Supreme Commander Allied Powers.

MEDICAL REPORT ON SHINAGAWA CAMP

The attached reports by Surgeon Commander H.L. CLEAVE, Royal Navy, and Surgeon Lieutenant A.W. DAWSON-GROVE, R.N.V.R., are forwarded for information.

J Nicolson
for VICE ADMIRAL

Enclosures:

1. Report by Surgeon Commander H.L. CLEAVE, Royal Navy.
2. Report by Surgeon Lieutenant A.W. DAWSON-GROVE, R.N.V.R.

REPORT ON SHINAGOWA HOSPITAL, TOKYO

This was the sole hospital catering for the whole Tokyo area and for many camps in Northern Honshu. It was part of the Omori Tokyo headquarters camp and came under Omori for all higher administrative decisions, for canteen, rations, etc.

The attached plan will make the lay-out clear.

2. Each "barracks" was constructed entirely of wood of flimsiest type - a more accurate description would be a "bad barn or hut". Each hut had four big rooms and two small end bunks. The rooms had nineteen "tatamis", or Japanese straw mats and 16 lockers. The bunks had seven tatamis each and were fairly snug. They were occupied by the medical staff - medical orderlies in one and doctors in the other. Usually there were four orderlies in one bunk and three doctors in the other but this changed from time to time as the number of hospital staff constantly varied.

3. The state of the rooms and corridors was not good on my arrival in May, 1944 and rapidly became worse in the ensuing fifteen months. Windows, accidentally broken from time to time, were never replaced. There was some glass in the camp and expert glaziers but no tool for cutting the glass. The Japanese refused to get one for us, or to allow us to buy one. After August 16th, 1945, Japanese glaziers came in and made the necessary repairs! By the winter of 1944 many of the corridor windows and door windows were broken. This was a real hardship during the bitterly cold Tokyo winter. Many of the wooden walls also had defects. There was a small sink and tap in two of the five barracks only, and all other washing of dishes and clothing had to be done at the open washstands between the barracks. The amount of washing done during winter months can easily be imagined!

4. There was no artificial heating in any barracks during my time at Shinagawa except that just before a visit of the Swiss Red Cross delegates in March, 1945, a small charcoal brazier was allowed in No. 1 room of four barracks where the worst pneumonias were treated. No brazier was allowed for my surgical barracks! I attribute my loss of the patient Kessing (to be described under the surgical section) due to this lack of heat. The winter in Tokyo for a patient is a real ordeal. Several patients developed pneumonia while in the hospital (two following straitforward appendectomies). Patients often slept two together in one bedding roll for warmth.

Each barracks had four squatting, Oriental type, lavatories without water. One of these in each barracks we fitted with a wooden seat for those patients exhausted by diorrhoea or paralysis.

5. During 1944 the accumulations of excreta (night soil) were collected from time to time and removed, but during 1945 we had to dip the night soil ourselves and spread it over the gardens both inside and outside the camp. The dipping of night soil and carrying it in heavy buckets - often a quarter of a mile - was exhausting work for convalescent patients!! Also, in spite of our protests, we had to use the night soil from the bacillary dysentery and amoebic dysentery barrack just like that from other barracks. In view of the prevalence of flies the danger of spreading disease from this can be readily understood.

Details of Allied Staff

6. Eight British medical officers arrived at the hospital on May 13th, 1944. I was discharged, cured of amoebic dysentery, on 16th June, 1944, and was appointed by Dr. Tokuda as one of the two surgical specialists and one of the two medical liaison officers. Captain Weinstein, U.S.A., was the other surgical specialist but he left for Omori in August, 1944. Lieutenant M.L.Gottlieb U.S.N., was the other medical liaison officer, and had been in the hospital from its inception. Lieutenant J.R. Davis U.S.N., C.E., was the third liaison officer. He was also the executive officer responsible to the Japanese for almost everything except medical work - cleanliness and tidiness of the hospital, formation of work parties, keeping of records and of discipline outside the barracks.

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A doctor was made responsible for the inside of and discipline in each barracks. Lieutenant Davis left the hospital on 30th March, 1945, for Omori at his own request as he thought the Japanese had become absolutely insupportable in their demands of work from the patients. I would like to say here that Lieutenant Davis was one of the most delightful, brave and inspiring people one could ever hope to meet.

The rest of the staff have varied from time to time with drafting, but the following were regularly employed:- Captain Warrack R.A.M.C., was in charge all the time of the dysentery barracks. Surgeon Lieutenant A.W. Dawson-Grove H.K., R.N.V.R., treated all tuberculous and suspected tuberculous cases until Dr. Tokuda took the barracks for himself on 15th March, 1945. Captain H. Keschner U.S.A., was the pathologist, and Lieutenant Mohnac U.S.A., D.C., was dental officer and messing officer. Lieutenant Gottlieb U.S.N., treated all the most severe and acute medical cases until Dr. Tokuda transferred all these cases to his own barracks.

7. The convalescent barracks was from March, 1944 until May, 1945, in the care of Captain Clayman U.S.A., and after he left Surgeon Lieutenant Dawson-Grove took it over.

8. The number of medical orderlies have varied. From May, 1944 to 3rd May, 1945, there were twenty-four (seventeen American and seven British), and thereafter we had thirteen (eight American and five British).

9. We had also an excellent camp engineer, H.T. Petterson, a Norwegian civilian German prisoner; and as camp carpenter Corporal L.E. Bower A.I.F. These two between them made all the improvements that occurred in the camp facilities while I was there. They had to fight to get the Japanese permission to make these improvements and then, with practically no materials, turned out most practical results. Petterson built both my operating room sterilisers, the camp bakery, the camp disinfector, the camp bathroom, etc. I cannot praise him too highly. Corporal Bower was also always most helpful, and turned out beautiful work.

10. Since August, 1943 I have Lieutenant Davis' records of the number of patients treated in the hospital. They total 784 with 75 deaths. Many more patients were treated, however, before Davis' arrival in the camp. Of the 75 deaths there were eleven Americans, eighteen British, one Indian, six Australians, twenty-four Dutch, twelve Canadians, two Norwegians and one Royal Italian Navy. It must be remembered that many of these patients arrived moribund.

Vermin

11. Owing to Petterson's bathroom we were able to take two hot baths a week. This helped to keep the number of lice down. During the winter months many patients arrived seriously ill and swarming with lice. The lice rapidly spread along the tetamis and infection was inevitable. The camp disinfector proved invaluable but inadequate to eradicate the lice. Rats abounded. We had two or three cases suspiciously like the Japanese modified typhus fever, but diagnostic sera were lacking. I never ceased to be amazed that we had no severe outbreak of typhus.

