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P.O.W./C.I. - Hayes

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Title: DIARY AND PERSONAL RECORD

Origin: Commander Hayes

Dates: 1941-1944

Classification:

Authenticity: Originals copied

Source: Ballhild Prison

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ORIGIN : COMMANDER HAYES

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Sanitation -
Life Spank -
Medical Service -

REPORT TO DEP'T
PERSONAL RECORD
WAR MEDICINE

Life Spank -
Medical Service -

Medical Service -

Medical Service -

Medical Service -

- War Medicine - Rep. to Dept. Personal Record.
Medical Service of greater importance than realized.
Should not be obscured by surgery.
Outstanding Med. Problems:
N.P. - no rear in war. Evac. impossible.
E endemic Diseases in Theatre - Malaria - Ameba.
Dysenteries - Pneumoni - nutwonal Disturbances
Nut. Ederma - True BeriBeri etc. more remarked later.
- Sanitation - Need more attention in our service to field and war
time sanitation. Too few know Latrines -water supply
etc. More to be remarked later under "Military Medi-
cine." Preventive medicine and hygiene taken to
much for granted. Needs to be pursued with more
detailed learning.
- Late Shock. - More common than early as seen by us. Severely
injured - apparently ok for surgery - wrong to op
extensively without plasma-blood etc. Early condition
no criterior - stabilized - op. breaks camel's back.
Fall during or soon after op.
- Explosive backs -
Many seen. "Hit the deck or dirt" - back exposed
Entire sacrum and dorsum blown away. Many in good
shape on arrival. Hemostasis impossible. Even without
visceral damage - all die. If one ever got well -
great problem would be created. Have to remain on
abdomen.
- | | |
|---------------------------|------------------|
| Long Text Book Surgery | Wrong Conception |
| Take best prospects first | of war Surgery |
- In spite of long training among regular personel
and because of no training of Reserve personel, too
many instances of prolonged elective ideal surgical
proceedures. Difficult to impress the young doctor
or the general practitioner that the case to be worked
on is the one you have the best chance of saving. Also
to impress the importance of rapid numinal shocking
proceedures - Lacked a good system of well trained
classifying personel.
- Believe a board to consider types of cases and classify
as a guide would help. Train personel accordingly.
During action, hemostatic surgery - amp. of immediate
need, shock (R-splintive constitutes the back of
surgery - Sebudements if not extensive cases remaining
in sid stations after Emerg. call often do better than
early hospital arrivals. See Manual Med. Dept for
Instruction.

Routine Surgery - Appendicitis, Gall Bladder Disease, hernia etc. do occur but the incidence conspicuously falls off during war time in active areas. Similar to previous observations.

Vitamin Deficiency Diseases:

With all our knowledge of vitamins, with all our appreciation of value of dietary balance for healthful efficiency, no real concrete provision for supplement vit. demand. Blitzkrieg warfare does not permit great supply lines and air warfare does not permit great supply dumps of safety. We haven't kept pace with the aid of science in war. Japanese did much better. Concentrates present. We brag about our big food allowance in service. Should develop a brag on not having so much but still efficient. Lack of vitamins and Malaria loss Bataan. See next paragraph for Malaria remarks. If concentration can be made practical on a big scale for arctic expedition, it can certainly be worked out for our Services.

Incomplete Med. and Surg. Emergency Training of our Troops.

We stress surgical first aid. We neglect Medical First Aid training. Comes under preventive medicine. E. G. Quinine R. could not be trusted to troops. We never sold it to the line in peacetime. Troops could have Med. 1st Aid pack as well as surgical - Japs do. excellent. More cooperation between line and Medical. Found Navy better informed on all round 1st Aid than Army. (Believe better results obtained by enlisted men teaching enlisted men than otherwise

Routine Sick Call in Theatre of War.

Necessary and desired, but the great mass of insignificant complaints was an impediment. Too much foot itch," nose spraying, etc. We encourage it too much in peace times. The idea of early prevention carries astray if it gives troops the sick bay habit. During activity, medical facilities often permits a "refuge period," During lulls, it is "a place to go", the corner drug store." At larger Med. Centers such as field hospitals etc., separate as much as possible, routine sick calls from casualty system. Always have a jam of "routine" when casualties arrive. In advance Med. units - prevent big sick calls. Concentration of troops had in air warfare. Field facilities cannot be observed under Geneva Treaty. Too intimate with

No section designed for lock ward cases. Permanent "space taking" cases. As usual, difficult to get hospital Command to see these cases as much permanent casuals as an amputation case. Repeatedly seas them to duty only to have them returned at once. Battery Commanders didn't want them around. Bad for morale in general. No value Several committed suicide - others shot off toe - foot etc. Finally convinced Command that it was a Medical problem in except in cases of malingering. Then it was a disciplinary problem. A few instances of this. Most cases reported to hospital after breaking down during a lull rather than under actual fire.

Duly one instance of war neurosis among Med. personel, one corpsmen who later adjusted and is reported as having done a fine job in exposed position in the field. Occasional insanity observed which seemed to bear no relation to the war and its activity.

Malingering, suicide etc.

Actual malingering did occur in a usual and expected number of instances. Remarkable that there wasn't more incident to the type of warfare on Corregidor where one just sat on the Bull's Eye, day after day and took it unable to fight back. No new wrinkles of malingering observed. Shooting off the big toe most common self-mayhem but aim was bad occasionally and serious tibial and toasal injuries resulted. L. Levelyn and Jones quarter Napoleon showing this form of Mayhem to be very common among troops as a means of avoiding military service. Suicides were usually by rifle or 45. There were several instances of failure at attempted suicide. Boards were held in such cases. Several "accidental cases" occurred also which were questionable in nature. In several instances suicide followed expressed intent "if I have to go back out there."

The usual hatched up or faked illness was used in some instances. Most common form however was the exaggeration of a truly existing minor defect. This is the most difficult form to meet. Best answered by assuring patient that Med. facilities in the field are as adequate as at the Base Hospital, very often, once they have been returned to the line they will stick. One case gave a textbook history of appendicitis - and really didactic to colons and semicolons, and the physical findings were 100% in accord even to the patient volunteering signs. He could elicit which the doctor hadn't elicited. Operated for academic interest - insipid negligible, normal appendix. Convalescence marked by personal intentional aggravation of wound- persistent subjective complaints to the last - as failure to convince resulted, behavior and complaints became bizarre.

Many simulated appendices. Very few paralytic syndromes, a few bone jobs refused to admit ability to walk. Waldron case - example of persistent refusal to fight. Canacao before war - "sarcoms tibia Dodging court martial - Left command, stayed in tunnel, put on a red cross and "joined" burying detail. Rooted out - tried three times for admission to hospital on various complaints. When confronted, always admitted being caught and returned to outfit. When typewriter expert needed - applied. Pot away with it. After surrender ran motors in tunnel for Japs. Knew nothing of either of these jobs. A bour

malingerer.

One case, civilian worker in ordnance - Jap mestizo - complained of loss of it, arm function - wanted to leave rock - could elevate shoulder and arm but when I passively placed it there, couldn't get it down. 5th Column Bay. Had gotten away just before the 29th Dec. Bombing and returned. Turned him over to 9-2 (who did nothing).

Chest Cases:

In our experience these missile punctured chests did very well under conservative therapy. Close pleura, drain superficially, top for blood when and if necessary large vessel damaged, - case hopeless anyhow. Many pleural tears from contusions without penetration also from concussion and in cases dug out from cave - in's. Long convalescence usually, but heal under rest and symptomatic care.

Eye Disabilities: See page 24, Para. 3

Any number of eye glasses lost or broken in action and under ordinary conditions of war. Remarkable how many such cases occurred in people in key positions, where eyes were most important. Many cases had defects which had to have existed at time of entry to service and had either been overlooked, ignored or waived. Created a grave problem for us. Sufficiently so to make anyone realize the necessity of being very reluctant to ask waiver in any case. In war these eye cases depending on glances in order to function are more crippled and a greater hazard and overload than a one legged man or a man needing crutches. There has been too much wavering and too much "exceptional consideration" and too much belittling of the importance of an eye defect. Even machine gunners were in this group of cases. Completely lost to us without their glasses.

There should be a supply of lenses in field hospital or a provision not made as yet because "such disabilities aren't supposed to be there" - but are, and always will be.

Ear Injury

Following severe nearby detonations condition produced which becomes an "acute cat. ot. med.", but is a contusion of the drum without rupture. May be very severe and slow in return to normal.

Tendon Injury

Very common. Immediate suture in the presence of dirt and contagious severe trauma is best procedure. Wounds were usually wide and gaping and torn but in some cases, further dissection is necessary to find a corresponding end. After tendon suture, do a good debridement and splint. Generally successful. Even when the wounds remained otherwise juicy, tendons held. Tendons would deflect shrapnel and bomb fragments. In many instances the missile would tear thru all tissue and leave tendons suspended like banjo strings across the wound while bone, muscle and skin torn completely away from above, below, and

between tendons, Kanavel technique of soap and water technique combined with "gallous and gallous for irrigation, "best .

Sulphur Drugs

These preparations certainly did alter the whole picture of war wounds. Difficult to say whether local application of much value as practically all cases received routine course by mouth of sulfanilamid or sulphathiazole on arrival on wards. Certainly there was some agent definitely lessening or caring for wound infections, which in spite of early surgical attention were to be expected under conditions. Chest wounds, head wounds, peripheral wounds and to a lesser extent, abdominal wounds were certainly freer from infection incidence than ordinarily expected. We used it extensively in the open wounds as well as by mouth. We did not see any toxic absorption signs as a result. Bone cases were distinctly benefited by its use. We feel that it allowed us to take liberties we ordinarily would not venture. There were a few out standing exceptions. Sulphathiazole was a specific in the many non specific dysenteries which occurred.

Amputations:

Numerous. Our experience was a predominance of rt. arms and left legs. Vast majority our cases were incident to massive limb injuries from big stuff bombs and shelling - limbs torn and hanging. A few were incident to smaller missile damage destroying vital vascular and nerve structure, and a still smaller number incident to gas infection. One case was from a too tightly applied tourniquet over long period (couldn't be evacuated and was temporarily out of medical hands in transit.) Another case made necessary by a too tightly applied cast.

Most cases, even when seen early and having had almost immediate first aid, had lost much blood and there were often other injuries present. The cases in general, all warranted plasma, transfusion, and heavy morphinization, with operation of the simplest, quickest type.

Gullative amputations all did better, gave better end results and by for less mortality and morbidity. An important item in procedure is to Sever the Bone only when all other work has been completed. Cut, tie, place retention sutures in the flaps, sever bone, pack, dress, get out.

In spite of all the teaching to the contrary I saw too many short flaps, too many dolly dallying operations, fibulae left too long, too low amputations. entirely too numerous.

Foot and Buttock Wounds

Remarkable how many wounds to feet and buttocks were seen. One reason is the natural instinct to protect head and torso. Also, when possible, to face away from the direction of expected on slaughter.



Abdominal Wounds

Of two big varieties, (1) Perforating wounds by bomb fragments, shrapnel and small arms, (2) massive evisceration with spilling of guts and abdominal wall destruction.

- * The op. of choice as war emergency is resection with sewing gut into open wound - close later.

Even in the absence of gut signs, variety #1 must be observed closely. Always retain under observation. One case was dressed as a superficial slight wound, upper left abdomen, believed not to have penetrated, and was sent out. An hour later was brought in - unmoved his spleen - shot to pieces - lived. Another case, small tiny wound upper abdomen, looked like a small fragment had penetrated under skin. Probe wouldn't enter deeper than fascia. No visceral signs. Retained for observation. An hour later I closed a small gastric perforation and sutured a small furrow under the liver. Survived ok.

Where many perforations of gut were found, it was always attended by lower mortality where the perforations could be individually closed than where resection was done, even when the latter could be done more expeditiously. * The mortality rate was generally high in abdominal injuries.

In the second variety, much gut contusion was usually present and the entire abdomen smeared with dirt and debris. One never know when all the rocks, pebbles, grass, pieces of wood and dirt were all cleared from the abdomen. Usually died.

Bacteriophage for dumping into the abdomen was sadly lacking. It should be supplied with the same seriousness paid to Plasma, T.A.T. and the like. However, death in variety #2 was due to shock, not infection, as a rule.

Best to catheterize all abdominal injuries routinely. Missiles do awkward things and location of entrance and exist wounds do not tell the story.

Bladder injuries were common. Had good luck with them. Often complicated by pelvis destruction. One officer was struck just above the pubis on right side, missile passed straight thru him and made exit thru sacrum posteriorly. Had empty bladder, missile passed thru space of Retzius and alongside rectum without the slightest damage to bladder or bowel.

Very few Kidney injuries.

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Perineal and Gil. Wounds other than Kidney or bladder:

Not uncommon. Perineal area, exit area for shrapnel entering posteriorly and from above. Innominate usually damaged also. Did several bilateral amputations of testicle and scrotum in explosive perineal wounds. Occasional amputation of penis. Urethral damage when uncomplicated by rectal injury could be handled with good expectancy where the structure was not too much destroyed. These cases for the most part did well.

Wounds in General:

Experience naturally difficult with type of arms used. My experience mainly with bomb and shell casualties.

Thru and thru the wounds usually produced minimal inside destruction. Beware small wounds of entrance and no exit. Explosive effects inside. Much inside destruction. Remarkable how massive the fragment in the tissue may be and only a tiny entrance hole-never large enough thru which to remove fragment. More error in judgement on side of not debriding enough rather than too much. Extensive debridement can be carried out and still have regard to important structures. Noticeably few head wounds in comparison. With bomb and shell missiles, head injuries killed outright. Few instances of penetration. We were not geared well for good brain work. XRay deficiency was deplorable. On the whole, cases did well under conservative care.

Best all around medicine for local application to wounds in dressing - Azochloramid. Used extensively as packing. Army reverted to Iodine and I think, with good results. Greatest single oversight or error of the whole war, the failure to appreciate the value of splinting soft tissue injuries. The numerous knee contractures from shortened have strings cried out horribly as neglect and ignorance of the basic principles of peripheral and traumatic surgery. Wrists were allowed to fix in flexion. Feet in plantar flexion (equinus), knees in flexion. Amputations were not splinted in many instances, with disastrous results requiring subsequent surgery. Even nerve lesions were left unsplinted. Foot-drops in the many Beri Beri's were neglected. Our Navy Orthopedic men were not guilty.

Fractures - Bone and Joint Injuries:

Constituted our maximum major work. (see report of partial cases giving relative bone instance and missile instance.

Few in number of isolated big joint cases. Conditions on Corredidor lousy for recovery - Vit and general food deficiency - tunnel left - high CO₂ and no sunlight nor substitute - cod liver oil given-not adequate in presence of other factors.

Portable fluoroscope used too long and too frequently on many. Delayed and non unions common. Common facilities used - Pius above and below and reduction apparatus plus plaster with incooperation of pius; Kirchner wire with traction over Buck's app. or direct traction to end of Thomas, this latter having the advantage of the patient always ready for evacuation.

Modified on used in many compound jobs. Sulfanilamid placed in wounds along with vaseline packing. Satisfactory except on foot cases. They didn't do well. Odor from our jobs had in the tunnel. No harmful absorption effects from sulfanilamid in wounds. At Army #1, Little Baguio, general surgeon insisted on bone plating many compound jobs. All had. Infection too short serews, too short plates, applied in contra indicated types fractures. There was Sherman trained man at #1 Little Baguio who also featured in this plating procedure.

A complicating factor in treatment, worse later in the war and during reconstruction work in prison hospital - Beri Beri and nutritional edema produced marked swelling in extremities and cast application had to be watched very carefully. Elevation of the part didn't help much.

Anerobic Infectious

Practically all our troops had had T.A.T. prophylaxis and received 1/2 cc. after injury on admission. Those who had not received prophylaxis, 1500V. when sent to wards 1 1/2 cc. anti-gas was given.

In Bataan, cases were received much later than on Corregidor - after several days and on Corregidor, up until the last few weeks of bombardment cases were received within an hour or two. Consequently, more gas gaugrene in Bataan. Labratory gas infection in Bataan was about 30%. Clinical Gas Infection about 10%. The late casualties on Corregidor just before the fall, when shelling prevented early evacuation of wounded, a few gas cases developed. Some people did not think our 1 1/2 cc. gas prophylaxis had any effect, but to my mind the gas cases were greatly ameliorated even when they did develop and they were not the rapidly developing, highly toxic cases one usually sees and expects. Usual Rx employed - serum, amputations, opening of fascial sheaths, peroxide locally. Several late deaths after gas infection had subsided - emboli. Very few deaths from gas. Greater number of deaths from gas infection on Corregidor due to emboli late, not toxemia. No Tetanus observed at any time. None reported from Bataan. One gas case became maggot infested - doctor horrified. Remembered Baess experience - Let the maggots stay - exposed again to flies - recovered. Good Rx if you can get enough maggots. Takes many.

Plasma and Blood Transfusion .

* See page 23, Par. 4

Blood Transfusion more effective and blood more available than plasma at our hospital. Plasma given late (after arrival at hospital) not such a life saver. The place to give plasma is at the front at our Bat.Aid stations. Could not convince army of this.

There was a great need of Baxter apparatus for saline and glucose in the field. Much less bulk and much more efficient than plain gravity sets and saline which has to be questionably prepared.

Much difficulty with Intravenous Therapy at Fort Mills. Severe reactions. Afraid to order it. Every possible factor investigated. Believe it due to water itself. Best time for blood transfusion - before, during, and after operation. And repeat. Donors plentiful.

Dentists and Dentistry in Theatre of War.

Dental officers, many played important and prominent parts in our area. Dental care very necessary and essential. Poor dental hygiene by necessity, (no time, no gear) low calcium and vit. deficiency, high carbohydrate intake all served to lessen vitality of teeth. All food soft. Nothing to chew. Dentists in constant demand. Maxillo-facial cases demanded them. Serve very competently as Ass. Bat. Surgeons and in manning Bat. Dressing sta. aboard ship. Several distinguished themselves in administrative jobs. Fraligh for example both before and after the surrender. Herthneck did more medical work in receiving room at Sta. Hosp. than many medicos. In Prison Camp at Cabanatuan, was in demand directly after out 2 Navy Doctor.

Navy Hospital Corpsmen.

