

GHQ 71号 支那の42号所

The outline of their symptoms, processes, treatments, etc. are as set forth in the annexed sheets.

この三つの証書  
海軍東支通信隊  
解谷分遣隊の捕虜の状況

K. ITAGAKI  
/s/ K. ITAGAKI  
Member of Administrative  
Division, Second Demobil-  
ization Bureau.

Annexed Sheets

Statement.

KORASHI Ikutaroo former Surgeon Lt. Commr.

1. Tenure of office: From Dec. 20, 1943 through March 31, 1945.

Post: Chief Surgeon, Tokyo Naval Communication Corps concurrently attached to the Naval Medical College.

2. Situation of Accommodation for the POW.

- a) Habitation: Nothing left to be desired in ventilation, lighting, heating, etc.
- b) Medical treatment: it is my firm belief that more thorough treatment had been accorded there than to the Navy in general.

3. Outline of the symptom, process and treatment of the dead POW's R.F. Shilton and F.B. Kidd are as follows:

F.B. Kidd

R.F. Shilton

A. Outline Regarding the Symptom, Process, Treatment, of R.F. Shilton.

In the Early part of March 1944 he came in for consultation complaining poor appetite, loss of weight and tiredness.

Present state: The face slightly pale. The tongue lightly coated white. The heart of normal size. The second pulmonary artery tone slightly accelerated. The lungs normal. The abdomen flat and soft. The liver spleen not palpable. The knee jerk weak on both sides. No abnormal sound on the femoral artery. Light oppressive pain on Gastrocnemius. Stool and urine normal.

Diagnosis: the first stage of beriberi.

- Treatment:
- (1) Appetizer with enough Vitamin B1.
  - (2) Rice-gruel with ordinary subsidiary article of diet.
  - (3) Work on his free will.

After about two weeks' administration his condition in general improved such: appetite increased. But he still feared that he could not be acclimated to Japan and complained tiredness.

Treatment: (4) Vitamin B1 - injection every other day.

He could get sun-bathing and walk around the garden freely. During those days he sometimes had slight diarrhoea, from which he easily recovered by medication; nothing abnormal could be found. His appetite sometimes good and at other times bad, and he got stomachache after a meal. His appetite began to be poor again and he grew thin; he had to be in bed since the early part of April.

Treatment: (5) (1) + Extractus scopoliae 0.05  
(6) Glucose solution with Vitamin C injection every other day.  
(7) Rest.

On 16th April he vomitted for the first time.

Present state:

The face dull (lacking vitality).  
The tongue coated white.  
Severe pain on touch in the stomach (4).  
Abdomen not rigid.  
Pulse a little too frequent and slightly weak.  
Chest no change.  
Flatus, urine passed normally.  
Temperature normal.

Treatment: (8) Vitacamphor (heart medicine) twice a day, in the morning and in the evening.

On 17th April he vomitted once, his condition turned worse. His tongue coated brown and dry. On 18th April he got nausea; abdomen swollen with severe touch-pain, pulse frequent, weak and irregular.

Diagnosis: Peritonitis.

Treatment: (9) Glucose solution injection twice a day.  
(10) Vitacamphor injection every 4 hours.  
(11) Sulfamin injection every day.

On 19th April 1944, at 1300 pulse began to be weaker and respiration more difficult. Injection of glucose solution with vitacamphor several times did not work. He finally died at 1540 on the same day.

B. Outline Regarding the Symptom, Process and Treatment of F.B. Kidd.

In the early part of April 1944, he came in for consultation complaining poor appetite and tiredness.

Present state: The face slightly anemic and pale. The tongue normal. The lymphatic gland in neck and axilla not palpable. The chest all right. The abdomen normal and soft. The liver and spleen not palpable. In epigastric region slight pain by pressing. Stool, urine and temperature normal.

Diagnosis: Acute Gastritis.

Treatment: (1) Stomachic.

**Present state:**

The face dull (lacking vitality).  
The tongue coated white.  
Severe pain on touch in the stomach (4).  
Abdomen not rigid.  
Pulse a little too frequent and slightly weak.  
Chest no change.  
Flatus, urine passed normally.  
Temperature normal.

**Treatment:** (8) Vitacamphor (heart medicine) twice a day, in the morning and in the evening.

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**Diagnosis:** Acute Gastritis.

**Treatment:** (1) Stomachic.  
(2) Rice-gruel with ordinary subsidiary article of diet.  
(3) Rest.

After two-week long administration he recovered completely. But he got gastritis again and after medical application he easily recovered. These relapses of gastritis repeated three times. So he was diagnosed as chronic gastritis; let him apply stomachic always and work at his free will. By this daily

medical application, the relapse got shorter and at longer intervals. But he lost in weight, though very slightly. In the middle of September he lost weight rapidly.

Treatment: (4) Glucose solution with Vitamin B1, Gevery other day.

(5) Rest.

Due to this treatment his general condition improved. In the latter part of September epigastric region got swollen and he happened to vomit.

Treatment: (6) (1) + antemetic.

But at the end of September he vomitted several times 1 - 2 hours after a meal, but nothing abnormal in vomit could be found. In the early part of October he grew thinner and lighter and vomitted once or twice a day. Abdomen slightly sank and in epigastric region resistance was palpable, and vomit showed coffee-ground like substance partially. On 10th October he felt severe pain in the epigastric region on touch and in that region slightly hard tumor was palpable when he took a half-sitting posture, which did not move with respiratory movement.

Diagnosis: Cancer of the stomach.

Treatment: (7) Glucose solution with Vitamin B1, C injected every day.

His general condition improved such and we were arranging for his transportation to better equipped hospital, but on 22nd October at 5:30 p.m. he got hematemesis twice and his general condition got worst. The face was anemic and pale and pulse very frequent and weak. Injection of heart medicine, Linger-Bock's solution and large quantity of glucose solution did not work. He died finally at 9:05 p.m. on 22nd October 1944.

A CERTIFIED TRUE COPY:



DAVIS P. NEWTON, 1st Lt., T.C.,

Investigation Division, .

Legal Section, GHQ, SCAP