12. During the summer months the mosquitoes, bed bugs and fleas made life unbearable. Sleep was possible only through exhaustion. When staff and patients tried to improvise beds off the ground with plain boards the Japanese forbade this both in 1944 and 1945. In the winter we had the extreme cold and lice, but very little work and very little trouble from the Japanese who remained in the camp office all day huddled round a charcoal brazier, while in the summer we had fleas and bed bugs and much heavy manual work and constant deliberate irritation on the part of the Japanese. The staff preferred the winter, also patients who had adequate clothing.

Clothing

13. The staff mostly had adequate clothing. I must explain that patients were issued with clothing in their working camps. When they left for the hospital the Japanese camp authorities argued that they would not have to work in a hospital. So they took away their boots and gave them worn out boots or none. If patients arrived in their summer kit and did not recover before the winter they had only these clothes until their camps forwarded their winter clothing.

14. Some camps did this after repeated requests by us, while others never sent them at all. So we had patients standing morning and evening roll call in shorts, no socks, and often without boots (only clogs). The morning winter temperature is usually about 20°F. As I have said the staff had adequate clothing, but we were not allowed to wear gloves or overcoats during roll call, by Dr. Tokuda's direct order, which lasted 10 - 20 minutes and was held in the open unless it was raining very hard.

15. The result was that nearly all staff members had severe chilblains of ears and hands. Scrubbing up for operations was a trying experience. If the patients possessed coats and gloves they were allowed to wear them at roll call.

16. I want to emphasise that Dr. Gottlieb and I frequently spoke to Dr. Tokuda about this clothing problem without his evincing any interest. I also brought it up at the Red Cross visit - see later note.

17. Dr. Gottlieb organised a clothing pool. All the staff gave every possible garment that could be spared to this pool, from which the most destitute patients were helped.

18. In January, 1945 some shipwrecked patients arrived from the Philippines. They had almost no clothing and were, of course, unacclimatised. Their condition was pitiable and they could not help shaking all over continuously. Dr. Tokuda looked at one of them (A.M. Epple, private 1st class, U.S.A.) and sneered: "Ha! Like monkey". Without our contributions I do not think they could have survived. I would like to make one point absolutely clear. There was ample Red Cross clothing and other clothes right in the hospital store all this time - at least enough to equip 400 - 600 men. As we often worked in the stores we are certain of these facts. Moreover one of the first indications that we had that the war was over was that the Japanese opened these stores and inundated us with clothes which had been there for many months!

Surgical Notes

19. At the start Captain Weinstein U.S.A., or I either did alternate cases, or had to assist Dr. Tokuda. Captain Weinstein left in August, 1944. He was bitterly opposed to Dr. Tokuda.

20. I did, or assisted at, but in either case feel I was responsible for 137 operations. (These were done under either general or spinal anaesthesia.) There were two deaths:- Kessing, Sergeant, N.I.A., 838807, who died fourteen days after very extreme burns of face, trunk and all limbs. He was treated with Red Cross tannic acid jelly and plasma injections and was doing splendidly until he developed bilateral pneumonia from lack of any heating facilities and died. And, Lease, private 1st class U.S.M.C., 276210, who died 24 hours after a laparotomy. He had general peritonitis from gangrene of the ascending colon, which was due to volvulus of the caecum. The caecum and ascending colon had a congenital mesentery. He had been obstructed four days and was admitted moribund.

21. All my abdominal cases were done under spinal anaesthesia sometimes combined with sodium pentothal. Lieutenant Mohnac U.S.A., D.C., was the anaesthetist. He used Red Cross procaine spinal for a time, but then changed to Red Cross pontocaine and found that it gave a longer and more certain anaesthesia.

Some of these cases were very ill on admission. I refer to five cases with peritonitis sequela appendicitis, five cases of intestinal obstruction, and one case of pyloric stenosis who had to have a gastro enterostomy when he weighed only 82 pounds and had anasarca from starvation vedema due to vomiting. This last patient made an uninterrupted recovery, put on 55 pounds and was discharged to his working camp. He was Thomas Taylor, Sapper, R.E., 1875854. We had eleven ordinary appendectomies, nineteen cases of inguinial hernia (seven direct and twelve indirect), and many rectal operations (haemorrhoids, fissure-in-ano, pectenosis, rectal sinuses and fistulae, etc.) The great prevalence of rectal pathology is due to the enormous amount of diarrhoea occurring in prisoners of war, a low state of health and loss of pararectal fat. We had also three empyemas, one large ventral hernia following Japanese performed appendectomy and one severe case of gas gangrene. Red Cross vacolitres and plasmas saved many lives. The operating room was for a long time entirely without heat, but finally the Japanese allowed me to buy Y 40.00 worth of Ni-chrome wire and Petterson made me a small heater. We could willingly have bought 400 yens worth of wire and had a good heater, but the Japanese were not interested enough to buy it in spite of repeated requests.

22. The operating room was roughly 15 feet by 15 feet, but was made smaller by the presence of many shelves. Dr. Tokuda invariably managed to touch some unsterile object while putting on his gown or during the operation. In fact in spite of all care the whole aseptic technique frequently became a farce - many flies in the operating room in the summer, and if an interesting case many Japanese soldiers would crowd in (none with masks) until one scarcely had elbow room. Under these conditions I thought it wise to follow the advice of Dr. Gottlieb and leave in the general peritoneal cavity as a routine about 10 - 15 grammes of powered sulphanilamide. I got almost no sepsis as a result and was able to use silk for all my hernial repairs without fear of getting low grade sepsis and sinus formation. (I never once had any post-operative sepsis after herniorrhaphy) Incidentally I kept all my herniorrhaphies lying flat for three weeks and would not let them return to their working camps in under a month from time of getting up. As far as I am aware no recurrences, but patients often had muscles like tissue paper. (Notes on Dr. Tokuda's degree of skill, intoference, etc., will be found in the special note on Dr. Tokuda later.)

Treatment of Patients

23. Patients were listed as Tansor (strict bed), Gorsor (ambulatory) and Doppo (working). During 1944 their treatment at the hands of the Japanese and by Japanese standards was not too bad. They did not have to work too hard. Their rest during their stay in hospital was in most cases as beneficial as their treatment. They liked the hospital and tried to stay there as long as they could - we had many malingerers. Up to 1945 all patients, except tuberculous, got a full ration of rice and korean (millet) mixture. (This was a dry mixture.) The tuberculous patients got a 4/5ths ration by weight of a very wet white rice which was more than 50% water. The tuberculous patients were kept on a terribly low ration (by Japanese standards) all my time in the hospital. They suffered very severely from hunger. No heating at any time in their barracks, but they were given two extra blankets each.

24. After 1945 the work in the hospital became severe and the patients were perpetually bullied and harassed by a Sergeant Tobita, (not there in 1944) who took a delight in keeping them from their meals etc. In 1945 therefore we had trouble in keeping patients in the hospital - all wanted to return to their camps at once. We saw no more malingerers. The Japanese were quick to spot this. They would discharge patients from the hospital and then not send them back to their camps but make them work in an adjacent factory and shipyard and saw mill. Some of the patients worked there even before being given their medical discharge!