Proved to be well trained and performed well. Their performance a high tribute to our training section. Performed well in all phases - bed side care, O.R., physio, in the field, independent aid stations, administrative jobs, clerical etc. were in demand by Army in preference to Army corpsmen, admittedly better trained and capable. Many citations among them by army. Behaved well under fire, Maintained a better spirit of discipline thruout. Stood out prominently in every job in which they were placed.

In several instances, "black sheep" personal distinguished themselves. Adaptable and versatile. Duly one case of real war neurosis among them only temporary - that case returned to the field and achieved respect for moral courage in a hot spot. 3 killed - in the Bataan -Corregidor area, one aboard the Canopus - bomb thru the ater dressing station, and one (Bair) killed on night of May S/ during enemy invasion action on Corregidor. Serving as Co. Aid man with the 4th Reserve USMC 4th Reg. Five killed on Dec 10, during the Cavite Bombing, attached to hospital, one killed attached to dispensary.

Equipment - Tactics, Medical.

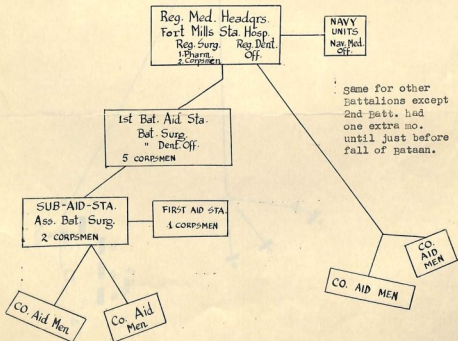
On Corregidor our Battalion Aid stations were much better manned and equipped thruout than the Army in the field. The 4th Marines constituted the Beach Degense and thru absorption of Filipino and Amer. Army from Bataan and Naval battalions from deserted ships and evacuated stations reached a strength of about 4000 -

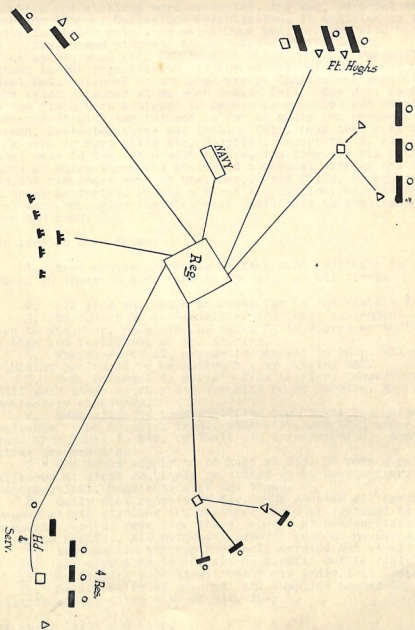
4500 officers and men. From the very beginning we maintained a standard field organization for the Medical Department in that there was provided a Battalion aid station for each Battalion, with sub-aid stations as needed; and company aid men on the line in accordance with complement. At the Army hospital at Malinta Tunnel I maintained Reg. Med. Headquarters where all records were kept, from which all supplies were issued, and formed a part of the surgical staff there in charge of all Marine and Navy casualties. This hospital also caring for all Navy as well as Marines, the M.O. at the Navy Tunnel was worked into the organization as another field unit, but their records were kept by the Navy M.O. as Navy forces were brigaded with 4th Marines for tactical purposes only.

Numerically, each Bat. Aid Sta. was staffed by Bat. Surg. Ass. Bat. Surg. B at. Dental officer. Owing to distribution of troops and terrain an additional M.O. was attached to 2nd Bat. Corpsmen numbered 10-12 in number and distributed as the tactical situation demanded as to needs on the line, at sub-aid stations, and at the Bass.

At Reg. Med. Headquarters I retained beside myself, Reg. Dent. Off., one pharmacist and two corpsmen, The supply corpsmen also served as lab technician for the Fort Mills Sta. Hospital.

Diagrammatically:





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As ships and stations were evacuated, the Med. personel were absorbed into my Corregidor Organization. In addition to the Battalion Units noted, we maintained Med. persons with batteries in Marivales and with the Beach Defense on Ft. Hughs. After April, when made DMO took in ships and Med. Personnel in Batasan in the organization. At time of fall of Corregidor had all Naval Med. Personnel on the Rock except Langdon and Nardini who were taken prisoner at #2 when Batasan fell. Our Med. facilities in the field were equipped to handle emergencies and maintain a number of sick and injured as for as equip and personel were concerned. Protected space was locking only. Less than 1.4% of our sick were in Fort Mills Sta. Hospital. Except for 5, all our Personnel were in the field with troops. The Army had six battery positions at which there was stationed a medical officer and few corpsmen. The remainder were at Sta. Hosp. Fort Mills. No equipment at these Batteries. Purely a first aid section. Our Medical facilities were supplying the sick call facilities to the troops all over the rock.

The tactics were these:

1. Keep convenient daily Medical care available to all troops in order to keep them in the line at all times.
2. All sick who could be cared for in the field - so cared for.
3. Emergency Rx to casualties and there subsequent care until evac to Sta. Hosp. possible and safe. Rx to degree as indicated by time and facilities at the station.
4. Where practical, evacuation direct to hosp. all casualls requiring prolonged or extensive Rx, by passing BAS.
5. Med. Personnel to refrain from heroics. Conserve personel until such times as they can actually be of service. No foolish unnecessary exposures.
6. Evacuation by transportation from their own units when available or by hospital trans. otherwise, and when asked for Evac. from lines to BAS. by their own transportation - vehicular, letter bearers etc.
- 7 * One weeks supply to be kept at BAS. No more supplies delivered at night routinely or picked up at headquarters when ever practical. Requisition at any time.
8. Daily sick reports to Reg. Hdqs showing all casualties treated at aid stations and retained there or restored to duty. Permanent records made from these reports at headquarters. All deaths so handled. All permanent records kept as headqtr's.
9. Anti luetic therapy regularly carried out at all stations.
10. All prophylactic injections carried out in field.
11. Sanitation supervised over their individual areas.
12. Distribution of personel and supplied beyond BAS. responsibility and at discr tion of Bat. Surg.

Met every issue and more.

* On arrival Corregidor, our supplies pooled with Army and re-issued to us on request thru my desk as needed. Simplified

supply and was a good system. Probably never before have two branches of the service been so intimately related. In the large sense it amounted to this: The Army furnished the majority in care of all services behind the lines in Corregidor; the Navy furnished the Majority of care to all services in the field. Both services present and acting in both areas.

Our front line and field tactics never broke down. Army Med. facilities were pulled in and absorbed into the hospital on several occasions when their positions got hot. In some instances our units covered their areas. Not one instance in our service where an officer or man was brought in from the field under such conditions. Positions changed at times but always remained in the field and continued unbrokenly to the end to serve their outfits.

Casuals arriving from our medical facilities were always better morphined, better splinted. Hence they were usually in better shape on arrival at hospital. The morphine syrette was partly responsible for that. The Army did not have them and did not use them. No sense to fooling with 1/4 gr. doses in these severe cases. The Army under dosed. The syrettes being made up to 1/2 gr. that was routine dosage for us. Often repeated it on arrival in hospital. First aid care in general was much better in our stations. Many cases arrived so adequately cared for as to require nothing further than bed and routine care.

The Army went on the presumption that only the minimal care possible in the field. The Navy presumed an ability to do much more with their field facilities - and did. Army's attitude was based on a very logical assumption of nearness of the Sta. Hospital to any point on the Rock, and therefore the needlessness of more adequate field set up. However that attitude did not take into account the constant intensive bombardment which finally came and prevented evacuation of cases at will, and had our stations not taken up a large part of the Routine sick call and maintained such a large number of sick and injured in the field, the station hospital could not have met the demand upon it. As it was, our malaria cases were denied hospitalization by the hundreds, our dysenteries discharged too early, our NP's, pushed back into the Field, all to be cared for by our field units. I never was able to convince the Army how very much of the Medical load our field units carried during the entire siege.

Nothing but the highest praise can be given to those officers and men who met these problems in the field under such abominable circumstances and carried thru to the end. That our medical troops in the field served as they did, performed as nobly as they did,

repeatedly cited for bravery in action as often as they were, and yet have such a low mortality and morbidity is a monument to the ingenuity and competency of every unit so serving. And in the entire campaign there was neveronce a complaint by any line commander or by the troops, but only praise for the medical services rendered, which along, justifies our Med. tactics and further adds to the laurels of the personel.

Morale - Discipline etc.

On the whole, the morale and discipline among our naval Medical faces with me - excellent. Normal fear was present, and as frequently overcome as duty demanded it - and more - which constitutes real bravery and heroic courage. Have remarked re the instance of exception and its later developments. The many Army citations tell their own story. Splendid leadership among the officer personel in the field set inspiring examples for the men, from whom came wholesale worthy, matching response.

Worst periods for morale are the waiting, expectant periods - under air alarm and waiting for the attack - knowing it is coming on its way. Waiting for artillery to open up - waitinf for the casualls to start in. Essential to keep everybody busy - very busy - even at useless tasks. Once the action starts, spirit revives.

In covered cut off places such as dugouts, tunnels and isolated dig-ins, no word as to how things are going is very annoying and general apprehension will arise. Reports of any kind from the outside, good or bad are helpful. Feeling of being kept in ignorance is bad.

Constant pounding of shells and bomb bursts over dug in position after hours of it, produce a weariness, even sleepiness that just can't be fought off. Listlessness is very common thru long bombing raids (with nothing to do). Among the troops in general in exposed positions, morale is proportional to chow. Keep the food coming up regularly and hot and enought of it and there is general feeling always that things can't be all bad. In the later, days of our bombardment, food was considerably interfered with. Because of inability to cook in the open and to allow concentration for mess the Beach Defense had been on 2 meals a day for long time and in the later days. Only one meal was possible - after dark at night and troops had to be fed in relays to prevent concentrations which always immediately became target for the enemy.

The helplessness of our troops in the presence of Jap air power and we having no air power, easily imagined. Reaction to this situation at times hysterical in nature. Men look up and shake their fists and Goddam the enemy and pray for an early opportunity to meet them on equal terms. Swear, cry, and pray, fire rifles into the air futilely. Then grow resigned, dig in to their holes and just take it but

gradually more out as food failed and all possibility of air aid faded. Even so, in our Beach Defense, with all the softening up they took in casualties and equipment destruction, they still believed the enemy could not land, and continued to believe so to the end. And as a matter of fact, when the invasion came, they seemed to be glad it had come, time when they could unloose and fight back, and they fought fiercely and well. In fact, it is till admitted that we could have pushed the enemy off that night of May 5-6, but it meant repeated onslaughts with increasing casualties which could ultimately mean nothing but defeat. Tanks were already in action against us and we had not a gun left affective against tanks. Sharp shooters had infiltrated our lines until they covered the Island. Flame throwers were already on their way into the dug in areas. Hence the wise surrender. Officers and men cried. There was pandemonium. Discipline broke. For some reason many of troops (and officers) seemed to have the idea they were no longer subject to military discipline. Many instances of horrible disrespect for officers were seen. Men became abusive in many instances. Unfortunately, officers, of all ranks seemed to just quit and go into a state of flux and chaos. Our Navy, I am happy to say, stood loyally by their organizations and maintained an attitude of "carry on." Men could be frequently heard to say "we are all prisoners alike - there arent one more officers." Many junior officers and even some in senior rank took the same attitude. In the concentration camps men would refuse to take orders or advice from officers - open curse them and call them sons - o - bitches. Saluting and general respect was forgotten. At the same time all the respect in the world was being paid the Japanese. Even the lowest private was being stood for, saluted, bowed, to etc. It was a sickening sight. One touching incident occurred. General Moore, Commanding Harbour Defense, stepped out of one of the Tunnel laterals where he had been conference with the Japanese. He, as many others stood the abuse of his own broken down forces, and as he stepped out into the main tunnel, which just a few hours before he under his command had been neatly stowed and policed and orderly organized into headquarters groups working under his command, and now - a shambles - filth, trash and debris cluttered its length - huge piles of discarded gas masks, rifles, bandoliers, thousands of dollars worth of clothing thrown about, shoes, broken cases and tins of provisions, parts of motors and old guns, dead bodies waiting for burial at the pleasure of the conqueror, prisoners roaming about or squatting in their own filth and dirt - and as the general stepped out into this disheartening metamorphosis, the hordes justled and ignored him - he was no longer their general - out of the mob, up jumped one youngster, man, fever ridden, ragged and hungry came to attention, saluted the General and waited for him to pass. Gen. Moore saluted him, paused a minute and said - "Thank you, son-" and walked on.

Our officers in concentration camp were not glorious. They seemed unable to grasp the situation and help themselves. The Japs did their best to cave the internal organization of the prisoners to their own officers. The Japs wanted the prisoners in groups of 100 for bivouacing, messing and administration. Our officers seemed

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unable to take hold and organize and as a result, there were days without food, without adequate water, latrine facilities were not perfected, sickness, prostration and hunger prevailed. It is to the glorious memory of our Naval Medical officers, that they realized the needs and worked unceasingly to benefit and lead the chaotic mass out of the wilderness. They cooperated with the Japs, and through the efforts of our Med. officers, water was provided, provision for food was arranged, sanitation was attempted. The general attitude however, was to leave everything to the Medical Department and our Naval Medical Personnel shouldered the responsibility and task and accomplished much in the face of incooperation, open belligerency and bull headed ignorance, and writing this in retrospect I must add - mass temporary insanity - for they were certainly laboring in the midst of some 14000 human animals out of touch with their environment.

So many officers were helpless. They couldn't even find libido or whatever it takes to go get their own drinking water, to organize their messing system - everybody had to have some one do everything for him. They just couldn't realize their situation. Selfishness and the Preservation instinct of the Individual supplanted their reason. They were mostly "stuffed shirt" officers - not real professional soldiers and githing men. Dog eat Dog was the order of the day. When food came it was every man for himself - get all you can look out for "me" - to hell with "you". No shipmate stuff among them - crowd elbow in and get all you could. Cut your own brothers throat if necessary. In one concentration camp (Barrio, Corregidor) officers and men connived to get to the boats coming in and the other not allowed - they would buy fruit, sugar, coffee, tobacco, and resell to their own prisoner comrades at outrageous enormous prices. Cigarettes at \$100 a carton - \$5.00 a pack, and food in accordance. Officers who were appointed Camp Commanders frequently carried Jap favor at expense of own countrymen, profited, excited personal spite, ordered medical personnel to remove red cross brassards, told them there was no recognition of Geneva Treaty in spite of the Japanese evidencing otherwise ordered Medical and Dental officers to labor details. Many of the live were vicious against the Medical corps chiefly because it lay with the Medical corps to determine those fit to leave hospital areas and go to concentration areas. The Medical Dept. honestly performed its duty toward Enemy and own troops in accordance with the Geneva Treaty and the trust imposed by the Japanese. It was bitterly resented in many quarters.

In such an environment, with all this going on around us, it reflects greater credit that our corps continued to function, work, kept its organization and open incident of insubordination or episode of disrespect occurred in our officers nor among our men. There was a general let down when firing ceased, and for a few days there was a lacity and tendency to shirk, but this soon wore off and everybody snapped in with good spirit. So much so, that within a week our Navy Med. Corps filled the key positions in the Clinical services of the Fort Mills Sta. Hospital, our corpsmen predominated

in the wards and operating rooms. There were several occasions when a few officers and men developed a sense of "being shanghaied" out etc. The Japanese would order us to designate so many officers and men to proceed to a prison concentration area, and would definitely inform us they were no longer under our jurisdiction. Army and Navy would be apportioned and the selections for the detail were always made with the idea of doing the best thing for the greatest number and personalities never entered. Nevertheless, officers, and men on several occasions assumed they were christians being thrown to the lions. It was difficult to get them to understand that we were not detaching them - that the Japanese were ordering them - that they were still American Medical troops just as much away from the hospital as with it. They insisted on feeling there was some stigma attached to their being detached, that only the no good " were being sacrificed, and yet, on two occasions I detached officers who were of the highest calibre because the job ahead required good organizing heads, and strong physical specimens with endurance and these officers had these requisites and were really being evasted where they were. There was some bitterness for a while thru this misunderstanding, but it ironed out and our force did splendid work in those undesirable jobs and came to see things in their true light. It seems that there must always be a son-of-a-bitch in every outfit and I just happened to have the job.

This is the place where I can remark on the fact, that our morale breakdown presented to me, as a result of poor discipline in general, lack of the proper training and indoctrination in our military set up in general. Our Army and Navy has become of the late years too much on the communistic side, too much on the "I am as good as you" psychology. I have long noticed it, and have resented it. A strong disciplinary regime in any military unit in our Army and Navy has called forth cries of "Prussionism", "Militarism" "Dictator Stuff", and an office demanding a high degree of obedience and dispatch in response to orders has suffered as being very undemocratic, and accused of taking advantage of officer status etc. The fact remains - there never has been and never can be, a good democratic fighting organization. Good fighting discipline begins in peace time training by requiring a high military respect for small details. "The King can do no wrong" idea is necessary. And we must have officers who will deserve absolute loyalty and obedience, by being unjust, as well as severe in disciplinary demands. Our political officers must go. The stuffed shirts and physically unfit must be thrown overboard. Our officers must be qualified and real and be officers.

As for our Medical Corps, we must get away from the idea that our Corps are just doctors. Our corps must be officers. There has been too great a tendency to ignore the military aspects of our job.

We must prepare for war in times of Peace. Our M.O's are too generally ignorant of the duties of a field Med. Officer, of med. strategy and tactics. I had Med. officers with me whom I had to throw into the field who had no idea what a battalion was, what battalion equipment was like, what a Bat. Surg. was supposed to do. Our Medical officers as a whole had no conception of sea fighting, damage control, and where they fitted into the picture. Our Med. Off. were not adequately trained in water supply, med. reconnaissance, Med. supply, field sanitation etc. They were totally ignorant of the theory or practice of the principles of Command, and yet they were expected to care for fighting forces under war conditions and lead a personnel and be responsible for their functioning and protection. That the Medical force with the 4th marines functioned gloriously, was due only to the unusual calibre of the officers, and the innate loyalty of our men plus good training professionally of our enlisted personnel. Where bog down occurred it was due to excusable ignorance on the part of our untrained officers who were victims of a poor system. Common sense and their heroic effort to serve saved the day, but I dread to think what we would have experienced had we been called upon to perform as a mobile force in an offensives. We must develop the idea that we are a military integer and are military and Naval officers, and our military med. and surgery not secondary but primary, and if we are not ready to so accept the career as such, we should get out.