25. In 1944 the summer work schedule did allow for one hour's sun bathing, washing time and a break on Sunday afternoon.

26. In 1945 under the direction of Sergeant Tobita all this was changed. We worked from 0730 to 1130 (usually 1200 in practice) and from 1300 to 1730 (usually 1800 or later in practice). Patients often said to me, "I get more pushed around here and have to do more work than in any working camp I have been in". A typical patients' work detail was the following. Those not fit enough for the factory or ship yard carried benjo (night soil) from our lavatories to the inside and outside gardens all day. These buckets or really tubs, one swung on a pole between two patients, are very heavy. It is tiring work in the summer heat for patients supposed to be convalescing!

27. We grew a lot of potatoes in our gardens but I can truthfully say that the Japanese hospital staff ate 95% of them. This did not make for enthusiasm in gardening.

28. At the beginning both in the Kai Hing factory and in the shipyard, and for about six weeks we made charcoal bricketts actually in the hospital for an outside firm who brought the parts for the patients to assemble in the hospital, the men were paid a small amount and given a few cigarettes. This stopped after about six weeks and thereafter it was simply slave labour. Of course the yen was always useless as there was nothing to buy either legally or through the guard, but cigarettes were highly prized. I complained repeatedly about this - although I was never once consulted by Dr. Tokuda about any work project - but all that happened was that in May, 1945 I was removed as liaison officer and told that I was not to come into the Japanese office.

29. Tenko, or roll call, was another opportunity for the Japanese to harass the men. It had to be given in Japanese, and the men had to be rigidly at the Japanese attention position (different to ours) and salute in the Japanese manner. Only Sergeant Tobita took this opportunity to make the men miserable. Even in 1945 I believe the patients would have done the work with good grace had it not been for this sergeant who never failed to work them longer than routine hours, in the rain; who always managed to find an excuse for preventing their Sunday afternoon rest (he would arrange a clothing inspection or some such thing), etc. Of all the Japanese office staff, I have reason for hating only two:- Dr. Tokuda and Sergeant Tobita. One more example of Tobita's unreasonable savageness. He often hit patients. One day Dr. Gottlieb while doing forced carpentry work accidentally broke a pane of glass. Tobita hit him hard across the face many times for this! It was Sergeant Tobita who caused Lieutenant Davis U.S.N., C.E., to leave the hospital. Davis found that he was absolutely powerless to control Tobita at all and so finally requested to be transferred elsewhere. Tobita turned the hospital into a work camp in 1945. When Tokuda was repeatedly told this he always replied that it was an Omori order; thus putting the responsibility back on to Colonel Sakaba.

30. The time of roll call varied with the season of the year. In the winter it was 0730 and 1730, but as the weather became warmer it became earlier in the morning and later at night on the first of each month. In June it was 0500 and 1900 or 2000.

31. In 1944 the medical staff did little besides medical work and only on special occassions, but from 1945 onwards we worked harder than the patients. We protested and were immediately put on a 5/9ths ration. This was obviously going to prove fatal in the long run that after about a fortnight we all decided to do the manual work and get a full ration. We did standard work but no benjo carrying. Many days we worked, barefoot, in the fields all day with pick and shovel and saw our patients either before we went out (between 0500 and 0730) or after supper. After one strenuous day I remember that during the night I had to operate on a case of intestinal obstruction followed by an appendectomy. I must emphasize that Dr. Tokuda knew exactly what was being done and in spite of our protests did absolutely nothing to alter the situation.

State of patients on Admission

32. Patients frequently arrived moribund from beri-beri or pneumonia. Many of our 75 deaths could have been easily prevented by earlier admission. Moreover we were constantly told by the patients who came down to us from the camps in Northern Honshu, "There are far worse patients back in the camp than us, Sir, but it is too difficult to move them". So paradoxically the hospital got the mildest cases.

Red Cross Visit and Supplies

33. I personally had only one interview with the Red Cross representatives. In March 1945 Dr. Gottlieb and I were summoned to the office to see Dr. Bernard, Swiss minister to Japan and Mr. Luck, Red Cross delegate. We were asked some questions in front of a large number of Japanese with interpreters. Dr. Gottlieb was given precedence and was asked most of the questions. In my turn I pressed for an issue of Red Cross clothing explaining the terrible position of the patients in this respect and knowing of the supplies available right in the hospital. I also begged that the patients might be sent to the hospital a little earlier, explaining that all deficiency diseases were curable if seen early enough - and we had plenty of drugs all my time in the hospital.

34. I was about to describe the rifling of Red Cross packages when a large flight of B.29s passed overhead and all hands took to the shelter. We were not called again. Dr. Bernard, however, visited Dr. Gottlieb's acute medical barracks and expressed surprise at thelack of heat. Absolutely nothing came of the visit. The two delegates were most kind and encouraging and I well know it was not their fault that they could not accomplish more.

35. We had altogether 3 Red Cross individual parcels. They were distributed in December, 1944, and January and March, 1945. We received one unopened package and the rest were looted in varying degrees, but mostly chocolate, sugar and Camel cigarettes were missing. Some were almost looted 50%. We were assured that this was authorised from Omori camp and that absolutely nothing could be done about it.

36. We did not feel justified in refusing to accept the packages because during those cold months the patients most desperately needed the extra food.

37. We were informed by many patients coming in from different camps that the procedure varied from camp to camp. In some camps the packages were heavily rifled and in others they were not touched. It depended entirely on the morality of each particular Japanese camp commandant. In the case of the hospital the responsibility for stealing this life-saving food must rest on Colonel Sakaba of Omori and on Dr. Tokuda who made no attempt to stop it, or supervise the distribution. Dr. Tokuda never came to the hospital on Xmas day, 1944 although he was in Tokyo.

Red Cross Drugs

38. We had plenty of drugs the whole of my time at Shinagowa hospital. On the whole we dispersed them freely but about once a month Dr. Tokuda would go through the hospital tickets with each doctor and cancel certain drugs. We always felt that this was a double impertinence because he knew so little and because the drugs were ours. Incidently he stopped my ordering vitamin C post-operatively which I gave to ensure the rapid and sound healing of wounds in view of the very poor dietary. We effectively got round his orders, but that is not the point at issue

39. One of the most distressing incidents in regard to drugs occurred in July, 1944. Major Woodward I.M.S., had been appointed medical officer to the staff. He was treating a number of us for deficiency symptoms - sore tongues, retinitis and myself for wet beri-beri. He was sent for Dr. Tokuda who accused him of falsely prescribing drugs.

He kicked Major Woodward in the shins and slapped him. All the staff - except I who had obvious pitting oedema - who were receiving vitamin treatment were put on half rations for about a fortnight!

40. Having very briefly described lay-out and life at Shinagawa Hospital I now want to indict Captain Tokuda I.N.A., Japanese doctor on definite charges of inhumanity and mal-practices.

Accusations levelled at Captain Tokuda I.N.A.

41. He had very little knowledge of anatomy, very little training of any surgical sort, was exceptionally clumsy and short-sighted and appeared incapable of learning. Up to the very end he had difficulty in tying ligatures. It was a standard joke in the hospital. Unfortunately, he is by nature very rough and tears everything he touches (he will put artery forceps on the skin edge instead of Allis forceps) and has no conception of the meaning of Lord Moynihan's phrase, "Tissue reverance". As an example of Tokuda's lack of skill he once took forty minutes to open the peritoneal cavity while doing an appendectomy with Major Nagy U.S.A. I can say that I never once seen Dr. Tokuda able to find the appendix. He would open the abdomen and then eviscerate the patients and after fifteen minutes say, "Very strange, very strange - you find", whereupon I always took over and finished the operation.

42. Like all the Japanese military doctors I have seen, he was interested merely in the spectacular part of surgery, having no interest in pre-operative care or the details of after-treatment.

43. I am convinced that many of the haemorrhoid cases that he did will require further operations in years to come. He did a very incomplete operation. This was one of Captain Weinstein's chief complaints.

44. He showed no trace of humanity all the time I knew him. Examples:-

(1) Fry, R.C., P.O., U.S.N., had symptoms of gastritis (no Xrays available). Tokuda wanted me to operate on him. I refused and the patient refused, whereupon Tokuda lost his temper and struck the patient savagely across the chest with a tuning fork that lay handy.

(2) Tokuda kicked Knox, Ralph M., Private, U.S.A.A.F., 15059096, so hard in the shins that it could be heard all over our parade ground. Knox failed to salute him by accident.

(3) McKone, J.J., Gunner, A.I.F., NX.28252, failed to see Tokuda and therefore salute him. Tokuda struck him across the face and gave him a painful corneal ulceration which took three weeks to heal. McKone was an exceptionally nice and hard working patient - a general favourite.

(4) When doing routine sigmoidoscopies, testing for cure following treatment for amoebic dysentery he was always very rough and if the patient flinched due to pain from haemorrhoids, etc., Tokuda always sneered and often hit them on the buttocks with the sigmoidoscope.

These incidents will suffice to indicate the sadistic type of his character.

45. He frequently refused to take my advice and two particularly glaring examples occur to me:-

(1) Heywood, W.S., W.O.I., A.I.F., VX.39162 was admitted with the diagnosis of appendicitis. I examined him thoroughly and was convinced that the diagnosis was incorrect. I reported this to Dr. Tokuda. He demanded a white cell count which, as the pulse and temperature were both normal, I had not done.

The white cell count was normal but showed a large number of malaria parasites. Dr. Tokuda insisted on personally doing the operation at once in spite of this, and would not even allow the patient to have a course of anti-malarial treatment first! A normal appendix was removed.

(2) Sergeant L. Waterhouse, R.A., 847044, needed a circumscision for repeated attacks of paraphimosis. I had everything ready for the operation including a sodium pentothal anaesthetic actually in the syringe. I then asked Tokuda for permission to do the operation. He refused and came and did it himself, throwing away the anaesthetic and giving a spinal procaine instead, which was followed by a very severe spinal reaction.

46. Incidently I was not allowed to do any operation without his permission, or that of Sergeant Tschino if Tokuda was out. Sergeant Tschino was always polite and nice to me. One of the last rows I got into in the hospital was for giving a citrated whole blood transfusion without permission. I took the stand that it was an incident of treatment and Tokuda said it was an operation! Tokuda was always trying to influence me wrongly. He wanted some spectacular show. Examples:-

(1) De Kruif, Private, N.I.A., 94243, developed extensive gas gangrene in his left leg - already very oedematous from beri-beri. Tokuda wanted an immediate amputation. I refused and made instead multiple incisions under a spinal - recovery.

(2) Kyle, D., Sapper, R.E., 1874149 sustained a compound fracture of right humerus from a bomb explosion. Tokuda wanted a wide exposure of the bone ends, open reduction and the insertion of camp made iron pins in both fragments. When I did a simple debridement of the wounds, closed reduction (excellent position shown in Xrays taken later) and applied plaster of Paris without iron pins he was furious and stamped out of the operating room. I asked him if I might have a post-operative Xray to see the position. He refused twice and I had to have the film taken surreptitiously.

47. When we left the hospital we left behind for the Red Cross, 90 plasma sets, so it is worth mentioning that Dr. Tokuda would not allow me to give a plasma without first obtaining permission from a Japanese sergeant. He also insisted that any vitamin B solution must be given intravenously. Needless to say we devised ways of getting round both restrictions, but they show the unpleasant interfering nature of the man.

48. We could not take an Xray without Dr. Tokuda's personal permission, and he frequently refused my requests. All were taken for me by Sergeant J.H. Anderson, R.A.M.C., surreptitiously, but had he been discovered he would certainly have been beaten up.

49. I several times asked Dr. Tokuda to get me special drugs or equipment - plaster of Paris, a traumatic needle before doing a gastro-enterostomy, pituitrin, a hospital heater or Ni-chrome wire - and he never once helped me in any way.

50. Both Lieutenant Gottlieb U.S.N., and I both repeatedly asked his help over the hospital's lack of books, patients lack of clothing and the hours of physical work, but always without result.

51. He knew everything that was going on in the hospital and never once tried to help. He never once had a consultation with me or asked for any suggestions for it's improvement. I regard him as directly responsible for the unhappiness and lack of morale in the hospital.
He was at all times curt and rude to the Allied doctors, inspecting our finger nails on roll call etc.

52. Lieutenant A.C. Price R.A.M.C., had an attack of diarrhoea for about ten days. Dr. Tokuda disliked Price. He promptly put him on half rations and kept him on this ration scale for the next two months until Price left the hospital. I twice protested to him about this discrimination without result.

53. When the Allied officers had long been out of cigarettes Dr. Tokuda would be blatantly smoking "Camels" stolen from Red Cross parcels.

54. I now wish to bring specific medical charges of mal-practice.

(1) Surgeon Lieutenant A.W. Dawson-Grove H.K., R.N.V.R., had been treating C.W. Fusselman, Private, U.S.A., 38020634 by inducing artificial pneumothorax. The patient was frail and Dawson-Grove was careful not to put in more than 250 c.c. of air at a time. He had done this on four occasions. Dr. Tokuda then took the case over and injected 900 c.c. air straight off. The patient died that night.

Dr. Tokuda took complete control of No.5 barracks on 15th March, 1945. We were not allowed to visit any of the patients there subsequently. The patients were either tuberculous or severe medical cases. Much of the following information I had to obtain from Corporal J.H. Williamson, Royal Scots, 3054368. Williamson, a medical orderly, was a great favourite with the Japanese. He was most efficient. He asked to be allowed to go to this No.5 barracks and help the single Japanese orderly assigned there. While working there Corporal Williamson kept me well informed of all that was going on. Dr. Tokuda used this barracks for experimental work.