Our disciplinary demands in our Corps have been notoriously lax. Respectful attention at all times, snap and heel checking with expedient carrying out of orders as given should be demanded always. I know from experience that a lax perfonetarily performing force in peace time is not going to accept orders with the implicit faith and carry them out promptly and well in war time.

The comparison of our troops in this respect as compared to the Japanese, left us in a position of horrible 10th place, and no one who has experienced this campaign will deny the fact that the Japs are not a pretty outfit but they are a fighting efficient machine, and the basis of it is an indoctrinated discipline which we did not have and for which we did not have an able substitute.

Another fallacy in our set up which bogs us down in war is our idea of running pictorials in our papers bragging all about the turkey, hour and hors d'oeves Johnny gets in the Army and Navy the soda fountain provided for him, libraries, baths, all modern conveniences. What we should, and must brag about if we are to have a fighting machine that is efficient and vivile, is how far Johnny can match, on such a darn little, how Johnny can put out and accomplish real physical tasks when denied the niceties and luxuries of our soft existence. When these hot and cold folding doors and indecent lights are denied Johnny in war time, he doesn't do well. He has trained on them, lined with them all his life, and to him they have become necessities. Maintenance of his morale has become

So during the first month, the chancres of Bataan manifested themselves in gruesome numbers, but after that - no more acute venereal disease.

For these new luctics, and for the old cases who were under treatment, anti luctic Rx was provided in a systematized way, and by the coordinated effort of the Navy Medical Facilities, in the field, the Naval Facilities in Queen's Tunnel, and the station Hospital of Fort Mills, routine anti syphilitic treatment was regularly carried out all during hostilities and to some degree even after the surrender.

The gun boats and the Canopus, in the Manila Bay area had similar experience. Bookman, who was at Marivales until the fall of Bataan reports that after the beginning of the war he did not have any acute venereal problem at the section Base. The Barrio was burned and evacuated early, the men did not have liberty, and the Army removed the whores from behind the lines sometime in January.

There was a civilian refugee concentration camp and area at Cabcaban. If any acute venereal problem existed any where, that would be the logical place to expect it. I have no facts nor figures at this time covering that locale. It was beyond my province and did not involve any of our command.

Following the surrender, anti luetuc therapy was continued for those remaining in or near our medical activities but many luetics have been scattered all over Luzon, their luetic records lost and treatment denied them under conditions of captivity. On arrival at Bilibid, I instituted a survey of all patients on the surgical service and had their luetic history brought up to date and treatment begun at once. The Medical service followed suit. The general plan of Rx here is the stoked plan of "60-30-zero-3. (60 arsenical, 30 Bi or Hq overlapping, zero, no rest, check on results for 3 years). It is to be hoped some similar plan was followed at the concentration camps.

The G.U. service at Bilibid was always in demand by the Japanese officers and men for treatment of their venereal disease. Following the fall of Manila into Japanese hands, whose houses flourished all over the city, in every hotel, all neighborhoods, and there was not even a pretense at control of venereal disease. The lowest filthiest type of prostitute could openly practice. One of the biggest whose houses of the day was opened up just across the street from a big Catholic church.

The Japanese Army officers told us that their Army always took their whose ladies right along with them - that they felt that the officers and men needed relaxation and play after a hard campaign. Of course, they are not unique in this idea. Germany, Italy.

a matter of keeping him a soldier de luxe. Our armed forces, Army and Navy spend too much time in maintenance of their own physical comfort, and require too many trucks and too many supporting men behind the line to keep them in action. You can't have a good Blitzkrieging army encumbered by a lot of dress clothes and fancy extras. And in order to prevent our forces from developing martyr complex's in war by denial to them of the prerogatives of "the soldier de luxe", they should be trained in denial and how to line and fight with things reduced to the lowest common denominator. We must build our morale on our ability to desk it out and take it, and not on "How to stay Hollywood and Broadway and still be a soldier."

Venereal Problem in this theatre of the war.

Venereal disease did not constitute a problem on Corregidor after the first month. During the first month after our troops arrived on Corregidor we had numerous chancres occurring, their origin being in Bataan. Before the war began, venereal disease in the Marivales area was on the increase among our Naval forces at the Section base. There was a certain amount of illicit intercourse in the barrio proper, which was augmented by assignation via the two "merry institutions" known as "Big Cabaret", and "Little Cabaret". Later, a whore house of a very crude type moved into the suburbs of the Barrio and a noticeable increase in venereal incidence was noted. When war began, whore houses and drinking parlors sprung up over night along the Bagak road, and whore ladies flocked into this province area behind the line of ultimate defense.

An attempt to control this menace had been made prior to the war but met with belligerency rather than cooperation on the part of the mayor and local politicians of Marivales. This mayor had always been anti-American and anti-Army-Navy. There never was the "Shacking up" practice to the degree seen elsewhere out here, and as much maligned as the practice has been, I still contend it does much to lessen the venereal incidence everywhere it is practiced.

The whore fugitives crowding into the Bataan Defense Area were the sluts and dregs of all Manila and environs. The troops for an interval of several weeks were over whelmingly exposed, and under circumstances where prophylaxis was difficult to maintain - but was but ignored.

On Corregidor, intercourse was out of question. The feminine element was not available, and living constantly on the bulls eye of a target is hardly conducive to horizontal refreshment even when available.

France, all did this in the last war, and it has been a custom immemorial by all nation except the U.S. (I am not sure about Russia). However, if the original idea was to take along their own to provide an assured safe sexual outlet, the procedure has failed. The Germany Army was riddled with Venereal Disease in the last war. The women we have seen, which the Japs have brought in with them are of the slut variety, in spite of the reference they made to them as "lovely geisha girls." The Japs built a whore house on Corregidor and installed their own women. The usual slut type. The same system as used by the Italians in Ethiopia and the Germans etc., seems to be the Jap policy: Enlisted men have morning hours, noncoms afternoon hours, officers at night. The time allowed each class also varies per manprivates, the shorter time, noncoms a little longer, officers at their pleasure. The price also rises with rank.

The Japs in Manila, however, patronize the local talent ad lib and plenty. Even under the old City Regime where some effort was made to control venereal disease, the venereal incidence was hideous. Under the Jap occupation with no bars to prostitution, the situation naturally became morbid to the n'th degree.

The "professional camp follower" idea could to my mind, be worked to a good advantage. The reason it bogs down with the Germans, they, like so many other agencies handling venereal disease confine too much of their examination to the women and not enough to the men.

Beri-Beri

Have mentioned nutritional disturbances elsewhere. This condition requires special mention.

All varieties were wet, dry, fulminating etc., with and without nerve lesion. Before the fall of Bataan beri-beri or nutritional edema was common thruout the troops. Varied all the way from pitting edema over tibiae to swollen faces, abdomen filled with fluid, both legs bloated, patient prostrate. Foot drop commonly seen. After the surrender among the prisoners. I doubt if there were any who did not have nutritional edema to some degree. It is to be remembered that Beri-beri is seen here under ordinary conditions, was commonly occurring prior to the war. The "epidemic occurrence" has been noted in these latitudes. Observation showed that the 5 mgms B Taxin per day does not protect. The reason, no doubt was because of the almost absolute carbohydrate diet to which we were subjected.

Once the disease is established nothing but overwhelming doses B taxin will ever help. (Of course assuming no improvement in diet). I took 17000 and Units B toxin per hypo daily for 10 days, followed by 10 mgm daily for one week, 5 mgm daily for one week. My diet necessarily remained entirely carbohydrate and no increase in Vit.

content. The results noted as follows:

1. Edema of legs began clearing up in about 36 hrs. and were practically normal in size in 48 hrs.
2. General tonic effect experienced from my first injection.
3. Shortness of breath on mild exertion dissappeared after the first week of therapy.
4. No improvement in foot drip for about 3 wks. From then, gradual return of function. Full recovery from foot drop after about 6 wks. Foot had been splinted from time Rx began for about 4wks.

Other cases of similar degree of involvement who took just 1/2 the above dosage (lcc.) showed no improvement. Cases on ordinary dosage of 10-15 mgms B taxin by mouth showed no results whatever.

Never experienced any fibrillation from 17000 units - Haynes reported experiencing same even on less dosage. I doubt it.

Blood Plasma is a good therapeutic agent in Beri-beri. However, it has its greatest value in early cases. Effect later, episodic native medication, Tiki-tiki, alcoholic extract of rice hulls, highly recommended in Cecils last text. Has better effect in acute type and in children. Not so effective in adults - not phenomenally so. Tastes and smells badly. Better as a prophylaxis. About 2-4 oz daily, (with restricted diet). If used in treatment 6-8 oz necessary. Tiki-tiki not standardized. Therefore dosage not standardized.

At Bilibid, only rice fed us. Supplement by our own efforts but to limited extent. Mango Beans were obtainable and eaten as sprouts and stew of regular bean. Prevented Beri-beri great deal. Helped our patients who were definitely suffering from Beri-beri and nutritional edema in general. It was here in Bilibid that the protective power of mango beans against Beri-beri was worked out years ago. We naturally felt the best way to get vitamine effect from the bean sprouts was not to cook it too much. Raw salad best but dysentery always a menace. We compromised by boiling them 10 min. and then eating as a salad, or throw them into soup right at the end. This left them brittle and crunchy. Otherwise cooked, the sprouts were soft and rubbery or even a little on the slimy side.

In B eri-beri and nutritional edemas, there is an increase output of urine, particularly in the presence of any salt intake. One void average quantities as often as very half hour day and night at times. I have seen nights when every body was in constant procession to the head all night. The specific Gravity of the

of the urine is practically nil, the urine pale white, completely odorless. The urge to urinate is quick to appear, is acutely urgent, and refuses to be denied attention. Bed wettings were common and voiding into the clothes before able to reach the head not unusual. When operating and the urge came, we just let'er go and thought no more about it. We were usually so wet that sweat and the urine so un-urine-like, that we hardly were aware of the effect a few minutes after voiding.

Alcohol is the worst thing possible in B1 deficiency disease. Apparently it burns up B1 darn fast. It's great effect can be illustrated by the following: I had been completely free of edema and was able stand on my heel, my quadriceps was strong and I had continued so for several weeks without taking any supplementary B1 as medicine. Occassion arose wherein I was obliged.

Vitamin Déficiency Manifestations:

Beri-beri most marked and most disabling of all. Safe to say that 100% showed some B1 deficiency at some time.

Night blindness. Very marked. The time for adjustment markedly prolonged. Vit. A. helped. In my own case, adaptation always had been very good. It became impossible for me to distinguish large objects like a tree, house, person standing close enough to touch, under 20 to 30 minutes.

Skin lesions - Many and all kinds. Some were specific lesions of a vitaminosis, others low grade stoph like infectious which, under ordinary vitamine protection of the skin, would never have propagated and lived. Everybody had some sort of skin lesion. They did not clear up under seen and open air. Vitamine and diet improvement alone helped. Nicotinic acid helped much.

Mineral- loss (saline) produced a universal complaint of muscle cramp. Very severe and painful. Have had excruciating calf pains at night, with knot-like formation in museles. Everybody had them. A painful condition. The trouble was, when one increased their salt intake, the nutritional edema was worse. Xerophthalmia developed by the hundreds in about the 5th mo of captivity. Greatest at Cabanatuan., very from redness and watering to extensive corneal ulceration.

Wilsons report:

Yeast report:

Skin Lesions (See page 24 Paragraph 4)

I do not believe a single person in this theatre of the war escaped without some skin lesion sufficiently annoying to require treatment.

While everybody had had some limited lesion of some kind, it was phenomenal how, with explosive like suddenness after the surrender of Corregidor, within one week everybody bloomed out with a severe skin lesion of some kind. Many factors involved in the skin lesions. Vitamin deficiency with trophic changes, lowered skin resistance and lowered general resistance; chemical changes (metabolic) with an abnormal Ph.; crowded conditions with the following physical factors:

1. Scant water and reduced bathing incidence, and when water available, so crowded that baths never has a chance to clear themselves;
2. No laundry facilities. Clothes never boiled and worn unusually long time without change; same be said for bed clothing. No airing and sunning of clothes;
3. Everything dust and dirt covered from exploding bombs and shells;
4. High humidity and temperature 24 hr. daily for whole month or more at a time;
5. Lack of soap; and water chemically altered and also naturally hardened to where it is a very poor salvent.

The above, plus the Dietary Deficiency and nervous element bound to be present can account for the lesions observed, but does not explain the great fulminating outburst of lesions immediately after the fall when conditions were not acutely changed. If any change can be noted, it was for the better in some areas. This sudden outbreak occurred in groups scattered all over and under varying conditions. It was just as noticeable among those who were confined underground by the Japanese and thus continued their life very much as during hostilities, as among those who were exposed to the hot sun and dehydration at the Concentration Camp above ground. It was just as prevalent among those who had slept in bed with clothes off, as among those in foxholes and rarely getting clothes off. In fact, investigation led me to believe that, there was less among those who bathed more frequently. I believe there was a decided preponderance of lesions among blondes and those who had had tendencies to obesity (pituitary type) than among the scrawny of the thyroid type, and brunettes. Very little among the Filipinos. Practically

all white, women particularly affected.

Varieties of lesions noted: Generalized dermatitis of hands feet, arms and legs, best typified by pellagrous lesions altho no real Pelagra ever observed. The most common lesion was the so called "Guam blister" which appeared to me to be the impetiginous lesion described for many years by still as the lesion of "Impetago pemphigii contagiosa" and the organism a diplococcus of the same name. The Ph of the skin certainly has a lot to do with the control of this lesion. All the antiseptics in the armamentarium seemed to be useless. Eventually they just clear up or else you are relatively clear of them. Even going without clothes does not give the quick cure to be expected if the infectious element were alone responsible for their perpetuation. No specific drug developed. I think the old recommendations of Still were just as effective as any new drug used. Place a well painted ring of selvol about the bleb. Do not open bleb. Keep enough selvol on it that when bleb opens, the fluid will not infect by contiguity.

All forms of Impetago seen. Anuninated Mercury just as good as any new Rx tried. Of course, all kinds of trychophytis occurred and everywhere on the body. Scalpless involved than anywhere else. Practically everybody had "cratch itch" including lesions in anal behind and it became a subconscious act to go around scratching your behind or genitals. Even after the lesion cleared up, the habit still persisted. Trophic lesions (nicotinic acid) were present to some degree. Heat rash was prevalent at all times. Chronic itching of skin without noticeable lesion nor lice. Neurogenic lesions as remarked about coming on suddenly after the surrender was the outstanding phenomenal lesion.

"Cooties" were present among the troops every where but never to the proportion observed in the First world war. In no instance during hostilities on Corregidor or in Betasan was mess control instituted. The instances were cared for individually, and there was nothing remarkable about them. At Bilibid, after the surrender, we had to go thru a certain amount of de lousing of patients and matresses and of course clothes. Under peace time conditions I guess we would consider the incidence on the "cluck cluck" "Oh my!" side B ut under war conditions and prison conditions we must consider the occurrence as a very minor one.

Protective Anorexia and Protective Constipation:

During heavy shelling and constant bombing, the need for food, the urge for food, real feeling of hunger slacks off considerably. So also does the urge or desire for defecation. To feed and to defecate required troops to be in exposed positions and even when it it could be arranged, it was found better for the morale to continue messing in the open even tho it meant allowing a small number, like ten at time, going to the gallery area for food. Under hard shelling men could go days and days without food or defecation and have neither hunger nor desire to defecate and evidence no apparent discomfort. However, even in the dug in positions under heavy bombardment, many casualties, everybody busy day and night, the desire for food or defecation would be completely absent for great periods.

The longest I ever went without food under these conditions was three days. The longest without defecation, 10 days. And during that ten days I never experienced any discomfort or feeling of ill being. After hostilities ceased in this theatre of the war, many of us for several months were routinely having a bowel movement about once weekly. And yet, we seemed to function well, feel alright, appetite good, and no signs of absorption.

Under the intense bombardment of our last two weeks, when one just couldn't stick their head out for long, it can't be emphasized too much how helpful this protective constipation was. With certain positions being progressive knock out, other positions of cover were being crowded and masses of humans huddling into protected spaces with no means of access to head facilities. The idea of that moment was to keep as many under cover as possible and conserve every man and wife against the invasion which was sure to follow the "softening up" procedures then being dished out by the Artillery and air force.

Urination was another problem, however our nutritional edema has us all urinating every half hour or so day and night. This could really be very annoying at times. See my remarks under Beri-beri.

However, in this respect, I had one reaction personally which interested me. Early in the war, before I had gotten use to air attacks and bombardments, I noted that everytime the warning air siren would sound or the "Air Raid" was called out, I would immediately get an urgent desire to urinate. In the course of going to my battle station or if I was caught out in an exposed position, in the finding and taking cover, or in the pressing importance of completing some mission, I was on, I never got a chance to urinate and thus it went on that all during the raid I maintained a desire to empty my bladder. It talked with others about this and found it was a very common reaction (among the honest ones at least). How-

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ever, I also noted this when the "all clear" was sounded, or if I continued busy, I never did really have to urinate. Therefore, on an occasion when a raid alarm sounded and this immediate urgent demand for urination occurred, I decided to settle this problem once and for all, and before proceeding to station I deliberately stopped and attempted to void and I couldn't drain a drop. And for some reason, after that instance, I was never bothered much anymore in this respect. Occasionally yes. Definitely shows it was not urine in bladder which was responsible for urge. Same neurogenic impulse produced without increase in urine out put.

Beri - Beri - Con't from Page 24

To take several small drinks of whiskey. Within 12 hrs, I had return of edema in my left leg, and while I still had anterior tibial function, I had begun to slap my foot in walking, could not stand on my heel and my quadriceps was weak. Apparently I was coasting along just over the line of enough B-1.

This personal experience is in accord with other observations.

A certain number of cases developed among a group of Philippine Nurses but while they were held prisoner, the disease was kept under reasonable control by small amounts of B Toxin, a booster diet, and the fact that they didn't have anything to do, no activity, required of them. When they were relieved, greater activity was demanded of them just in ordinary routine living. Several died, and others heart invalids.

Dry paraplegic type of Beri-Beri became more common later in captivity. Excruciatingly painful footatrophy, foot drop, loss appetite marked. Pain in lower skins as well. Localized tenderness once pre-venial nerve at head of fibula. Common to the "Uncle Sam type" - the atrophic deathesis group. I never saw a case in the John Bull type; "Chacheleh" (Somaliland burning feet) occasionally seen.