(2) Riboflavin intraspinally.

Kalil, George, Private, U.S.A., 11030573.
Davis, K.S., Staff Sergeant, U.S.A., 6574307.
Potter, W.L., Sergeant, U.S.M.C., 251270.
Knight, A., Third Engineer, British Merchant Marine.

These four patients had one injection each of 2 c.c. of a suspension made from one tablet (0.002 G) of Red Cross riboflavin. They all got the most terribly severe reactions with vomiting, headaches, high fever and rigidity of the spine and neck. Next day Captain Keschner U.S.A., examined the cerebro-spinal fluid of Kalil and Potter and found it to have very many lymphocytes. The severity of the reaction frightened Dr. Tokuda and he did not repeat it.

(3)

Goodman, D., R.M.I.C., 2234320, U.S.N.
Moravec, E.R., Sergeant, U.S.A., 6562361.
Gear, J.B., Seaman First Class, U.S.N., 357-22-34.
Tarleton, C.O., Driver, R.A.S.C., T-64790.
Vande Veer, H. Private, N.I.A., 98323.
Van Diggele, Marine, N.I.N., 4719.

These six patients had a suspension of sulphur in castor oil injected intramuscularly. They got terrible reactions with high fever, burning pains in both legs, headache, nausea, etc. For six patients Tokuda used 12 c.c. of castor oil and 150 milligrammes of sulphur. Each one got a 2 c.c. dose.
Tokuda did not pursue this experiment.

(4) Tokuda next took a group of 11 patients: Davis, Kalil, Potter, Knight, Tarleton, Gear, Moravec, Van de Veer and Van Diggele (for service particulars see above (2) and (3)) and Thompson, J.M. Sergant, U.S.A., 6277738, Torkelson, W.E., Private First Class, U.S.A., 6861699. These patients had 1 c.c. of Red Cross Vitamin B, (50 millograms) intraspinally and 10 c.c. of whole blood into the upper part of posterior aspect of both thighs.

This happened every other day until they had all had twenty treatments. As Gear, Moravec, Thompson and Knight showed no improvement they were going on to have thirty treatments in all but the peace came too soon for them to complete their course. At the commencement of this treatment Tokuda took off about 2 c.c. of C.S.F. only, and as I have said replaced it with 1 c.c. of Red Cross vitamin B_1 solution, but for the last five spinal punctures on the same patients he withdrew about 20 c.c. of C.S.F. and squirted it over the floor or the allied orderlies' legs!

(5)

Gilmore, M.B., Corporal, U.S.M.C., 300045.
Gorman, M.T., Seaman First Class, U.S.N., 3816640.
Baker, C.E., Fireman First Class, U.S.N., 6274773.
Cornell, W.P., Staff Sergeant U.S.A., 20843296.
Santell, S.E., Sergeant U.S.A.A.F., 6539483.
May, G.R., Private First Class, U.S.A., 19020525.
Hoes, J., Private N.I.M., 94835.
Walker, M., Private U.S.A., 6954516.
Knight (same patient as in experiment(4))

These patients had ten treatments each. He took off very little C.S.F. here and injected 1 ampoule (1 c.c.) of Red Cross vitamin C. The reactions were less severe and less numerous in this series, but ineffectual of course.

(6) Thompson, Knight, Moravec, Van de Veer, Gear, and Trent, J.W., Private U.S.A., 33049170. These patients had seven treatments each. Each had $\frac{1}{2}$ c.c. vitamin B_1 and $\frac{1}{2}$ c.c. of vitamin C injected and he removed about 15 c.c. of C.S.F. At the same time he withdrew all blood and injected 10 c.c. into upper part of posterior aspect of each thigh (not into the buttock). The reactions were very severe indeed both in the legs and from spinal irritation.

Tokuda started off this series of experiments with an approximately equal number of patients for spinal vitamin B_1 and vitamin C, and then tried the seven combined injections, and finally returned to vitamin B_1 intraspinally with the large withdrawal of C.S.F.

Some patients showed definite improvement, but Thompson, Knight, Moravec, and Gear showed absolutely none. I want to emphasize that no Allied doctor ever examined many of these patients and those that we did know because they had been in the Hospital for a long time did not improve. In those cases that did show a marked improvement there was undoubtedly some hysterical and functional element, which was cured by the very severe reactions coupled with the very rough and painful method that Doctor Tokuda used for his spinal punctures. He injected a little local procaine and used a large needle - we had some beautiful small calibre spinal needles but he would not use them. If he failed to find C.S.F. right away he just went to the interspinal space above, or below, without injecting any procaine here! This happened frequently. I myself have seen it.

(7) He injected intravenously ordinary soya bean milk (made in our cook-house) into:-

Saxida, E., Engineering Lieutenant, Royal Italian Navy (died of cirrhosis of liver)
Holland, W., Seaman British Merchant Marine, (died of cancer of stomach)
Hampson, T., Corporal, Norfolk Regiment, 6020894 (died of advanced pulmonary T.B.)

Cause of death is accurately known from the findings at autopsy. The effects of these injections were terrible. The patients became shocked and had sub normal temperatures. They became incontinent of urine and faeces, and had severe intestinal colic, and all felt very ill indeed.

Holland and Hampson had only one injection each, but Saxida had three injections. The last of Saxida's injections was given into the jugular vein. This caused him to go into a coma with severe and repeated vomiting, which lasted up to his death about 48 hours later. I think this injection can be fairly stated to be the immediate cause of Saxida's death.

(8) Tokuda gave selected tubercular patients caprilic acid injections every third day. The acid was in powder form and Tokuda made it up in the hospital in varying strengths, and with and without dextrose.

Dr. Fuji I.N.A., gave eight selected tuberculous patients either 1.0 or 0.5 gramms of cephalantin. He had four deaths, but they were very poor risks. Dr. Fuji was an Omori doctor who came to Shinagawa when Dr. Tokuda was away. Tokuda also aspirated from Ping, C.L., Pte., U.S.A., 6563091 about 1400 c.c. of pleural exudate (straw coloured, tubercular) and injected into the pleural cavity about 10 c.c. of an emulsion of caprilic acid. This caused the patient to become critically ill for two days.

(9) McCants, H.W., Private, U.S.A., 38012077, was admitted to Shinagawa hospital on 21st May, 1945, and died on 24th June, 1945. He had heart failure, but was never seen by an Allied doctor. I point out that Lieutenant Gottlieb U.S.N., is a New York heart specialist. Dr. Tokuda gave definiteinstructions that Captain Keschner U.S.A., should do the autopsy but that no other Allied doctor was to be present. Normally we all attended autopsies.

(10) Dr. Tokuda did many chest aspirations on Ping (see note (8)) and Norris, G.E., Technical Sergeant, U.S.A., 6592410, using a large boring needle and never using any local anaesthetic. Procaine, 1%, was always kept ready for use in the theatre - there was never any shortage of it!