Dry painful tupe accompanied by eye changes - disturbed vision (optic retunites).

Scurvy, Pellagra etc.

Lesions of the above became most common at the Prison concentration camp at Cabanatuan. We began to see cases of red inflamed tongues in drafts and patients arriving at Bilibid from there. Then the typical syemtrical lesions of Pellagra were seen. We developed a certain number of them among our own cases in Bilibid.

Calomancias, a cross between a lime and a lemon were made available to us and this juice did seem to improve these cases, but only temporarily in most cases. It was hardly ever a case of plain Vit C or B

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or D, or A with which we were dealing, but a general deficiency in all vitamins, proteins and fats.

Jan 30/44 I have only seen 2 cases of probable scurvy to date.

Statistical Data

Allied Forces in the Philippines during the Campaign:

Amer. Army Officers	2,700
Amer. Troops	14,000
Phil. Scouts	1,000
Phil. Army	110,000
Navy - Marines	3,894

Estimated Prisoners taken Bataan-Correg.
Estimated " " PI

February 1, 1944

Malaria
Food Deficiency Diseases - Pellagra, Beriberi, Scurvy, Xerophthalmia.
Retro bulbar neuritis of Beri
Painful foot syndrome
Male Marinary Gland changes.
Dysenteries.
Kidney stone
Surgery in General, Logistics and tactics.
Anti Syphilitic measures.
N.P. summary.
Discipline and morale
Medical logistis and tactics - equipment
Medical Service in War
Sanitation and preventive medicine
Skin lesions in general.
Occupational Therapy
War Complexes:
Drowsiness under fire- Burn up sugar.
Protective constipation and anorexia.
Malingering and suicide
The hospital Corps.
War wounds
Venereal Disease in Filippine Campaign

Statistical Data:

Estimated # Prisoners taken Luzon
 " " " " " PI

Mortality figures among prisoners following surrender: As of Oct. 1/42 (5 mo after surrender)- at O'Donnell, somewhere between 25,000 and 28,000 prisoners had died since the fall of Corregidor and Bataan. (Apr. 9-6 May). Filipinos mostly. At Cabanatuan over 1500 Americans had died, and the death rate was still about 300 per mo. or more. Sicklist of American in Cabanatuan this date between 17-1800. Death rate had been as high as 50 per day. At Bilibid 74 had died to date, 19 Americans, 55 Filipinos. New cases of Dysentery (Amebic) are continually occurring at Cabanatuan. Water scarcity for drinking and bathing, and the generally poor facilities responsible.

Expectancy had on this date.

Causes of Death: Prevalent Diseases etc.

Dysentery (Amebic)

Inanition

Malaria

Three chief causes of death.

Safe to say that practically every man and woman in this theatre of the war, has at some time shown some deficiency disease. Pellagra, Beriberi, (common). Absolute starvation common. One case of Black water Fever reported to date. Came to us from Passay with history of Malaria in Bataan, several recurrences, inadequate intermittent quinine therapy. Antopsied. Classical findings.

Jan. 30/44 One additional case Black water Fever to date. Recovered A tough Irishman.

At the end of the 1st year of captivity for our Bataan-Corregidor forces, more than 50% of those taken prisoner are now dead - chiefly Vit.Def. Diseases, Amebic Dys. and Cerebral Malaria.

Retrobulbar neuritis incident to Vit.Def. has become very common in the 1st yr. of captivity. Permanent blindness in many.

There has, at no time, been supplied to Prisoners, a ration sufficient in quantity and quality to maintain health and give reasonable assurance of life expectancy.

" You die on rice. You don't live on it." (Jap merchant says)"

Following complete synorectomy, rt.knee, patient continued to throw out much fluid. Aspirated several times. Always clear. Afebrile. XRay Rx - 5 exposures of about a minute with our portable machine. Secretum lessened immediately after 1st exposure and finally stopped entirely.

Commission to Investigate painful foot syndrome. See my personal file.

July 12 - Our records this date show our Corps to have lost 2 HC killed in action. 1 Dental officer died - (Polio) while in detention.

Kidney stone Incidence:

Common occurrence of Kidney stone during hostilities, increasing somewhat soon after the surrender, decreasing after just year in prison camps. At first I believed due to low Vit.A, but probably due in some cases to the extensive use of sulphathiazol during and immediately after hostilities and diminishing in the year following. Usual number seen in fracture cases. Particularly Fernin or multiple fractures.

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Bilbao - July 26, 1944

I have many times wanted to write to you, and for you, my intimate thoughts and feelings that have come to me during this war, both during the first months I was actively engaged in the hostilities in the Philippine theatre of the war, and thru those years in which I have been held a captive by the Imperial Japanese Forces. I have repeatedly had the desire to write to you the physical hardships I have had and all that part of this war is part of several recent thoughts. I have never expressed them to you, because there have always been so many disturbing factors which have prevented it. These disturbing factors have been chiefly (but not all) psychological factors about which I must tell you, but first let me speak of the things that seem to me to justify these pages I now write for you.

T O

BERNACLE, MY SON

The paternal instinct runs high in your Dad. You know how often your Dad has picked up all here of ever having a son. Your misadventure was clouded by unfortunate circumstances which have permanently affected you and us. We are in the Navy, and duty has not permitted that many of your father's plans together as I would have liked. I have to be a hero that you still be permitted to live or had and ask you to take care with me, and have you accept it with the same spirit and feeling that I would like to offer, and my years being that as your father, I can not something that you may know in it's treasure of reputation in your own children.

But you do not know me, son. You only know of me. I have never told him that, and, supposing I had, "how the heck" that the ranks don't come in line, at any rate, these pages are my answer, and I would then be glad. Your approval of such as I think are reasonable to me to take the end in my teeth if I have that you would have to know so being.

This fulfilled desire to share life with you for a while has become the ever present goal of my life. It is as well to say that my reason for living is to do all that I can for you and for the world that you live in. The hope of you - I know I have never been carried to - is my desire, started by your mother, the very thing which, three months of illness, death, illness, finally brought me back. Thus I have kept you with me ever since you were born. You are not dead yet, but I must thank you for your part of me. You are the one that has made me so appreciated by me as I have been. I am not a hero, but I am a man who has done my best for you and for the world that you live in. I have never been carried to - is my desire, started by your mother, the very thing which, three months of illness, death, illness, finally brought me back. Thus I have kept you with me ever since you were born. You are not dead yet, but I must thank you for your part of me. You are the one that has made me so appreciated by me as I have been. I am not a hero, but I am a man who has done my best for you and for the world that you live in.

Billbid - July 26, 1944

I have many times wanted to write to you, and for you, my intimate thoughts and feelings that have come to me during this war, both during the five months I was actively engaged in the hostilities in the Philippine theatre of the war, and thru these years in which I have been held a captive by the Imperial Japanese Forces. I have repeatedly had the desire to write to you the physical experiences I have had and am still having. This urge is born of several parent thoughts. I have never complied until now, because there have always been as many deterring factors which have prevented it. These deterring factors have been chiefly (but not all) psychological factors about which I must tell you, but first let me speak of the things that seem to me to justify these pages I now write for you.

The paternal instinct runs high in your Dad. You were born after your Dad had given up all hope of ever having a son. Your infancy was clouded by unfortunate circumstances which have permanently affected you and me. We are in the Navy, and duty has not permitted that you and I share as many of your formative years together as I would like. There still lives in me a hope that I may still be permitted to give my hand and ask you to face life with me, and have you accept it with the same spirit and feeling with which it is offered, and my prayer being that as your shipmate, I can add something that you may find in it a treasure worthy of perpetuation in your own children.

But you do not know me, Son. You only "know of me." These pages should help that, and, supposing I don't "make the grade", that the yanks don't come in time, at any rate, these pages may survive, and I would then be glad, for somehow, it could be a little less regrettable to me to take the mud in my teeth if I knew that you would come to know me better.

This fulfilled desire to share life with you for a while has become the ever present goal of my life. It is my will to survive, my reason for living it is all that freedom and the end of this mess means for me. The dream of such a future I have consciously carried with me thru battle, starvation, surrender, and more starvation, thru depths of disgust, despair, hatred, cruelty and suffering. Thus I have taken you with me thru this war. Your influence has been good, for I have wanted to make you proud of me, not for any great outstanding deed as appraised by man as "beyond the call of duty," for to me there is no act beyond the call of duty. We owe our all. But I have tried hard that you may always know I did my best. An angel could do no more. I have wanted successes and worked for them because it has been my job, but what you would think about it all in days to come has always crossed my mind.

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It is but natural that incident to the above, I should have the urge to write these pages, to put myself on paper, so that in days to come, you might read of and know more of the man who is your father, and who would be (by the Grace of God and the help of Nimitz & few marines) your comrade, shipmate, pal and friend; Dr., in the other instance, that you might read of what I was -- and meant to be -- the story of "a man and his dreams."

Why have I not written this before now? First and foremost, I haven't had the guts to do so. Denied all contact with your world, painfully obsessed with wonderings of how you may be firing, all of my paternal love pent up within me and denied expression, in constant fear of having my future with you frustrated thru one of the common occurrences in this precarious life of a prisoner of war, a mental state was created which can be described only as fear - fear of having to die without you and I having known each other - or the fear that someday I might have to return to your world but never be able to share it with you. I realized that with such a tugging at my heart strings it was not healthy to encourage such sentiment under conditions of such futility. My first job was to adjust - to keep both feet on the ground - for there has always been, and still is, much work to be done. Introspection and dwelling upon "the things that might have been" could only painfully augment my nostalgic state. To volitionally foster such a state one would have to be more masochistic than I. I have never found solace in martyrish moods. Therefore I fled from the reality of my situation. I evaded things which tended to keep paramount in my mind that I had a young son, from whose life I am denied being a part and enjoying - indefinitely so - may be for my forever. I fought off the recurrent memories of you when you were a baby and of little episodes in your life which, in the short few times I have been around you, I was permitted to observe or share first hand, such memories as would endear you more and more to me, and make me more avid than ever to see you again. During these hard long years away from you, I have always prayed for you and your happiness and well being, earnestly and reverently asking God to keep you and join us that we might know a happy life together for a while. But even moments of prayer in which my whole thought centered upon you, left me emotionally disturbed, distressed worried, and my dreams would be filled with fantastic horrors needless to mention here. In consequences, I become conscious of hurrying thru my prayers so as not to dwell upon you too long, fearing the aftermath of memory into which my mental note of you would lead me. At times I even avoided prayer, because there could not be prayer without you in it, and after praying, you would linger with me - and it would hurt - and it wasn't best for me nor for the job I had to do.

All this may be very difficult for you to understand. It would be difficult for anyone to fully appreciate this reaction of mine if they could not grasp the ambience of a prisoner of war

in the hands of the Japanese, more horrible and disgusting with its omnipresent disease, suffering and death than bloody war fronts. Psychologically, my reaction can be easily and simply explained. I am regretting bitterly that more of my life has been yours. I crave a normal father and son existence which has been denied me and I am afraid - horribly and painfully afraid - that such an experience will never be mine.

I do not think this reaction of mine is much different from that many other service fathers. There are many saddies struggling thru this mess with me, and I am willing to wager that everyone of them, to some degree, are undergoing a similar painful experience behind the mask of masculine pride we all present to the world at large. But, does it not become plain why I shyed from writing these pages? Writing this means spending more or less consistent hours of thought embodying tenderness, and every line written, reminding me more and more of "what might have been," and like my prayers each writing will create for me after images that both bless and burn.

But my desire to talk to you, to be known to you, refuses to be denied longer. Hence, I have today begun these lines. All other reasons for the delay in beginning this writing have been the normally expected ones. There was hardly time nor facilities in the field for recording one's thoughts on paper, in the early days of the campaign out here, and the siege of Corregidor wasn't conducive to such a thing either. Since then, papers, paper and pencils, pen and ink, have often been wanting, and denied us. For the most part of our life as captives there has been little promise of a record of this kind ever getting beyond the high walls that hew in the writer. At other times we have been too busy living life to record it.

Little by little things change somewhat - even in a prison camp, and we who are sweating out the years change also. Hence this little book comes into being.

Written at: Bilibid - July 28/44

Someday, when I get back among you, I am going to be expected to have a story, and I will have one, Son, but I will have no desire to tell it. For that reason, I think it would be a good idea to outline for you as briefly as possible a panoramic sketch of your Pop's general movements during this fracas out here, sparing you for the moment, the intimate details and much of the human interest stuff in order not to confuse the chronology and clutter up a sensible cold calendar of fact with much that can be better stated later.

I doubt if you can recall today the last time I saw you. At 5pm on June 1st, 1941, you and your mother were bidding me goodbye at the railroad station in San Diego. I had just finished a three weeks' visit with you, having left my ship in the Atlantic and was on my way to Frisco to sail for the Asiatic Station. A few tears appeared in your mothers eyes, the first time I ever saw that happen, in all the years of many goodbys. You saw those tears, and I remember how you gazed at her in amazement and asked her, " what are you crying for? why do that?" six weeks later I sailed for the Philippines via Shanghai and Hongkong.

I arrived at Manila on July 26/41, reported to Admiral Hart, Chief in Command, Asiatic Fleet (CIN (AF) and received orders to further report to the Commandant 16th Naval District (Admiral Bernis) for duty at the Canacao Naval Hospital. I became the Chief of Surgery on July 27th and entered immediately upon my duties.

Almost immediately upon my arrival I became involved in Medical reconnaissance as a part of the general plan of war preparation. This took me to many parts of the outlying provinces and Islands, traveling much by air, sea, and car, and much of my time was spent in the Bataan Peninsula which was already elected as the ultimate Defense Area where the last Filo-American stand would be made when the Jap invasion came. Orders were issued to me in August 1941 which appointed me Chief of Sanitation for the District, the Manila and Subic Bay Area. This was in addition to my billet as Chief of Surgery at Canacao. As the inevitable war approached my sanitation duties took on proportions to where the tail wagged the dog. Incident to new Marines outposts and the establishment of Anti-Aircraft batteries, I became engrossed in water supplies, medical supply lines, Medical personel to service them, vaccinations and prophylaxis against preventable disease. Venereal prophylaxis came under my jurisdiction, investigation of bomb shelters, the study of terraulis and expected areas of operation in reference to their endemic disease. Malaria was the greatest problem in Bataan. In September 1941, at a Conference at the Naval Hospital at Canacao, before the staff of that hospital and many visiting Medical Officers from both ashore and afloat, I pointed to a circle I had drawn on the map of the Bataan Peninsula and told them: " There lies our disease threat in this war and demands our maximum attention." The rest of that story

belongs for the time being to official reports. Some other time you and I can discuss it if you should be interested. I investigated the incidences of snakes and other poisonous insects in the ultimate defense zone of Japan and arranged for anti venous to be supplied against the Indian Cobra that flourish there. I learned that these Cobra were introduced into Luzon in earlier days by means of the incoming teak wood importations from India. I continually made reconnaissance trips to our outlying posts and investigated sites for proposed ones. I visited proposed and planned areas for the evacuation of non combatants from Manila and fortified areas, elected sites for establishment of Medical stations in the field, studied liason and evacuation lines for wounded etc.

This work brought us into contact with many interesting helpful, competent and courteous people among the Filipinos. I enjoyed many expeditions with Dr. Antonio Ejercito, head of the Malaria Control Section of the Commonwealth Dept. of Health of the Philippines. Ejercito is a courteous gentleman, a true scientists, and well known in his field. Dr. De Leon of the Institute of Hygiene (a Rockefeller trainee man) in charge of serum and vaccine manufacture was of great help to me. Dr. Africa of the Dept. of Med. Zoology of the same Institute was of great aid in the question of Filaria Schistosomias, Amebic dysentery and hookworm. Dr. De la Paz (a graduate of the Univ. of Illinois), professor of Mat. Medica at the Univ. of the Philippines and the Dean of the Medical School, Dr. Sison, offered me every courtesy.

It has been my experience that no matter how well versed and experience you may be in your epidermology thru out the world, it is always best, when you enter a strange latitude on a mission of study, always obtain as early as possible, what information native workers may have to offer. A former Surgeon General of our Navy, Admiral Smith, always extended that advice in every one of his books on Tropical Medicine, even emphasizing how much respect we should pay to laymen's claims, and old wives saying as to cause and nature of illnesses, many of which are peculiarly keen observations, worthy of consideration, and form which we often glean the shortest straightest lead to a scientific truth.

Concurrently with these reconnaissance duties, I was occupied with preparing my surgical department at Canacao for the hostilities to come. Station battlebills were developes, war plan conferences were a common feature of the day.

As you can surmise I was very busy. Flights became more frequent; trips afoot thru jungle, up long muddy waterways in native vintas, up the Pasig to Laguna de Bohis by small boat voyages in Navy ships, overland by car thru rains, and dust and heat.

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There was very little time during this period for relaxation and play. Life was serious. I was in a position to see and learn enough to tell me that very soon after hostilities began I would have experienced one of three things: (1) I would be 6 fr. under incident to enemy air attack; (2) I would be in Sony Jone's Locker; (3) I would be a prisoner of the Japanese and condemned to fish heads and rice of for the duration. I wrote your mother of this just 3 weeks, before the attack on Honolulu #3 came true, only there have been darn few fish heads and never enough rice (as much as I have always hated rice).

Written at : Bilibid Aug.3,1944

What tune there was during these days immediately preceding the beginning of hostilities which I could devote to leisure was spent chiefly in my quarters at Canacao, attending to my correspondence a matter to which I diligently applied myself, realizing as I did, that the moment was not far off when all contact with America would end for me, either indefinitely or for always. I also worked assiduously on my photographic collection a volume which I was preparing for you and which may still be in existence (altho I doubt it). I was recovered from the ruins of Canacao and delivered to me while I was still in Manila in December '41 and I left it with Dr. Leach, the head of the Rockefeller Foundation in the Far East. From information I have at present, I am afraid Dr. Leach's personal effects have not been too well treated. He is interned at Santo Tomas, and has been ever since the Japs occupied Manila. There is a story back of this unconnection with yellow Fever Serum etc., which I will tell you sometime.

I did a little painting during my own hours and also did some color work on photographs. I think all of that was lost. I remember that one of the last things I saw as I hurriedly left the quarters the morning we evacuated Canacao was a painting still on the board, unfinished, a painting of Manila Bay as it looked from my open shell windows, the very cause over which Dewey and Cervera fought it out in 1898.