55. This completes my specific medical indictments of Dr. Tokuda but fuller details of his experiments on the tubercular patients can be obtained from a separate report being written by Surgeon Lieutenant Dawson-Grove H.K., R.N.V.R. Dr. Dawson-Grove was allowed to see his old patients in No.5 barracks from time to time when Tokuda was away although their treatment had been taken from him. I myself do not know the full details of the caprilic and cephalantin experiments.

56. The way the Japanese interfered in our cook house, both in the stealing of our rations and in not allowing us to cook the food as we thought best, was criminal. All details of this will be given in a report being written by our mess officer, Lieutenant A. Mohnac U.S.A., D.C., and I shall not attempt to go into details here.

I trust I have written enough to show how unsatisfactory the hospital was as a building, how brutal was Sergeant Tobita and how Captain Tokuda I.N.A., must take the responsibility for what went on in the hospital as well as for his personal experiments.

57. Colonel Sakaba I.N.A., from Omori camp frequently inspected the hospital, but he never spoke to any Allied doctor and always behaved in the most arrogant manner. The frantic efforts made by the Japanese to improve the hospital once the war was over show clearly how well they knew how bad it's condition was. As I have said they brought in new tatami straw mats, mended windows and roofs, and put a new floor in our bathroom, distributed clothing, food and drugs etc.

I am, Sir,

Your obediant servant,

H.L. CLEAVE

Surgeon Commander, R.N.
Senior Allied Medical Officer,
at Shinagawa Hospital.

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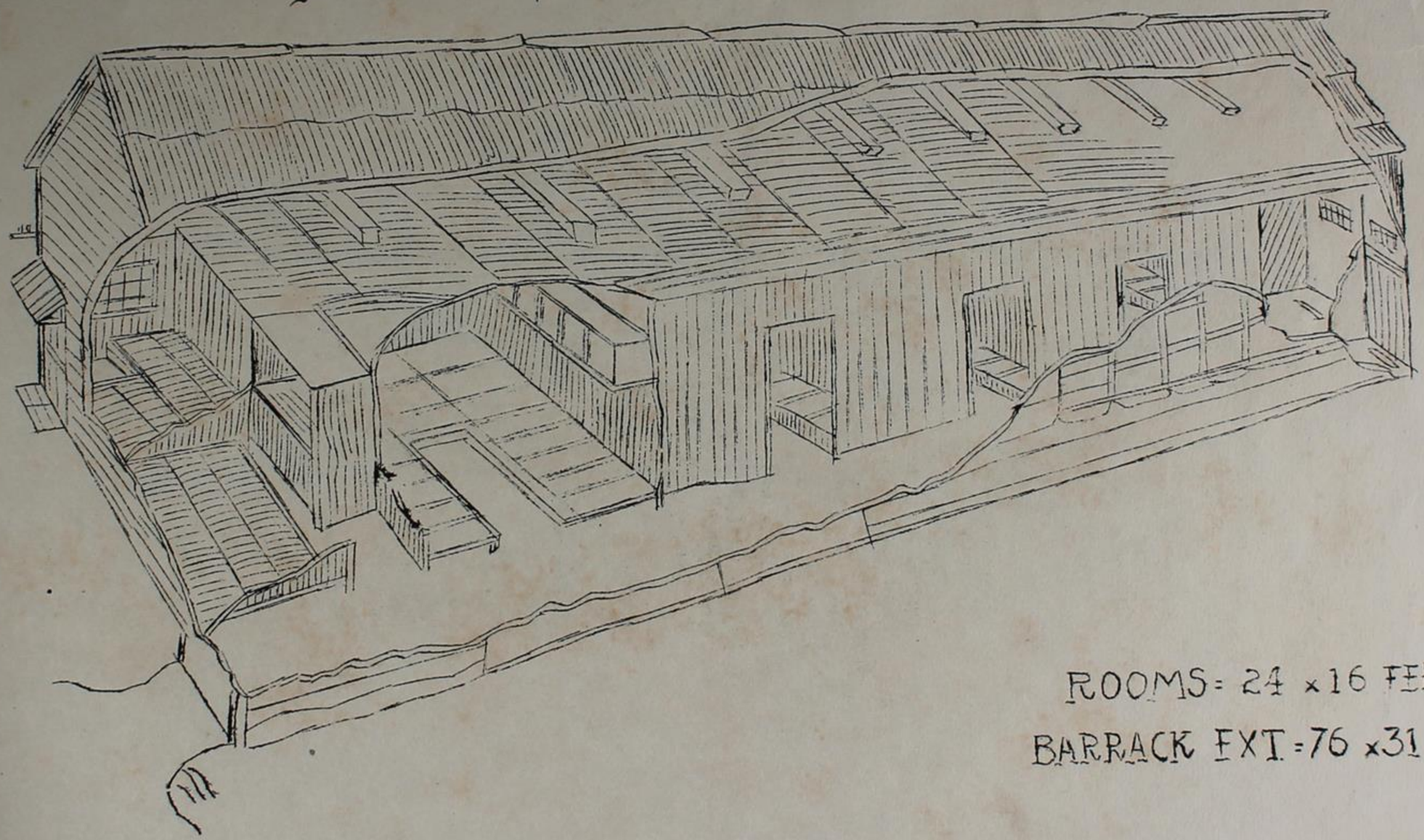
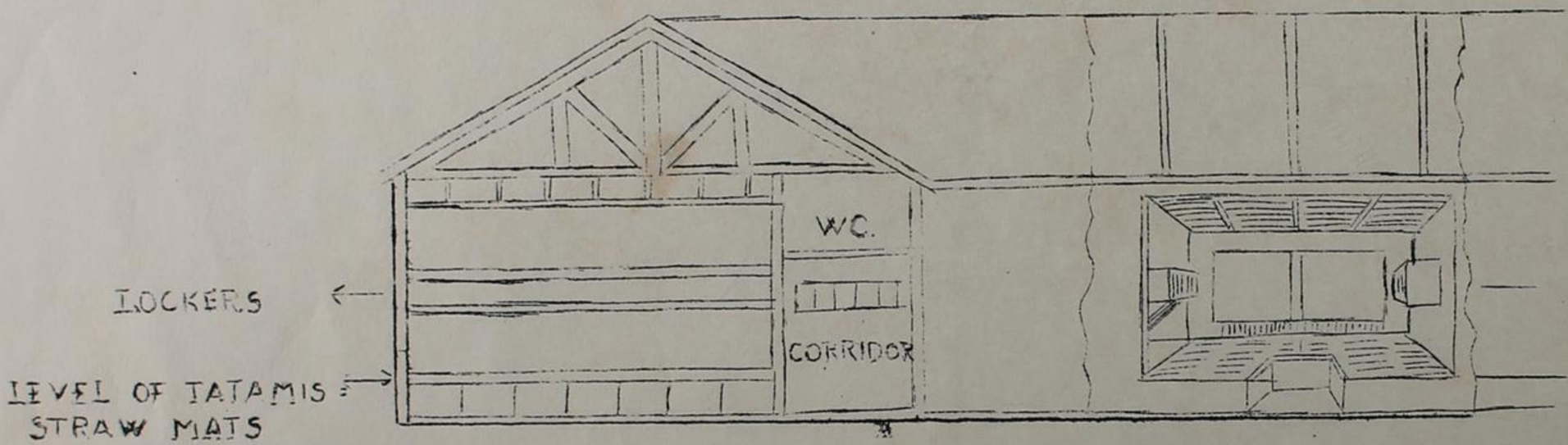
ENCLOSURE NO. 1 TO V.A.B.P.F.
No. 232/2/11 Of 11/12 Sept 1945

BARRACK. SHINEGAWA P.O.W. HOSPITAL.