I spent very little time in Manila on recreation. In the course of 4-5 mos. I looked in on Jai Alai, The Alcazar, the Arcade, Tom's Dixie Kitchen, The Cherry Blossom, La Taspi Gardens, the Roof of the Far Eastern, The Manila Hotel, El Rancho, Santa Ana. Very little to tell of any of them. I was there in person for a few brief moments but my heart, my thoughts, my spirit -- in Tidewater Va. I have never cared for Manila, Son. It has neither retained a culture and a tone of its own, nor has it gracefully absorbed a definite other. It is a bastard like place, a dog of too

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many colors to be good. It is too much of everything else to be enough of one. Manila is probably the one part of the world I have visited that has never held out to me some sort of beckoning to return. Moreover, I was seeing Manila at that time while experiencing for the first time in my life, the pangs of nostalgia the desire to be where I wasn't. For the first time in my life time of a gypsy existence I feel "away from home," my heart my interests, my whole spirit was elsewhere, and therein, Bernacle, my Son, lies another story you must someday hear.

However, I had one family of friends in Manila who will forever remain to me as dear in my memory as any friends I have ever had. Rosa Schrameck and her young daughter "Queenie" were returning to their home in Manila from the US. on the same President Liner that brought me to the Orient. On arrival here, I met Mr. Schrameck, an old bamboo American who came out in '98, married Hispana- Tag-a-lag Rosa and raised an excellent family. Schrameck was in the shoe business and enjoyed an enviable reputation in the commercial world in Manila for honesty and fairness and has done well. The Japs took over his factory and interned him(aged 65 +) in San Tomas. He is still there as far as I can learn to date. Rosa and Queenie are still in Manila and have proven themselves faithful friends during these difficult times.

I was always welcome at the Shramecks home, and what few times I visited Manila in prewar days I always visited them and was most hospitably treated. I will have occasion to mention them again a few pages further on.

*The son, whom the mother and daughter had been visiting was interested in Aviation in the States and believed to be flying for the U.S. today .

The service Social life during this prewar period was practically nil. All the families had already been evacuated from the Islands. I attended one cocktail party when Capt. Don's relieved Capt. Camerer as C.O. at Canacao, and I was present at a "despedida" dinner for Camerer given by one Dr. Sanchez in Manila. Sanchez at that time was the Commonwealth Medical Officer for the Province of Cavite. I didn't exactly eat a "baloo" on this occasion but I did the next thing to it. The unborn, or very recently born feathered creature which **they served, head, feet, guts and all** was unusual to say the least. Will tell you about it when this reminder suggests it.

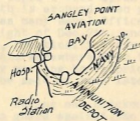
When I first arrived out here, the whole plan seemed to be that we were evacuated from the Cavite-Canacao Area and move into the ultimate defense area of Bataan, and Naval installations were under way at Marivales. By October '40, however, the general idea seemed to get away from that plan and it seemed that the high command felt we could defend the darn place. As a result, local defense

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measures against air attack were rushed. The hospital was sand-bagged and foxholes were dug (a few) and one home made air raid shelter was built on the Radio Station and one more was being constructed nearby to house the Commandant and Staff. The truth of the matter was, son, we were caught with our pants down. The war was upon us, we weren't ready, and couldn't get ready and we couldn't evacuate. We had delayed too long. I had seen this to be true upon my arrival and the futility and desperateness of the situation did not flash on me as any surprise. In fact, I had been quite sure before I even left the states that I was out here on a sacrifice mission and was fully resigned to it, but I meant to carry on to the last like a good sailveman and accept the fortunes of war without complaint. The taxpayers have the right to expect that every officer and man.

Blackouts began in November and by the last of the month complete blackouts had become the regular order, My operating room was boarded so as to permit us to operate during the blackouts without interference. The naval hospital was darn badly located for an institution of its kind. It lay right in the darn



middle of every target in the naval set up. Sangley point aviation was separated from us by a fence - the Radio Station was divided from us only by a narrow road, all three of its towers shadowing our buildings, the Ammunition Depot just across the bay and the entire Cavite yard facing us across the narrow Canacao Bay.

Events took a critical twist about Dec.5th . Everyone was quite aware, without having been told, that the heat was on. A convoy had arrived on Dec.6th , and init was the USS.Boise. I tried to reach Bob Baker and Doc Bill Smith by radio and have them come ashore to have Dinner with me on Dec.7th which was Sunday. I never contacted Baker, but Bill wired me his regrets on Sunday noon and wrote me a note which explained they were "getting to hell out on here, while the getting was good. He also enclosed a check for me to send to Emily (Mrs.Bill) who was in Honolulu and "OK" according to Bill. It was Emily's Christmas money. It was never sent. I have it with me still. The Boise got under way that after noon - Honolulu was attacked before morning - and no mailing of check has been possible to this day. The Boise was damaged on a reef somewhere south of here but was successfully towed off and repair and reached the States, or -- so I have heard.

I was much interested in the arrival of the Chaumont which had been reported to be in the straits and headed in. After getting the hot news from Bill I checked on the Chaumont, which was still expected "in the morning."

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On the night of Dec.7th, a one Major Trujillo gave a big party at the barracks of the Constabulary at Imus. Most of the Navy was invited. I was not particularly interested and did not go. Liberty was not being granted during these days of tension, but special permission was granted to a reasonable number for this occasion.

About 0230 of Mon. morning Dec.8/41, I was awakened by our phone ringing and the CO was informing us that Pearl Harbor had been attacked and hostilities with Japan had begun. Cecil Welch, Chief of XRay, and Commander L.B. Dartin, Chief of Medicine and I lived together. Immediately on receipt of this news I destroyed such papers and records as I feel it advisable to do so and turned back in and slept till 0800. As far as I was concerned the war had been in progress for some time. The official opening of the war in this theatre was Dec.8,1941, the anniversary of my marriage to your mother. Some wag to whom I mentioned, this sadly remarked: " My! My ! your 3rd war."

This Trujillo fellow is very interesting and his place not entirely clear in my own mind even to this day. Elsewhere in these pages I will speak of him. Interest in him in relation to Dec.8th is aroused when you consider the part he played as host to as many Naval Officers as could be dragged from their posts on the night of Dec.7th, and remembering that when Honolulu was attacked, practically every Army & Naval activity had been whole sole guests somewhere from their posts during the previous night and early morning hours prior to and at the time of the attack. More to be said of this later.

During our blackout periods we had been constantly warned to guard against the 5th Column activities of the Sakdalists and special watches were established against espionage. But this entire campaign here must be considered as a 5th Columnist victory from the very beginning due were ridden with infiltrated espionage agents of all Nationalities and both sexes. Flares continually broke up our blackouts, radio contact with enemy was constantly carried out from our very midst, we were 5th columned to death thruout the entire theatre of the war and volumes could be written about it

Written at Bilibid - Aug 5,1944

From Dec.8 to Dec 10, we were under repeated air alerts both day and night and during that time our air force was being methodically wiped out by raids on Nichols and Clarke Fields where the Army had concentrated their air force. At Canacao we were occupied with outfitting personnel with steel helmets, gas masks side arms etc. Supplies were being distributed as various scattered dumps. All these little details were matters which should have

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and could have been accomplished long before this belated moment. There was a noticeable lack in chain of command. There was too much sudden inspiration present and not the smoothness of well studied plan of procedure. In those two and 1/2 days, officers and men learned that when on the defense (and poorly prepared and trained for even that) one's activities of day and night are subject to the movements of the enemy, and one's routine of chow and sleep and effective work is not decided by the station orders on the bulletin board as per usual.

Very Very few officers or men at Canacao had ever had any experience or training in the care and use of the gas mask and no more than didactic familiarity with the elements of gas defense from a Medical standpoint. Lt. B.B. Langdon (MC) USN (who knows you very well from Norfolk days) had recently had the brief course in "Gas" at Edgewood Arsenal and I recommended him to the DMO to take over that work for us immediately. Langdon went to work and I lent moral support and he did a swell job in darn short time. We issued a "Gas Defense Bill" within an hour and Bruce proceeded to direct the construction of a de-gassing war for individual cases, organized and instructed material de-gassing parties, instructed the uninitiated in the care and use of gas masks. There were no gas proof clothes. Langdon finally got the Navy yard to give us the raw clothes and let him chemically treat them. This plan never was realized. The enemy were upon us before it could be carried out, but fortunately they didn't use gas. They didn't have to. With our Army and Naval aviation practically wiped out, nothing drastic was necessary. Just had to fly over and give us the works.

There were no real bomb proofs or shelters to where one could repair until such time as manning of battle stations or going into action was necessary. About the best protection available for personel was a deep concrete ditch that ran along one edge of the hospital reservation. There was an old Spanish Cisteru along side the CO's quarters on the beach front which would protect from flying debris and bomb fragments provided there wasn't a nearby or direct hit. Patients remaining in the hospital had no real protection. For some reason, the idea seemed to prevail that anything they would sling at us would be light stuff and would explode on impact. Based on this naive idea, patients and personel unoccupied were to seek shelter under the hospital's main building. However, after the first 24 hrs. it became evident that both personel and patients were going to be soon worn out with this hither and thither in a dither movement with every alert signal. Moreover, it required only one raid to convince the naive talkers that under a hospital was a fool's paradise in any raid. this idea that two decks above you constituted protection was about as erudite as Jim Wilson's estimate of the situation. Jim was the civil engineer office at the yard and charged with bomb proof construction and had "one" under way. I was called in to

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advise on ventilation problems involved in such construction. I inquired what periods of time he was considering in his construction which would be necessary for bomb proof occupation. This is an important factor in considering ventilation. Jim allowed as how 20 to 30 minutes should suffice because the nips couldn't attack us with anything but carrier based planes and they could not stay over long. Har ! Har ! I saw Jim a few days later after a 3 hr. raid had torn us apart. I saw him again on Corregidor after both of us had experienced days when the Nips had come over in land based planes and spent the day. I never had the heart to remind him of his prewar innocence, ignorance and naivete.

When the war began, Canacao hospital held about 350 patients. I had made a survey of our facilities and had filed with the CO and DMO a carefully arranged plan whereby we could extend our capacity to 500 at once, and by use of canvas, expand to 1000. If the war had not opened for another year we would no doubt have accomplished such an expansion. As it happened we never expanded anywhere. On the contrary we contracted and it all came about in this manner: In the week preceding Dec. 8th, the DMO & CO of the Canacao Naval Hospital (same person) and his executive officer were in Marivales with me where I had been making reconnaissance in reference to the possibility of moving the Naval hospital, there but which idea I was decriing as impractical since we had delayed too darn long. I was trying to convince the "high Command" that our best bet under the circumstances was to provide field medical facilities in the southern end of the Bataan Peninsula and on this occasion when the DMO and executive were on the spot with me, I pointed out strategic sites for the establishment of such medical activities, with due consideration paid to defilation, ability to serve, ambulance evacuation lines, water supplies etc. I could not get the "brass hats" to think in terms of war, and war conditions. They still insisted on handing on to the idea of establishing a "hot and cold folding doors" hotel like establishment which would operate with peace time conveniences etc. However, the Quarantine Station buildings in Marivales which they had set their mind upon (Camerer's idea) were plainly not adaptable. On that same day I took them to Limay where the Army already had a 1000 bed hospital stored and ready to set up on that site in the fortified ultimate defense area. It was this medical facility, I was depending upon to which to evacuate our wounded from our field activities to the south. The DMO realized by this time that the Army was really set up for the occasion, and to some extent came to appreciate what it really means to set up a real hospital in the active theatre of war. Consequently, he was easily convinced at that moment that his only logical move was to fall back into the Army upon declaration of war. I certainly, encouraged this mental tact for I knew darn well we had absolutely no organized medical plan that was worth a tinkers darn. Therefore, on our return to Manila, the DMO contacted Col. Cooper, the USAFFE Dept. Surgeon and a plan was decided upon which would place our

Med. Forces at the disposal of the Army for tactical purposes. This was not such a radical idea as it may seem at first glance, for the General War Plan called for USAFFE to take charge of all land and sea forces when war began. I assure you that the arrangement made with Cooper by our DMO was the first constructive practical act that our Medical Command had performed in preparation for the war about to break. I breathe easier when I learned that this trend was underway for I knew that neither our DMO nor our Exec. had ever had any training or experience which would permit them to success-fully lead and direct Med. Forces under war conditions. They did not even know the language of the field. There is much more to be said on this subject, but for the present we will skip it and continue our chronological report.

As a result of our contact and liason with the Army Dept. Surgeon, when the war smacked us out of the clear, instead of expanding our Canacao Facilities, we immediately began to unload our patients, sending as many as possible to duty, and evacuating as many as possible to the Sternberg General Hospital (Army) in Manila. With these patients were sent four medical officers, some corpsmen and nurses. This evacuation of our patients to Manila was to clear our wards and facilities that we might be able to take care of the casualties expected from air attacks soon to come, and for which we sat like ducks on the water, waiting for the heavy stuff to come. These Navy patients were placed on the second floor of an erstwhile infantry barracks called Estado Mayor, located along the Pasig River and about 1/4 mile from Sternberg Hospital proper. This Estado Mayor was a part of the Manila Medical Center organized by the Army and commanded by Col. Carroll USA we will speak more later of this excellently conceived medical plan which, under Col. Carrolls direction, was developed into a well conceived and practical machine, with every indication of high potentialities for the handling of our casualties, but which was destined never to care for a single patient except those handled at Sternberg proper in the first few days of the war.

Our immediate concern is, that on Dec. 10/44 we were sufficiently emptied of patients out of Canacao that we were no longer hauling patients out of buildings and dragging them under the house, and we had bed space ready and available as such for some 200 + patients. Our need for them (and more) came suddenly.

I must not take time out here to describe the attack on Cavite - Canacao - Sangley Point area on Dec. 10/41. It resulted in the complete destruction of our naval facilities and was the bloodiest one day I have experienced in this war up till now.

Written at Bilibid, Aug 6, 1944.

The attack began at 12:20. Our anti aircraft batteries opened up as soon as the hostile planes appeared but it was imme-

diatly evident that we couldn't reach them with anything we had on the ground and our bursts were falling for short. From my place on the Canacao beach behind a sandbag parapet. I saw one american plane in the air. There sre reports of others but I never saw them. The earth rocked as the enemy laid down stick after stick in a casual methodical undisturbed manner. The entire Navy yard was in flames after the first run. I sought cover from falling shrapnell and fragments from our anti air batteries at Binakayan and Caridad which were cutting away the leaves and foliage like a barber shearing a beard. I watched the bomb loads straddle the ammunition Depot and miss two barges tied up along side it just across Canacao Bay from us, both berges loaded with enough tons of T.N.T. to blow us and all of the Manila Area into unidentifiable bits. The fires however were rapidly approaching the Depot. However, during this first run of the bombers I could see the USS Otis which had parted her lines and was streaming to beat hell out of the Navy yard area, followed closely by the U.S.S. Ysobel who was pouring out heavy black smoke as she crowded everything into her boilers to make her get away. Both ships were firing their anti air batteries - ineffectively - as was also a mine sweeper just off Sangley point. About 20 min. after the attack began, our wounded and dead began to arrive and we went to station. From that minute on our Surgical Service worked as teams in accordance with a previously arranged plan. The remaining staff carried on in supporting activities in the wards below while we manned the ok. section on the top floor of the hospital. Our staff became augmented during the afternoon as more and more of the area became bombed out or destroyed by the rapidly traveling fire, the smoke from which now filled the entire penninsula upon which we lay. The planes were still over head at 14:30. Just when they did lay off I never knew. They were returning as late as 16:30 but were not dropping anything in these runs on us but were working over Nichols Field in strqffing operations.

Elsewhere the details of this day can be told. Thousands of men, women and children were mangled and killed. They brought them up to us and dumped them like piles of human offal, all guts and gore and brains and bones, all mixed in a messy pile. We slopped along thru blood and mess until after 5 PM., when we received word that only the emergency stuff was to be handled from them on, and all cases made ready for transportation by seas to Manila as rapidly as possible as our position was untenable and we could expect the enemy back on us to knock out the radio station. Any one of the three radio towers, if hit, could fall across some part of the hospital, and a concerted attack on the Radio Sta. and Sangley Pt. aviation could not miss blowing us apart somewhere. All that night we prepared the wounded, after separating them from the dead, and evacuated them by sea in repeated book loads. Black-out was fruitless for the entire area was brilliantly aglow from the freely burning Navy yard and the town of Cavite. I had not eaten since morning and about 11 pm. I took time out to get a big canned meat sandwich out of the galley and a canteen cup of

coffee. I must have presented a ludicrous picture, seated on a sandbag parapet at one end of the hospital, clad in a bloody operating gown, tin hat and shorts, munching my sandwich and watching the flames licking higher and higher about the ammunition depot, while thru the smoke and night around me, a steady line of stretchers passed as the boats were loaded with our wounded enroute to Manila. I think the last load departed about 3:AM. It was about this time that I learned that the District Commandant, Admiral Rockwell had evacuated his staff from Cavite to Caridad and was attempting to reorganize his Navy yard force in that vicinity. In the meanwhile, the DMO, appeared and had apparently made contact with the Commandant, for altho I received no notice to the effect, it was generally rumored about the place that all personnel would be out of the "Area in the morning". My Surgical service personnel were pretty well fogged out. We set to work gathering together such surgical gear as we could personally carry and selecting equipment for evacuation by truck. The Naval Supply depot was preparing to evacuate and waiting only on trucks to begin the move. A check up at this time revealed that our Med. Dept. casualties amounted to 6 corpsemen killed and several wounded. At day light, the Commandant issued orders for everyday to get to hell out of the area as the ammunition Depot was expected to blow momentarily. The remaining Navy nurses were debatched overland to Manila. I had my surgical service ready. One unit however was detailed to remain in the Sangley Point area to continue to serve combatroops in the general vicinity. This was a unit which I had originally had earmarked for a Battalion Aid Station in Bataan and had arranged with the DMO to rush them out there to bolster up our weak Naval Medical facilities at Marivales. When war opened this important move seemed to be completely forgotten. There was no attempt at deployment of our Medical facilities in accordance with a foresightedness which could not help but reveal an evacuation into the ultimate Defense Zone as rapidly as possible. I made a quick trip to my quarters, destroyed a few things of sentimental value which I couldn't take with me and certainly didn't want anyone else to have, filled a canteen with water, got some cigarettes and matches, and walked out, leaving every darn possession I had with me - clothes, baggage, books, paintings, and things I had accumulated in china and the walled city. One thing I regretted deeply. For your christmas present I had acquired a beautiful replica of a Moro Vanta, about 3 ft. long and all rigged with multi-colored sails. You received nothing from me Christmas of '41, altho your box was all packed and was to come to you via the Chaumont. The reason I could not even carry any personal gear was because each of us were loaded down with surgical equipment which would permit us to function, if and when we ever got the chance. Another ludicrous situation was, that Doctor Bill Grace of Swampscott, Mass., a young Lieut. (jg) and one hell of a swell guy, and with whom I made the trip out here as far as Hongkong, had been ordered "up the river" for duty on the gunboat Tutvilla, then at Chungking. So, on leaving me at Hongkong I had

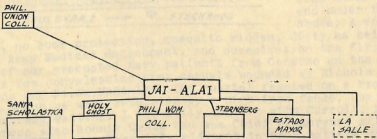
brought most of his baggage with me as it had been arranged that later I could have him for duty with me at Canacao, and since it appeared that he might be involved in this fracas earlier than those of us in the Philippines, it seemed the safer thing to do. I couldn't help but smile at the irony of fate as I left his trunks along with mine as I went out of my quarters for the last time. It was not but a few days later that a bomb landed on the tennis court next to my old quarters and blew hell out of my end of the shock. In the meanwhile, Bill, (I have reason to believe at this writing) got away from Chungking over the Burma Road and eventually got to Australia.

Our evacuation movement seemed to have hogged down when I rejoined the force assembled near the main hospital building. The last load of patients were dispatched by water on the yacht Mary Anne. Trucks were not arriving freely. Finally, by 10:AM everyone was out of the Canacao reservation except our party of six who were waiting on the Exec. to give the word to shore off. We had a station wagon and were going overland. The Exec. was waiting on the return of the DMO who hadn't been heard from since day light. Thru the heavy smoke we could see the flames and hear the roar of the advancing fire around the Ammunition Depot. Occasional detonation's could be heard as chemicals and fush would explode in other parts of the yard as the fire reached them. Finally, the Exec. decided that we could move out and contact the DMO enroute. The necessity of this finding the DMO lay in the fact that while we had orders to get to hell out fast, we had no idea where in the hell we were supposed to go. You have no doubt gathered the impression by now that there was just a bit of chaos, disorganization and confusion in our ranks at the time. The term "snafu" had not been invented as yet, but using it in retrospect, it could certainly be appropately applied. We will speak of the birth of that term later.

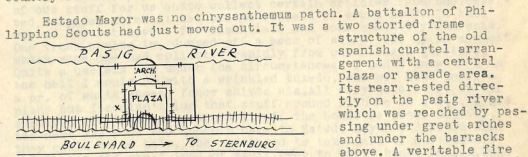
Written at Bilibid -Aug 12/44

We got under way about 10:30 AM. We drove thru bombed and burning barrios and the town of Cavite and started out the road along the bay shore. At Mango Inn we fell in with the Admiral who had his staff gathered around him under the big mango tree just outside the Inn. The admiral and his staff looked considerably beaten down. His car was considerably blood stained. His chief of staff looked to be on the point of driveling. Saw Jim Wilson for a brief moment ("They-can't-hit-us-except from-barriers etc-Jim). Skip Parker, who was later to become Personnel Off. was there and among those carrying on in an effort to get some order out of chaos. Several of the staff were missing. I reported to the Admiral that in accordance to his orders Canacao was evacuated and that we were preceding to Manila for deployment in accordance with any orders the DMO might have. The Admiral opened up a well worn memo book he had in his hand and directed that we proceed to Estado Mayor in

Manila and carry on in accordance with whatever plan had been decided upon for the establishment of a Naval Medical Activity. He made an effort at morale by mentioning "we will hang around out here in the bush until we can get these planes off our necks and get organized into some shape and then decide what is to be done." I gave him the big "Aye aye" but it was hollow crying and whistling going by a church yard as far as I was concerned. We proceeded. Near Novalita we passed about 20 Japs and Jap mestizos standing against a wall in the custody of Filipino soldiery, 5th columnists captured in the act of guiding in the attacking planes by radio, flares etc. Some were shot. Others were taken to Corregidor and locked up. Some were later taken to Bataan and some of these were eventually retaken by Jap forces at the fall of Bataan. Some concern felt regarding straffing on the road. The narrow roads leading out of the Canacao - Cavite peninsula was clogged at the bottle neck where they joined the main road to Manila. The roads were filled with fleeing refugees. Women with babes in arms and meagre effects on their backs; push carts, carabao carts, wheel barrows, chinese litters, carrometas and calezas, native pack horses, bicycle, cars of all kinds. Some had recovered their dead and were attempting to carry their remains out of the area for more decent burial. Dogs overran the area mangling and devouring corpses as they lay; army trucks loaded with ammunition and machine gun equipments, were forcing their way thru the choked caminos. As well as I can remember it was about noon when we reached Estado Mayor. The DMO arrived soon after and he and the Exec went into a quick huddle. While they were blah blahing I contacted Col. Sullivan who seemed to be in command and learned the set up into which we had fallen, and this brings me to describe briefly the "Manila Med. Center," set up by the Army and designed to handle the central Luzon Casualties incident to the defense of the Philippines. Col. Carroll was in Command of the Center with Headquarters for the present at Sternberg Gen. Hospital (Army). The large modern recreation bldg. "Jai Alai" was taken over completely and set up as the Receiving center for all casualties. Operating teams of all specialties were established here, personnel were housed and messes on the spot. Bed space was provided for several thousand patients. Cases were retained there until further evacuation could be safely carried out. Sternberg hosp.



was to continue as a general hospital but also to function as part of the Center. Besides Sternberg, several schools and colleges scattered about Manila as indicated above, were equiped with beds and gear, and a team placed at each one of them. These stations were to handle any emergencies which might reach them first, but primarily these units were to receive the cases from Jai Alai and continue their convalescence and care. La Selle was never completely placed in commission. About an hour after my arrival at Estado Mayor, the Exec. and DMO met me and acquainted me with the fact that Dr. Erickson (a naval reserve Med. off. ex missionary 7th day Adventist) had taken the DMO. out to Balintawak (suburb of Manila) and arrangements had been made whereby the 7th Day Adventist school, Phil. Union College, would be turned over for use of Navy and Carroll had added it to his Manila Med. Center. There were no facilities out there for doing any surgery so I was to form three surgical teams and keep them at Estado Mayor for such disposition as Col. Carroll might direct. This pleased me considerably. I could see that that convalescing old sailor's home out there in the country wasn't going to amount to a hell of a lot but refugee hoven and I was sready fed up with the refuges business. It took me about 20 minutes to choose my medical officers, Dental officers, corpsmen, and nurses for 3 teams. I reported to Carroll and for the first time since the war began I received some definite directives and immediately felt that I was a part of something going somewhere according to plan. While my surgical units were digging in at Estado Mayor, the DMO, Exec. and his remaining staff moved out to the country and had expectation of settling down for the duration.



trap, no bomb protection, mosquito ridden, dirty as hell and crowded with Army Medical detachment, and ourselves on the first floor, and all of our evacuated Navy patients from Canacao on the second floor, and a few convalescing army casualties wounded at Nichols and Clarke fields and Ft. Wm. McKinley. The cuartel fronted on a broad Boulevard, from which we were separated by a high iron fence. Our job at the moment was waiting. I had daily contact with Carroll, several conferences with Ronnie Craig who was Chief of Surgery at Sternberg and was acting as Carroll's adjutant in many matters of organization and kept my gang ready to move wherever ordered on a minute's notice.

Hostile planes were over daily and every night was a complete blackout. Fifth columnist flares were going up all around us all night and there was erratic spasmodic rifle fire all over the city as lights were shot out or some one appeared too suddenly out of the pitch black and a guard would let go. The Filipino soldiery were very ready and heavy with the trigger finger. We were particularly harrassed by this fire because just in front of us lay a wooded park in which were located our anti-aircraft batteries and 5th columnists were locating these by flares for the hostile planes coming in. As flares would go up, anyone within sight who had a rifle or a .45 would cut loose in the general location from which the flare come. This got to be rather annoying when our own missiles got to passing thru our Amer. quarters so extensively that it kept us under our bunks instead of in them.

Much of my time in these early days at Estado Mayor concerned with getting my outfit outfitted. Most of us had arrived in Manila with not a darn thing but what we stood up in, and we didn't stand up in much. For instance, I arrived wearing a tin hat, a pair of shorts, operating room tennis shoes, my service belt with canteen and .45 and gas mask. Others were much like me. By contacting the Army quartermaster we were able to acquire a pair of service shoes, a couple of Khaki shirts and trousers, several prs. of sox, some toilet gear and a trench cap. In the meanwhile, the trucks were running daily thru bombing raids to the Sangley Point - Canacao area to continue evacuation of the Naval Supply depot to Manila and I would dispatch several of my men to go along to pick up some of our stuff for us and to collect certain articles from the deserted hospital which it had become evident we would need. In this way we did retrieve a few essentials and some momentary comforts. One truck coming in, dumped off a mess of stuff tied up in a sheet which some one had collected rapidly from our damaged quarters. Quite a useless lot under the circumstances. I don't know what in the hell I could do with a wrinkled tuxedo, one wet blue uniform a pr. of white shoes, fancy shirts etc. All very nice stuff in its place but I couldn't lug that stuff around with me in a war. I had surveyed all that and charged it off the books as gone. However, the next day Rosa and Queenie came to Estado Mayor and asked what they could to help. They arranged to take care of our laundry and I sent the sheet load of stuff over to their house on M.H. Del Pilar and unless the Japs have gone thru them since the occupation, I may still have that sheet load of foibles over there to this day. The Shramecks were most kind to me during this Manila period. I visited them on several occasions and went thru several air raids with them which they all took in good spirit. They exhibited remarkable courage and a resignation to bombings as tho they were just another unpleasant feature in life to be endured for a little while and then everything would be as always. And as I write these lives nearly 3 yrs. later, I have tangible reason to believe that that attitude still persists with them.

Before I go further I must take time out to introduce into the record a name and a person whom you may always remember as my closest comrade and shipmate during the war, a young dental officer, Lt. Robt. G. Herthneck (MC)USN. On the afternoon of Dec. 10th 1941, as I looked out over a sandbag parapet, watching our enemy throw bomb after bomb into our area, the Navy yard ablaze, and we just setting, awaiting the next run and wondering where they would lay down the next stick, I noticed a young dental officer on my left, leaning over the parapet like me, and somehow I knew that his thoughts at that moment were much like mine. I had never met him before.

"A bit of mess we're in for, Sir," says he.

"Aye, sez I," are you from a ship?"

"No sir", from the yard. I was caught up here. I am Dr. Herthneck.

"I think there's a little lull coming up. If you'll excuse me, sir, I'll beat in back. They'll be needing me, no doubt." And with that he scrambled over the parapet and was gone. A few minutes later, I too was needed, and for the rest of the day and night I had no time to again recall him to mind. However at Estado Mayor the next day I found him there. He reported to me for duty, having been attached to us by the DMO., as had been the rest of the yard dispensary Medical Force, and had been sent to me to join my surgical group. Each of the surgical teams I found were made up of one surgeon, one anesthetist, one dentist, 4 corpsmen and 2 nurses, with a reserve of 4 corpsmen. The assistant surgeon was to be supplied from the M.O.'s of the Filipino Army and assigned to me by Carroll. The Dental Officer was of great value in handling facial injuries and were intended for that purpose. Before Bob (from now on he will be Bob) reported to me on the afternoon of Dec. 11th, I had already learned of the splendid part he had played on his return to the yard that afternoon of bombing. I had inquired into his record and found him particularly well qualified professionally for the work at hand. Moreover, I sized him up as a frank wholesome bunch of unselfish energy that could give and take, and I wanted him close to me. I added him to my own #1 team. I never regretted it. The soul of loyalty, courage of a lion, professionally excellent, unending energy, a good fellow who would willingly give all -- and did. And so, it was in these days at Estado Mayor that I found my one and only close comradeship during the war. I have had few intimacies in life, but few, very few, close friends. I use to have hung over my desk in my study during school days, and when I am where I can have a desk and hangings, there always hang, a copy of Kipling's "If", and the line which has always impressed me most is: "Let all men count but none too much." However, Bob was one of that few." And I do not think it was entirely the war, and the circumstances under which we lived that brought us close to one another. I believe under any circumstances, our meeting would have ripened into the man to man understanding and feeling that characterized our all too short sojourn together. So, when a few pages back I mentioned

that Rosa cared for "our" laundry, I meant Bob's mine. Everything became "ours". And when we could get away, together we would pick out way thru the black of a blackout and spend a few hours with the Shramecks, have a pot of Pollo y arroz a la Espanol, and "hab lab" with Shrameck and then scramble our way back by feeling our way along the house fronts, being halted and inspected by Filipino soldiery at every corner, seeing the flares go up and the inky darkness.

During the day we held training periods for our teams when we instructed them in the Military aspects of Surgery and the relation of their professional work to war. There is a great difference. Our motto "To keep as many men behind as many guns as many days as possible" has many angles to it with which the neophyte in war must become familiar very early if the mission of the Corps is to be successfully carried out. Field sanitation and the primer of the soldier was drilled into them. Advice as to conduct under fire, high lights of medical logistics and tactics were gone into. First aid was reviewed. Professionally, our people were well trained and prepared. From a military standpoint they were lousy and ignorant. And while I realized we couldn't make over the outfit in a few days, I knew I could make them a few days better than they were.

However, inactivity will tell on any troops. After a week of hanging around just "waiting", it had become difficult to control the boys. They were going stale. Personnel changes, however, were taking place. During that first week, Olongapo was bombed and there was a demand for more Medical personnel there to bolster up the 4th Marines Med. forces. The D.M.O. referred the call to me and directed me to comply. It was evident that the DMO had no intention of breaking up his "nice place out in the country" by having the war break in on his personnel set up. By phone I objected that we were attached to Army for tactical purposes and Col. Carroll was commanding and I had no authority to despatch personnel from his command and suggested that the DMO call Carroll. When Carroll had been informed and agreed, I would designate the officers and men and despatch them. The fleet surgeon (Asiatic Fleet) who never did join the fleet, was with the DMO and he talked to me also in the vein that it wasn't necessary to call Carroll. I knew this personage very well, known him for years, in fact, I had come out to the Asiatics sharing the same stateroom with him and I must say there are few officers in service less fitted for the job than he. I cite this instance just to give you an example of the ignorance of our brass-hats on how wars are fought and their complete lack of grasp of the situation, their obligations etc. Later that night after the DMO called Carroll, I despatched Langdon and Berley and some corps-men to Olongapo. There had been several other personnel "trades" made by the DMO between his new station and our group, motivated chiefly by the acquiring for them a good supply of 4ths at bridge. As to value received in the deals, I won. However, the following morning I visited Col. Carroll and asked that my personnel be stabilized for the good of the cause.

Carroll backed me and assured me he had already informed the DMO, that he, the DMO, had no prerogatives of command over those of us attached to Army for tactical purposes. That ended that. In the future, Carroll was always consueted first and useless moving about ceased.

It was also during this time that the Fleet Surgeon brought Dr. Leech, of the Rockefeller Foundation to me and asked me to take him under my wing. Admiral Rockwell had sent Leech to the Fleet Surgeon, Leech having offered his private set up to the service. I talked with him and it turned out that his set up included a good surgeon and himself, a nurse and anesthetist, a physiotherapist and surgical equipment sufficient to support his team, including transportation facilities. Corpsmen were the only thing I would need supply. I contacted Carroll and told him I could offer him a civilian team under my command if he could find a place for it in his plans. Carroll didn't mind the team and didn't mind the surgeon, but he and Leech weren't on good terms and I gathered that Leech had offered his services to the Army at first and he and Carroll hadn't gotten along and therefore Leech was now offering his set up to the Navy. I left it up to Carroll completely. Carroll said "Ok, but keep that guy out of my sight." I let Leech know that in offering his team I expected him to comply with all orders as tho an integral part of the service. He agreed. I got him organized and lined up and our relations for the short period we were associated were quite satisfactory.

In the first few days I was at Estado Mayor I got off several radios to the states indicating that I had survived the opening gun. I have often wondered if your mother ever received them. I sent another reporting the safety of the husband of a friend of mine and was fortunate enough to receive a reply from that one.

Finally, our turn came to move. I was ordered to move my team to Jai Alai and on Dec. 18th became a part of that headquarters and receiving center. My #2 team under Lt. Com. CM Smith went to Santa Sholastica College in the Pasay District near Nichols Field. Team #3 was ordered to Holy Ghost College and became a part of that unit. Part of the Civilian Team (#4) was already working at Sternberg. The remainder were in reserve waiting for orders.

Planes continued over everyday and night. The airfields were worked over regularly. The Japs had landed at Aparri in the North end of Luzon and at Lingayen Bay. The 26th Cavalry (Phil. Scouts) parts of the 45th and 31st Infantry were opposing them and the 4th Reg. of Marines had the Beach Defense at Subig Bay. Reports reaching us at that time from USAFFE headquarters indicated that the enemy were advancing from Lingayan Southward in a three pronged

drive. The 26th Cavalry had begun their delaying action which they fought bitterly and bravely and to my mind constitutes the single outstanding feat of the Campaign in the Philippines. We will speak of it later - many times. Landings were reported to the South, and on the Pacific side of Luzon. Gen. King, I believe, held that sector at that time. On about Dec. 21st, from the roof of Jai Alai, with binoculars I could look out over Manila Bay and witness the air bombardment against Canacao - Sangley Pt. in which one radio tower was struck and crashed on to the hospital Reservation. Fuel supplies and other stores scattered along the beach at Sangley point received direct hits and went up in flames and very black smoke at Jai Alai, I made the acquaintance of Col. Adamo (MC)USS a gentleman from Florida, an excellent surgeon, and with whom I was to share many experiences during the campaign. Today he is here at Bilibid as a patient. He has been a faithful friend and I have found use for him since I assumed command here, and to the extent of his physical ability he has willingly served.