ROOMS = 24 x 16 FEET

BARRACK EXT = 76 x 31 FEET.



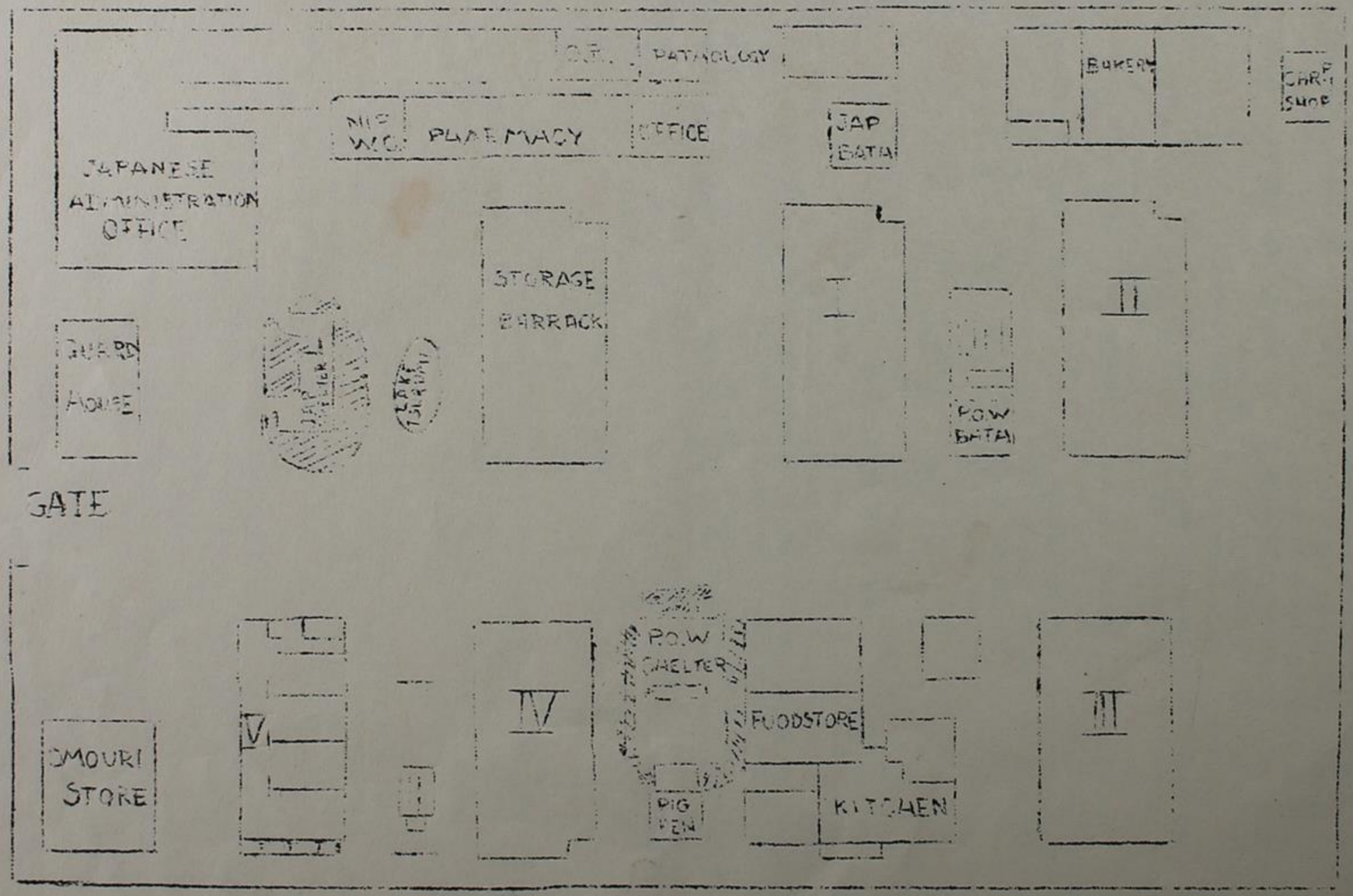
(Enclosure No. 1 to WAVES' No. [illegible] dated September, 1945)

13

SHINAGAWA P.O.W. HOSPITAL.

1945

SCALE. 1:500



SURGEON LIEUTENANT A.W. DAWSON GROVE, R.N.V.R.

I arrived in JAPAN at SHINAGAWA P.O.W. Hospital on 13th May, 1944. On 12th June, I was put in charge of Barracks V which consisted of 20 TB positive cases plus about 15 TB "suspects". Treatment prior to my arrival consisted of rest in bed though on occasions the Japs made them do P.T.; a diet of about 1500 calories: a few cases were given injections of calcuim: and much /vitamin therapy which came from the American Red Cross. The diet largely consisted of carbohydrate with about 1 - 2 oz. of fish per week, and a little fat obtained from the marrow of beef bones. No Xrays had been taken to date, but in July some 80 cases from my barracks as well as the surrounding camps were Xrayed with a Leica-Xray camera. The results were very hard to decipher but together with physical signs I found some 6 cases with unilateral disease which I considered suitable for A.P. treatment. By means of an A.P. apparatus and needle manufactured by Harry Petterson, camp utility man, I was hoping to start treatment. When the Jap doctor Tokuda was told about this he was delighted, saying he was keen to learn about artificial pneumothorax treatment. He would not permit me to induce the first case, Rifleman Ewing, Royal Rifles of Canada, age 18, but started off himself. He was quite annoyed when I suggested he should use a local anaesthetic, but eventually I managed to make him use it. He first tried to find the plemal space in the 8th space in the anterior axillary line pushing the needle down to the hilt and obviously into the liver. I told him to go higher so he went in the 7th space! He was not able to find the space and in the end handed it over to me and marched out of the room. (Ewing was one of my prize patients having an excellent collapse, and gaining 28lbs in three months and becoming sputum negative.) Tokuda gave me orders that I was not to do any A.Ps. or inductions without his permission, but he got tired of my repeated requests, so that after one month he told me I could do my own treatment when and how I liked. Before that he tried to induce three other cases all of which he had to hand over to me. Of the original six cases, 4 had good collapse results - this was proved in late September by a further Leica-Xray film. Seven of the original so called TB plus cases I was able to discharge as showing no evidence of pulmonary TB. (Three were asthmatics, one was a silicotic having been a miner for many years, one was a bad malarial case and one an upper respiratory tract infection with repeated bronchitis.)