On the afternoon of the 21st of Dec. I took Bob over to Shramecks and there I told him that from what information I had at hand, it was but a matter of a very short time before Manila would fall and the enemy completely occupy the city. Our lives were falling back rapidly and enemy reinforcements were pouring into Luzon with no resistance from our air force (now practically extinct) nor our Navy. The fleet, driven from its base here had fled south and was reorganizing on Java. There were no orders or indication of orders as yet for our evacuation of Manila but I was momentarily expecting them, but unless they came soon, we must resign ourselves to capture. Bob insisted that he preferred to remain with me whether I evacuated or stayed. That, of course, was what I wanted to know.

That night, the Fleet Surgeon called me and asked me to meet him immediately at his quarters. I went at once. In strict confidence I was informed that the 4th Reg. of Marines (Col. Howard) was preparing to take the field on a mission about which he, the Fleet Surgeon was not entirely clear, either to join the Northern Line to help stem the rapidly increasing enemy push, or to go north to Aparri in an attempt to push the invader back into the sea. To this end, the Regiment was being built up to strength by addition of the Fil. Scouts. The erstwhile Regimental Surgeon of the 4th Reg. had been sent down to the hospital at Canacao from China just a couple weeks before the outbreak of the war. He came down as a mental case, under guard, with his health record covering him with a diagnosis of "Hypoglycemia". It is quite interesting to note that immediately on arrival he seemed perfectly normal. In fact, within a few days Comdr. Dartin had him to dinner at our quarters. The whole lark was a phony. When the war broke he was restored to duty and in fact was the officer first sent to Manila

to handle our evacuee patients on their arrival in Manila. This Comdr. made himself quite close to the DMO and Fleet Surgeon. He is well known in service as one of our politicians with little else to recommend him. So --, my good friend and acquaintance of long standing, the Fleet Surgeon, gives me a long song and dance about the Admiral Cin CAF not waiting to send this officer back to the Regiment, for fear he would "break down" and I was chosen as best fitted to take the field at once and to join the Regiment immediately. This choice had been unanimous with the Fleet Surg., DMO., and Exec. The Fleet Surgeon was apologetic in his manner. He had the wrong idea when he assumed that I wouldn't welcome such orders, for while it was evident to me that I was being railroaded in order to further protect a darn useless luminix, I was so darn thrilled to get to hell out from under the command and sphere of influence of the Manila group that any detail was welcome. Moreover I knew darn well I stood a better chance of escaping early capture and being bottled up in Manila and at least, whatever happened, I would have seen some action in this campaign, and would have played some part in it besides that of a refugee. I asked who was to relieve me as Chief of Surgery, Naval units. The mental "breakdown job was to relieve me there - and did, by God, believe it or not I was to report to Asiatic Fleet Hdqrs. the following morning for conference. Then I hurried away to find Bob and tell him that we were on the move, for the Fleet Surgeon had assured me I could have just about any personnel and available material I wanted, and Bob was my Reg. Dental officer before I had left the Fleet Surgeon's room that night. There is one respect in which I had, nor have now, any argument or difference of opinion with the "brass hats" in this instance. I was, and am, the best fitted officer they had for that billet. I had the rank, the experience, the training, the physique, and the desire to serve. This is not said in any sense of conceit or self back patting. I am really humble, and very much aware of my shortcomings, even to a point of being ashamed, and I am cognizant that many in our service could have done better, but those more able were not in this theatre of the war. My studies of the terrain and Medical estimate of the situation I had made in the short period. I was here before the war, alone made me more fitted for the field than any one else on the spot. Moreover thruout my entire Naval career I have never forgotten that not only am I a doctor but I am an officer, and when one assumes the pre-rogatives of the latter, he also assumed the responsibilities and I have made every effort in my 20 yrs. of service to prepare myself for war, as an officer as well as a doctor something which is grossly neglected in our corps and as a result, a knowledge of the rudiments of medical logistics and tactics, of things martial in general, of the basic underlying principles of leadership, are lacking-utterly totally lacking in our medical officers and yet, medical officers find themselves entrusted with the leadership and care of personnel, and the responsibility of material, and are supposed to take their place on the fighting team, with little know-

ledge of the rules of the game. I would hate to think that you, my beloved son, would be asked to serve your country, and not be given even a chinaman's chance, best instead, unprepared but uniformed doctor, who by consent of congress is dubbed an officer. To my knowledge, there was not one other Nav.Med.Officer of my rank or above here in the Philippines who had seen fit to ever make a study of war and the Amer.war machine and the application of Med.science to it. I repeat, I am not indulging in self flower throwing, for even with my relativity superior familiarity with the subject, I neither own genius nor among the best, but there are all too few who do equal or surpass even my humble potentialities in this respect. I could write on and on for hours and pages on this subject, for it is a pet gripe of mine and something which I hope to do something about someday if I am get out of this mess, and if I can change the training of our corps to where it will present another fiasco such as I have witnessed in this campaign I will have done my country, my Navy, my corps, a great service, and my experience here, and the unfortunate experiences of so many others, will not have been in vain.

Therefore, feeling as I did (and do), when the DMO and his Exec.called me by phone later that night to wish me well, and added that they felt I was the best man for the job and would do it well I agreed with them as to the first part, and assured them I'd do my damnest to not dissappoint them as to clause #2.

Before midnight, I was packed - a barracks bag and a musette bag, and had notified several officers and men to pack and stand by as I was asking for their assignment to me in the morning and expected no argument to the contrary. Next morning bright and early I was at Headqrs. CinCAP, met the Fleet Surgeon and the Marine Aide to the Commandant. I learned about as much from the Aide as I would have learned had I been Mita Hari's brother or blood kin to Tojo. I asked the mission of the Reg. in order to intelligently provide personel and material. Much hemming and hoiung and then - well, not exactly known -" work on the assumption of Medical support in the field for a mobile regiment of 3 battalions", I asked where was headquarters of the 4th where I might fall in with Col.Howard. Much hemming and hoiung. Finally it was reluctantly allowed that when last heard of, somewhere in the vicinity of Olongapo, and I had best proceed to that sector and be guided from thereon as I might. Then I went into session with the Fleet Surgeon, ascertained from his Cphm, what Med. personel and equipment were already with the Regiment and finally asked for (1) Ten hospital corpsman to be detached to me from Balintawak (Union College) with a truck;(2) truck to contain also the one remaining field medical unit we had in storage including canvas; (3) two medical officers from Balintawak (which I specifically named) and Herthmeck; (4) one station wagon, fully fueled and 30 extra gal.gas in tins, and Marvine Wilson (corpsman) to accompany it. There was no argument. I could have had the whole works for the asking at that moment. But I had no use for the rest.

I certainly didn't think it wise to disturb the Surgical teams any more and Balintawak didn't have anything else I wanted. I wanted to get away that someday, the 22nd, as reports indicated that while the North Manila road was still open, the enemy were pressing hard and the 26th was fighting a bitter withdrawal action but steadily falling back. It was essential for me to get at least as far as Hermosa. Then, if the enemy drive to the east was behind me, or they had not yet reached the North Manila Road at Hermosa, I could, if necessary and not making contact with the Regiment to the North, pass south into the ultimate defense zone and join the Regiment later, for certainly, whether they fell back thru the mountain



pass just north of Hermosa or whether they retreated along the West side of the mountains, eventually they would enter the Bataan Peninsula. If I arrived at Hermosa, I could learn from there where the lines were and if I were still behind my own lines I could proceed north thru the mountain pass to Olongapo and "be guided by what I might learn there.

However, traffic is only as fast as the slowest mule. It was later afternoon before I could pry loose the rolling and field equipment from Balintawak. "Willie" (Wilson) joined me on this date and has remained with me thruout except for a period of a year after the surrender. He is with me now as one of my most trusted and loyal supporters. Seeing that I couldn't get under way that day to any advantage (not wishing to contest the North Manila Road all night with Ammunition trucks and ambulances with nobody carrying lights) Bob, Willie and I loaded our gear in the station wagon (which became headq'r's for Reg. Surg. 4th Reg. USMC) and left headquarters drove to Shramecks and beg cover for the night. Arranged for the truck, field equipment and corpsman detachment and 2 mo's. to make rendezvous with me on the North Manila Road, one mile north of the Rizal monument not later than one hour after day break the following morning. Herthneck, Willie and I had our last dining room experience on that date at 7 pm, when the Shramecks fed us a tasty meal of Cocido Espanol, red wine and excellent coffee. We slept on the floor in our clothes until 4:am and shoved off for the provinces.

Written at Bilibid, Aug 18/44

Made rendezvous with the truck as arranged. I looked over the 10 corpsmen they had detached from Balintawak. Naturally, they had sent me their "tailenders" and "bad boys" and those not exactly considered as of the best Calibre. I can't pass this moment without saying right here, that everyone of them, proved themselves to

be "men", of great courage, and performed in a highly competent manner thru out. They followed the rule so often noted before, that lousy peace time crews often turn out to be the best in war. In this instance, some of our most exemplary performances came from this "called" group.

As I looked over this bunch of "kids" (for most of them were just that) I wondered how they would adjust to field conditions. I could tell by their general attitude, their ill adapted clothes the contents of their rolls, that they had no conception of what was before them nor what they needed to meet the issues. I made note at the time to be sure they were more properly equipped for the job at hand as soon as we joined the regiment. They were not hard nor in rugged shape. It has never been required of them, but they had youth and spirit and I was encouraged rather than discouraged, and hoped only to have time to let them "find themselves" in the field and have the advantage of some preliminary basic training before too much was expected of them.

We were well on our way when real day light was with us. The roads were already showing the wear of heavy trucks and tanks but traffic was not too bad until about 10:am when we began to meet trucks with wounded en route to Manila and ammunition and small arms passing us or crowding us to one side of the road as they developed into long trains headed north for the front. The traffic going north (our direction) gave us much more concern than the traffic against us. Planes appeared overhead on several occasions and before we reached San Fernando we had been forced to halt and sit out three alerts in small barrios and towns along the way. Guards were posted along the highway who would give us the warning and steer traffic under trees or hold up moving columns or disperse them during these visits by hostile birds, at such times, if it looked questionable we would disembark and lie in a roadside ditch or seek some other nearby cover against fragmentation until we got the go ahead sign. San Fernando was swarming with Philippine soldiery with a headquarters just on the north side of the town near the cross roads and railroad that runs to Fort Stotsenberg. We arrived at the little Chinese "Hotel" just on the outskirts as an alert sounded and four enemy planes with their "flaming assholes" visible, appeared on a Manila course. They passed over without dropping a darn egg and we went into the "hotel" to get some chow. Had a bottle of beer which was very refreshing after the long hot haul and maned to get some pork and rice and fairly hot soup. We loaded up with cakes, crackers, and candy and some fruit and started for Hermosa. We learned very little at San Fernandez as to what was up ahead. The enemy had pushed south since their landing and there was some report to the effect that the lines were now spread out to the east and a column was advancing toward Manila already south of Mt. Aarat. This would indicate that from now on we would, be traveling parallel to the front lines as far as Hermosa at least, but it was evident that the enemy advance was steady and increasing in rate. There was little more to be learned at Hermosa. The line was still North of Olongapo, they said, but just where, was not known. There had been some reports of another landing

in Subig Bay, however, but this wasn't definitely known or confirmed. I knew that the 1st Bt'n. of the 4th (Beecher) or at least part of it had gone to Marivales by sea to augment the separate Cavite Battalion under Adams, and that medical forces were with them. Consequently, I ordered the truck with the 10 men, equipment and one Med. officer to run South into Bataan and report to the MO with the 4th. in the Marivales area. I did this because I believed the whole regiment would be behind the ultimate Defense Line within a few days and I saw no need of taking the truck North with me in my search for headquarters, for from here on it was a matter of reconnoitering. Then, one Medical officer, Bob and Willie and I turned North, thru the mountain pass and headed in the general direction of Olongapo. About 4pm. we were within a few miles of Olongapo and I noted the rice paddies in the lower fields along the road were alive with Filipino troops. We had been running thru the positions of the 45th which we learned on the North of the beach sector held by the 4th Marines. Passed thru the completely destroyed Barrio, bombed and burned in recent raid, and finally arrived at the Naval station where I found Col. Howard was still maintaining his headquarters altho all troops had been deployed in the Jungle of the hills to the North.

Written at Bilibid Aug 20/44.

My first conference with Col. Howard (a perfect gentleman of Wash. D.C.) was very revealing. The regiment had been doing beach defense of Subig Bay since its arrival from China, having evacuated just before hostilities began. There had been several alarms of approaching carriers and troopships but all had petered out in their air. The bombings had forced their seeking bivonac areas in the hills and the medical stations had been bombed out and reestablished to the north near the troops. There was something "cooking" which involved the regiment in taking the field in an offensive mission. However, the regiment had been a garrison reg. in china for years, was undernamed, was not equipped with necessary armament nor ammunition and it would take at least a month to properly outfit for such an expedition. His Exec was in Manila that day (we had passed them somewhere along the road) discussing the matter with CinCAF headquarters. I went over the present disposition and deployment of troops and from what I could learn at that time, it appeared wise to organize the Medical troops into three battalion Aid stations with a Regimental Med. Headquarters for Administration and Supply only. I learned the general whereabouts of the troop locations and then left for the Jungle to inspect the medical facilities and personal. Found Landon and Berley at an advance aid station in the bush by the side of a freely running stream. At this station they were still holding and caring for their wounded incident to the aerial attacks of the past week. It was here I also met for the first time, Emmett Marion Wade (my present executive officer who is assisting me in the running of this camp). Wade had been acting Reg. Surgeon ever since the Reg. Surg. (previously mentioned) had been hospitalized, and had done a darn swell job too. I went over the situation with him and

outlined my plan. Then we went further North and in a deep Jungle, completely hidden from the air, by the side of a swift flowing mountain stream. I found the Regimental hospital site they had chosen and established. The overhead growth of bamboo was so heavy that even in midday the area remained in semi gloom. Here I met Pharmacist Crews, who was destined to share most of the hours of campaign with me, and is with me now as my mess officer and still carrying on in a loyal competent manner. Having reviewed the situation entire I directed that our equipment and personnel be at once deployed in accordance with my plan for the three Bn. Aid station, Company aid men with the line troops and Headquarters section for Ad. and Supply. There was enough material to cover a reserve 4th battalion if necessary, and personnel could be provided if necessary. There was a hell of a lot of equipment with the Regiment better fitted for a less mobile, more stabilized and permanent hospital set up than our immediate field needs would indicate. I hoped to be able to hand on to much of this gear but I had no intention of lugging it with us as extra baggage all over Luzon. Having done everything at Olongapo I could do I decided to leave Wade in charge and just before day break I would take one M.O., Herthmeck, Wilson and Mr. Crews and head for Marivales to contact the Marin battalions there and link their medical facilities into my new organization. In the meanwhile, I had frankly decided in my own mind that with drawal into Bataan was the most probable next move of the Regiment and I felt it very important for me to get the Marivales sector organized and planned ahead of them. I also had a darn good hunch that when I left Olongapo in the morning I probably wouldn't be coming back to it. It didn't take any Napoleon to arrive at this estate of the situation. Being of this mind, and knowing that demolition of the Naval Installations at Olongapo and the absorption of the station Force into that of the Marivales Section Base was the plan on evacuation, I arranged with Col. Howard to attach the Nav. Sta. Medical Personnel to the 4th Reg. immediately on the abandonment of the station. This was approved and helped to round out my personnel very satisfactorily.

That evening I had chow in the bamboo jungle, and after washing my mess gear in the mountain stream, we took off our clothes and bathed in the cold refreshing waters of that river and got rid of the hot sticky dust of the lowland. We bedded down for the night on our blankets. It gets darn cold up there in the mountains of Zambales when the sun goes down and the heavy dew falls. We could not have a fire but with care we could smoke. Besides our immediate group of 5, several corpsmen and four patients were bioucked along with us. We sat for about two hours and talked. A patrol passed us and stopped to report "all quiet" along the beach front and no news. The last enemy plane had been over about 5 pm. But the plane menace had now become more annoying. At first, when the planes were coming from Formosa, we could depend on them leaving us around 3pm. But now the enemy were on Luzon, Apari had fields already, and the darn planes could and would appear at any time. We turned in. I curled up in my blanket but too many things were turning over in my mind to let me sleep. I have learned that the way to keep from staying awake from unfinished business, is to methodically take up

up and consider the disturbing factors and arriving at some conclusion, if only a compromise conclusion, with yourself about the matter and then go on to the next. I settled my factors that night sufficiently after about an hour that I became conscious of the loud babbling of the flowing river wabbling over its rocky bed. I could hear the monkeys clattering and chattering in claustrophobic carouse in the bamboo forest. Several wild boar crashed through the undergrowth along the river. Occasionally a negrito on a night hunt with spear and arrow, hunting wild chicken, would approach the camp, look, and pass on. Once I could make out the slither of a big snake in the nearby bush. I recalled that it was here in Zambales, in fact in this very vicinity of Subig Bay, where Frank Buck caught his largest python and "took it back alive." Once I reached under my rolled up gear I was using for a pillow and felt for my 45. There was really only one thing about which to have serious concern and only accidentally could that worry us. But the fact was, the Japanese had landed small groups along the coast some weeks prior to the actual beginning of hostilities. This was aided and made possible by the 5th column activities already in Luzon. These groups were now infiltrating behind our lines and taking hidden positions from which they can operate when the lines reach them and the time propitious. An "infiltrating party, moving through the jungle at night, stumbling on us bivouacked in there, could give us some annoyance, but I was quite sure that they would not risk their presence by volitionally walking in on us, for even though they managed to get us all, the noise of the fracas would call down our patrols on them. This pre-war infiltration was not entirely unknown to us. It was a matter which I had to consider in Nov. 1941 when I was making reconnaissance in Bataan and at times had to camp for the night off the beaten trails.

I had dropped off to sleep. As I regained waking consciousness I was aware of a nearby gruff grunting, near my feet. No one else was awake. I listened for a moment, trying to rationalize the sound. It grew louder and assumed a regularity. I lifted my head and looked "feetward" but the inky blackness of night denied penetration to even my body length. The grunt suddenly ceased. Something moved near the edge of the little clearing where we slept. Then came a human groan. Then I remembered. A young lad, whose name I think was Scott, was one of the sick being cared for in our bivouac -- a post pneumonia with a pleurisy and took his place in the line and 4 mos. later he died on Corregidor as I knelt over him to examine his wounds, A shell had torn him apart considerably.

Had an early morning breakfast and took off for Bataan.