In October we were presented with a Jap Field Xray set which had been bought for us by the Red Cross. Even then we could not obtain Xrays without permission from the Japs who would stop them for the slightest excuse, even though they Xrayed any of themselves for no reason at all.

By November the number of positive cases had increased to 25. Surgeon Commander Cleave performed phrenic avulsions on two cases with basal disease with great improvement in both cases - one gained 26lbs in five weeks even though he was a positive amoeba.

At the end of November I was suddenly told to give six cases intravenous injections of caprillic acid ester. I asked for the details of the substance, but was told to inject it. Tokuda would not do it himself as he seemed frightened as to what might happen. I objected, but he ordered me to continue. The injection caused tremendous constriction in the chest together with a cough lasting from five minutes in some cases up to eight - ten hours in others. One patient invariably had a severe general reaction - fever 104° with a rigor every time I gave him a full dose. I was supposed to give this daily but whenever Tokuda was away I just injected distilled water. Fortunately after 10 injections the supply of caprillic acid ran out so the cases were given a respite.

In December we were all given a Red Cross parcel and as our basic ration improved the cases all did fairly well, or shall we say managed to hold their own. Morale was excellent, in fact it was a pleasure to work for men who, though ill, bore all the unpleasantnesses and brutality of the Japs with such fortitude. My barracks was always used as an example for cleanliness and cheerfulness. The cleaning was done by the patients themselves as my S.B.A. Corp. Andrews U.S.A., M.C., was far too busy giving treatment to be able to clean the place.

SURGEON LIEUTENANT A.W. DAWSON GROVE, R.N.V.R. (Contd)

Caprillic acid injections began again in January with locally made material, but as Tokuda did not appear very interested I was able to ditch most of it.

Dr. Fujii of OMORI had six cases of Cephalantin, given by mouth in 0.05 mgm. doses. This drug did not appear to have any affect either way, except that I was able to have these cases Xrayed frequently.

In January Tokuda nearly killed Honeycutt U.S. Army. This man had an excellent collapse, but I was told to stop treatment in December - no reason was given. When the lung re-expanded there was a very large cavity at the right apex with a fluid level. Tokuda saw the Xray, sent for the case and ordered a large syringe and needle. He proceeded to shove this into the lung just under the clavicle (I don't suppose he had ever heard of the subclavion artery). He pushed the needle in a good 2" and as he only obtained a little bloody froth he pulled it out. When the patient returned to the ward he had a large haemoptysis of 1 - 1½ pints and his temperature rose to 105.6°. However he managed to recover although he says he has never been the same since and his weight which used to be 120 - 126lbs fell to 100lbs at which level it has remained ever since.

My barracks was given no heat of any sort but as a special concession the positive cases were given eight blankets instead of the usual six - that was until the Jap supply ran out. The men's clothes were in an awful state and yet ten feet away was a store room full of bundles of Red Cross clothing. These were asked for repeatedly with the usual Jap reply, "I am not in charge of that department". When Tokuda examined my cases they were taken over to his room which contained a small charcoal fire and here the men had to strip (outside temperature was about 20° - 40°F), while he examined them without any consideration at all about how long he kept the men stripped.

During January and February diet was still fair though the basic cereal ration was reduced to 4/5 as the TBs were considered to be non-workers. However in both these months Red Cross parcels were delivered one per man.

On 15th March, 1945, in the evening I was suddenly called over to Tokuda's office where I was told that I would no longer be in charge of V Barracks as he, Tokuda, was going to take over: in fact V Barracks would be out of bounds to me. I was to take over half of IV Barracks which I was to share with Dr. Gottlieb U.S.N.(R). No reason was given for this change.

Two criminal acts were performed at once by Tokuda. Fussellmann U.S. Army a very thin man who had taken some 2½ months to reach JAPAN from the P.I. had had an A.P. induced by me, and I had given him three refills of 250c.c. air when I was taken away from the Barracks. Tokuda told Williamson, the corpsman looking after him, "Not enough", and pushed in 900 c.c. of air That night the patient died from as far as I can gather acute mediastinal flutter. The other was that on Keays R.R.C., who had an excellent collapse and had been under treatment for six weeks and was gaining weight. Tokuda decided he would not give him A.Ps. as he wanted him for his caprillic acid experiments. This man started to lose weight, developed a TB larynx and now is in very bad condition with an exceedingly poor prognosis

From April onwards I virtually ceased to be a doctor doing all kinds of manual labour (for details see Surgeon Commander Cleave's report). I was supposed to look after III Barracks, but as these cases were all supposed to be workers and if they did not work they were put on reduced diets I was just a figurehead. As an example, one of my patients went into the Jap office looking for cigarette ends. As a punishment he was put in the "brig" and I was made to stand at attention for 4½ hours on top of the Jap air raid shelter.

The Jap in charge of the work details was named Sargeant Tokio Tobita who had no consideration for the sick or anybody. He beat up unmercifully Dr. Gottlieb because he broke a window: he slapped a paraplegic

SURGEON LIEUTENANT A.W. DAWSON GROVE, R.N.V.R. (Contd)

Torpedoman J. Gear U.S.N., for failing to salute him; and then stood him to attention for one hour and this man was unable to stand without sticks. There are dozens of similar examples of physical violence; not to mention the mental strain we had when this man was about. He would make sick men work from 7.30 am. until at least 5.30 pm. with an hour off for lunch. After a hard day's work we all would have to turn to to water the gardens, or pull up logs and various other camp duties. Then we would spend many hours up owing to air raids - when eventually we could turn in it was hard to sleep owing to bed bugs, flies and mosquitoes. There were only a limited number of mosquito nets available for the whole camp.

The Jap corpsman who was looking after V Barracks, three star private G. Tanama, used to call me in for consultation re treatment of the cases whenever Tokuda was out of the way. Tanama knew very little, but he was keen to learn and would listen to reason. In fact my TB cases and the experimental paraplegic cases consider him very highly. He was always trying to improve their diet and general treatment. But as he said many times to me, "I am only a private in the Jap Army". He called me in many times to see Sargeant McKantz U.S. Army whom Tokuda was treating for pulmonary TB when he had haemoptyses due to mitral stenosis. The man eventually died fibullating without having been given digitalis except a few grains I managed to smuggle across.

After the 14th August, the Japs turned everything over to us: in fact they flooded us with all sorts of drugs we had been begging them for. Everything they did was to try and make us forget the years of hell they had put the prisoners through.

Yours faithfully,

A.W. DARWIN GROVE, R.N.V.R.