Written at Bilib Aug 21/44

As we drove over the mountain road, retracing our course of the day before toward Hermosa, in the faint early day light, I could make out much activity in the rice paddies below men on my right, and on my left I became conscious of much soldiery in the Jungle, and they were not lying dormant as of the day before. They were on the move. I was running thru the retreating lines of the 45th Infantry (P.A.). I spotted a medical unit loaded in a truck and stuck back under the trees, I stopped and talked with them for a few minutes and learned that they had received orders to pull out, and they were falling back toward the Bataan peninsula where new lines were being formed. The young Med. Off. with whom I talked was a pleasant sort of a fellow, very spirited and smiling, I met him again recently when he passed thru Bilibid from Cabanatuan on his way to Japan. He was still smiling, vigorous and pleasant. He is of good hardy stock.

We hurried on. I was now convinced more than ever that Bataan was the theatre of operations for every one at an early date and my mission of that day more urgent than ever. A few miles further on I learned that the Scout Cavalry was still bitterly contesting every mile, fighting all day and falling back at night. The enemy forces approaching Manila from the South were pushing rapidly toward the city, and evacuation of the military from Manila into the ultimate Defense Zone of Bataan was under way. It became a race to get into Bataan before the North Manila road became denied to our forces by the Japanese pushing from North to South. My course lay south and I was far enough west not to expect to be troubled on my way for I should reach Hermosa at the North end of the Peninsula within a few hrs. I had not returned to Hdqtrs 4th Inf. before leaving, but I was quite sure that liason would not permit the 45th Inf. (lying directly on the north flank of the 4th) to withdraw without notifying the 4th Reg. and the position of the 4th, with the 45th withdrawn would be untenable, so the 4th would be moving back also. However, I learned later that the movement of the Infantry was learned only by accident, the 4th suddenly finding their entire sight exposed and only then got into motion.

There was every evidence on the way that the front lines were rapidly withdrawing. Troops, trucks, tanks, supplies, ammunition, guns, refugees, carts, cars, and caribao, filled the mountain roads thru the pass that opened to the North Manila road. At Hermosa the roads were more glutted than ever, and as we continued south into Bataan along the east road, we constantly fell in with long truck trains evacuating Manila.

We reached Balanga about the oclock in the morning. Here we availed ourselves of the services and facilities of a roadside barber shop and then sat long enough in a little shop to drink some cold beer and eat crackers. Here, I talked with some members of the 31st Infantry which was on its way north to bolster up the line against the advancing Japs. USAFFE a little worried at that moment and McArthur had ordered that line held north of the north Manila Road at any cost until he could get his stuff into Bataan. That Cavalry held it alright but the cost came high. A few days later the 26th, what was left of it, cut to pieces, weary but still in the game rode there remnants into Bataan after having performed the most heroic service and sacrifice that occurred in this entire campaign in the Philippines.

Hostile planes came over while we were at Balanga. There was some scattered anti aircraft fire and the planes dropped a few about a mile down the road, but as we later observed in passing no damage was done.

As we approached Limay, I could see that the Army was already setting up their hospital #1 as planned and located as it was at a point which allowed ambulance evacuation from the south over the east Marivales road or the more western Bagak road, I turned in to make arrangements for hospital care for casualties occurring to the south (where the Navy and Marines would be operating). Arrived just as Sternberg and Units of the Manila Medical Center from which I had just been detached were rolling into Limay. My Navy team under Carey Smith which had gone to Santa Scholastica had arrived but none of the others were heard from. With this surgical team was one Navy nurse, Mrs. Anne Bernatitis who was the only Navy Nurse to see action in the field, the other being taken prisoner at the fall of Manila.

Written at Bilibid Aug 23/44.

I talked with Carey but he was unable to tell me anything of the remaining Navy units in Manila. No liason had been maintained once they were on station. He had received orders to evacuate and remain with the Scholastica group and had just arrived that morning. Trucks were still driving with personnel and equipment and there was the general activity going on of establishing the hospital there at Limay. I talked with Col. Duckworth who was in command and arranged for evacuation to them of our casualties from the South. At that time he assured me he would be ready to receive patients in another day and I also made arrangements for our forces falling back from Olongapo to have their wounded at Limay. Duckworth was not exactly satisfied with his location and told me he was having the wooded area to the south reconnoitered for an early move into a better defiladed area and convalescent bivouac area. We moved, on for Marivales. Planes were over at times. About noon we were stopped

on the mountain road by a guard and directed to cover. We put the car under a big tree and found a shallow road side ditch in which to lie. Directly behind us, and coming straight down to the road side was a high steep embankment. The planes laid down a stick behind us, making hits on the highland above and dropping a few in the valley below us on the opposite side of the road. They made several runs and seemed to be concentrating their fire behind us. When the raid was over we learned that we had settled ourselves directly on the edge of the Cabcabin air field we were building. If we had been smart we moved given the gun to the old station wagon and gotten to hell out of that area and spared ourselves on uncertain hour in a ditch. We arrived at the Navy Section Base in Marivales about 12:30 and had a bite to eat. Contacted the Marine Units and the Medical troops and found that the provision I had previously made for a field medical station in the Cabalag river valley were being carried out and the station had been established and was open for business. Met Dr. Nardini here for the first time. A gentleman and a scholar. From Philadelphia. John passed thru here sometime ago on one of the early medical drafts to Japan. He had never changed. A splendid, serious, fellow, excellent shipmate, courageous, competent officer.

The alarm siren sounded while I was talking with Bookman (another excellent Med. officer) in the Base Dispensary. They came over in force this time and delivered the first bombardment of Marivales. The attack this day covered pretty much all of Manila Bay installations except Corregidor to which they gave a wide berth. We were standing in the mouth of a tunnel under construction (in the rear of which I later learned was stored all the blasting dynamite) when the word was passed that the Dingkiang (a French interned ship in the harbor with marine guard aboard) had been hit and was afloat. I made my way to the Dispensary and found them prepared to receive casualties but none had arrived. However, ambulances and litter parties were already on the way and cases were expected momentarily. Pushed on the Cabalag river station and arrived just as the casualties began to arrive. The station went into action as smoothly as oil. The planes were putting a few into the Base proper but had effected no damage as yet. Out anti air batteries were blazing away but as usual, ineffectively. They couldn't reach them. I visited the Quarantine Sta. where the casualties from the burning ship were having landed. Two marines had been killed outright and were among one boatload that landed just as I arrived. The corpsmen, the "kids" were performing like veterans under fire and going about their business in a workmanlike manner that was thrilling to see. The force at the base Dispensary became overloaded about that time and so I took a small group and rushed them up there where we worked until about 5 pm. The planes left us about 3:30 or 4pm. and by nightfall everything was under control. Some of our wounded had been evacuated North to Limay and the rest bedded down and under routine organized

care in our River Valley station, with plans for evacuation of more of them in the early morning hours. Others were scattered over the Base and under regular care. The dead were buried. I visited all medical stations that night and expressed the feeling of greatest respect and pride that was in my heart for the splendid response by every one of the boys on that day. That day, Dec 24/41, removed any doubt I may have ever had concerning the response of the Navy hospital Corps to the demands of war. And not once during the entire campaign was I ever moved to change my mind as to the courage, loyalty, competency and willingness to serve, that I observed that day in our corps personnel, officers and men alike.

That night, Bob, Mr. Crems and I slept in the Base Dispensary. Willie was in the next barracks. All was in blackout, but the Dingkiang burned merrily in the harbor, only 50 yds. of the beach from the base and everything from the beach to the jungle covered mountain behind us was lit up like a church. Just why they didn't come back that night and blow hell out of us is difficult to understand. There were several alerts during the night but they let us alone on Bataan. About midnight I learned from Col. Adams and Col. Beecher that the 4th was getting out of Olongapo, the station was being blown up, and the regiment would bivouac along the headwaters of three rivers in the mountains behind Marivales. The 1st separate Battalion (Adams) comprising the Cavite Navy exd. marines was to become the 3rd Batt. 4th Reg. The section base area in which we then were was untenable as a bivouac area and the troops were to move out in the morning. The advance trucks began to arrive from Olongapo before morning, and I moved up as far as the Liuden River and established myself a headquarters with a third battalion aid station which I had ordered set up along that river in that battalion's bivouac area. I had despatched my one medical truck to return to Olongapo to assist Wade in evacuating his medical facilities. In the late afternoon the truck returned with its first load and filled message from Wade begging the return of the truck as transportation facilities were grossly lacking. The truck returned at once. This was Christmas Day 1941 and a busy one. All day the troops were arriving and going into bivouac in the jungle covered hills. The roads were clogged with vehicles and men. About 11:30 am., army aviation evacuating Manila began to arrive by boat. All their planes and equipment having been bombed out and destroyed, they arrived on the Southern tip of Bataan with little more than what they stood up in. This concentration of personnel about the docks and the barrio of Marivales was just inviting attack and every effort was made to speedily hurry them along a strung out course up the Marivales road to where they could enter the covered portion of the mountain road at a place called Zigzag. I stood by the hot dusty road and watched that hurrying scurrying long line of fleeing men, trucks and tanks crowding them, and I couldn't help realizing what wholesale murder a seriously prosecuted strafing job could accomplish on that road right then.

Planes were over every hour during the entire day but left us alone. They worked over the peninsula further north and we could hear and see the attacks but for some reason they didn't unload on us to the South. The USS Canopus had left Manila and arrived off the section base Christmas morning where she remained during the entire campaign until the fall of Bataan when they took her off shore and sunk her. She acted as an anti air battery and our medical forces aboard ably augmented our Naval Med. force at the Section Base. By this time I had battallion Aird stations in operation for the 1st and 3rd battallions and my Reg. Med. Headquarters functioning. It only remained for me to get Wade and his outfit with me in Bataan and become the 2nd Batt. Aid Sta. and my planned organization would be completed. My last word from Wade indicated that he expected to arrive with the rear echelon that night (Dec. 25th), and by that time all our Med. supplies which we were able to save, would be with me.

With the evacuation of the military from Manila there was talk of it being declared an open city. No one seemed to be quite sure what this "open city" deal amounted to. Later it was passed the Japs didn't agree with this "open city" business. One thing was certain; the fall of Manila was imminent and whoever was going to get out had better darn sight do so - and fast.

In the early afternoon, a truck pulled up along side the road near the Quarantine station and I was attracted by the Red Cross Markings so investigated and found Dr. Cohen of the erstwhile Canacao hospital staff driving, and some corpsmen and odds and ends of gear. I inquired what his orders were and as well as I could learn he was on a sort of free lance job with Balintawak's approval, and some sort of loose general directive to come on out and make yourself useful. I cite this instance because it illustrates how misdirected were so much of our potentialities, lack of leadership, lack of estimate of situation, lack of definite mission. I asked Cohen what he intended to do. He elected to attach himself to the section Base for sustenance, and set up an aid station in the Quarantine Sta. area. Cohen had never been in the field before in his life, knew nothing of Med, logistics and tactics, yet here he was, entrusted with personnel, material, and expected to fulfill a mission. I advised against his choice of locale. His station became untenable in very short order and he had to fall back on our Cabalag River Valley station. Cohen individually did a good job but he was not prepared to handle a station on his own hook. "There were so many instances like his. The lack of leadership and staff work. As further examples of it, late in the afternoon of that Christmas Day, the "Mary Anne" arrived from Manila with the Commandant and his staff and with them was the Asiatic fleet Surgeon. (my old friend again). The Fleet Staff had already departed and just why this member didn't leave for the Southwest Pacific I was at a loss to understand. I know a little more of it now, but the situation is still somewhat clouded. I visited the Fleet

Surgeon at once. There was a decided state of uncertainty and "where do we go from here" attitude among them. The Fleet Surgeon had very little to communicate. Setting on the front steps of an old stone building in a palm grove along the beach at sunset of that Christmas day, he didn't seem to me to be very impressive as a Fleet Surgeon, who my way of thinking, and by all the reasoning of Service tradition and precedence, should have been at that moment with the CinCAF staff and headed for Java where I understood our Naval forces were re assembling. I asked him what he intended to do. He told me that he was going up to the section base and join Bookman and "help him out." However, I had reasons to know that he was planning to return to Manila at that very minute - to "the open city", as I left him I passed the dock where they were unloading the "Mary Anne." It was aludicrous sight. Instead of necessary gear and equipment of war, the little yacht was loaded down with wicker furniture, fancy desks, easy chairs, and all the personal effects of the evacuating staff. It was evident that an appreciation of the fact that we were at war and up against the realities of a serious campaign had not yet soaked in. The sacrifice of little personal comforts still remained a thing for the future in the minds of too many. We were actually in the throes of a hell of a route with darn few realizing it and still fewer doing much about it. I was darn glad to get back to the hell area where the Regiment was steadily and methodically establishing, where a chain of command remained, and all proceeding in a military workmanlike manner even in the fall of a precipitated withdrawal. It was well after dark when I reached my headquarters. Wade had not yet arrived. I sent Bob and Crems to the bivouac areas above and below me where the road crossed the rivers to see if they could locate him. They returned with no definite word of him except that he had left with the rear echelon out of Olongapo. Truck trains arriving were reporting bombings and straffings on the roads to the North. I was a little concerned. I turned in about midnight and sometime before daylight I was notified that he had arrived and was established with the 2nd Battalion. The following morning, Dec. 26th I moved up to the next river head and joined the Colonel's Headquarters. My organization was now complete. Everything had worked out to plan. We were prepared to serve the troops whether they operated as a regiment or as any othertactical combat unit. On my rounds of the morning of the 26th, I stopped at the Quarantine station to report to the Fleet Surgeon that I now had with me the Medical Personnel of the Olongapo Naval sta., thus augmenting my strength. I learned that he had already returned to Manila. It seems, (as I have learned later) that the medical unit left in the Canacao - Sangle point area, had evacuated with the rest of the troops, and made their way to Balintawak, but were immediatly despatched to Marivales under a general directive. They had arrived during Christmas night some time, did not know where to go or what to do except to report to the Fleet Surgeon. The Fleet Surgeon decided there was "no need for you or me out here," joined them, and took them back to Manila where they rejoined the DMO, and his erstwhile hospital staff. Later that day (or the next, I cannot rightly remember) another love M.O. and some corpsmen arrived in Marivales singing he had been set out "to be of

what service he could" and was "given the impression" he was to report to the section base. Everything was a hit or miss order,. It was plainly evident that what was coming to pass was exactly what I had prosed before the war, that we plan for field stations in the area, a line of supply, a chain of command, and thus continue to operate as Navy. However, at that time that idea was preposterous to the Brass Hats. They wanted mayo clinic bldgs., caminos grandes, etc.

Now, however, with no preparation nor organized system or plan of operation, personel were coming out into the field piecemeal and more like refugees. Certainly on arrival, none of these people had any understanding as to whom they belonged or what their mission was actually to be. This last officer arriving was one of the Medical officers I had had originally with me at Estado Mayor and had been sent to Holy Ghost College for battle station. He could tell me nothing as to the whereabouts of the rest of that team or what the plans for them were. There was no rhymeter reason to the administration and command angle. Everybody seemed operating independently and the right hand didn't know what the left hand was doing. I could gather my readily that our Army and Navy liason wasn't functioning worth a darn. I did gather from him, however, that the DMO, his Exec. and Canacao Hosp. staff were still at Balintawak and the Chief of Surg. had rejoined them upon the breaking up of the Manila Med.Center. However, their situation out there had not proven to be the "quiet place out in the country" which they had expected, and they weren't being permitted to fight this war in a manner de Luxe, and a move was under way to return to Manila (open city lure was on), and as I learned later they did move into Manila to Santa Scholastica bringing with them all their wounded and sick. I was interested in this matter because I knew that the prewar plan had been that immediately on the opening of hostilities, the DMO, (who was also the C.O. of the Naval hospital) was to turn over the Hospital command to his Exec. and I was to become the Exec. while the DMO joined the Admiral's (Commandant's) Staff as DMO alone. The Admiral was out there in Marivales but no DMO and expectations of his joining the staff was entertained by the staff at that time. I must mention here that the DMO never did join the staff, and the smooth functioning of the Medical service in the Philippine Campaign was threatened as a result. We will say more of this later.

On the afternoon of the 26th, the Regiment was ordered to begin its move to Corregidor ("The Rock") wher we were to take up the mission of Beach Defense of the fortified islands of Corregidor, Carabao and Fraile, on which were Fort Mills, Fort Hughs, Fort Drum and Fort Frank. The third battallion moved out that night just at dusk. The following day planes were over nearly all day. We were well hidden in our bivouac area in the bamboo jungle but had to be very careful about our golley smoke, and no fires at night. Our position lay across the Marivales cut off road which split the mountain jungle on its sloping side and continuing up that road about another

mile, one began to pass thru the ammunition dumps and storage area Fifth column activities were such that these storage areas were well known to the enemy. Every night, flares were to be seen in our very midst. The peninsula was ridden with our enemy even then. The increasing activity along the roads of the narrow peninsula incident to the evacuation of Manila and the USAFFE concentration in Bataan could not help by attract attention from the air and the entire length of Bataan felt some enemy airforce which they were increasingly bringing to bear. Our breakfast was eaten at daybreak or a little before and our evening meal about 3 pm. Any other chow was crackers, hard tack, canned meat or the like which one happened to find or which could be issued at intervals. It was on this day that Bob, Crems, Willie and I had been down near Camp Dewey on the Est Marivales Road looking over the cache of the Medical supplies and equipment which had been evacuated from Olongapo. We had made a supply dump just off the road, in a convenient position in relation to the Aid station in the Cabalagr river valley. I had arranged with Bookman that when the first battalion Aid Sta. moved out of there, I was going to leave him adequate equipment to carry on that station which I believed would be of the greatest value to him until he could get some room in one of the unfinished tunnels at the section base, for it was evident that the Base Dispensary was untenable for Medical Service and the fact very well proven soon when a bomb blew it apart. It was a frame barracks building located right in the middle of a row of similar buildings in a broad meadow-like flat land near the beach. We were returning from this supply inspection trip when the hostile planes suddenly appeared. We eseed the station wagon off the road and got out and sought cover in a wooded area near us. Found ourselves with nothing but plain flat land without ravine or foxholes of other natural or artificial nature. The planes dropped a few to our left toward the Bagak road where we had some gas drums strung out and we could hear the low motor roar and machine gun rattle as the strafing was underway. We got up and started for deeper in the woods. We spied a ditch just over a knoll about 3 ft. wide and 10 ft. long. We heard the planes again. I was already half of the ground and on my way into the ditch headlong when I detected a roll of toilet paper stuck on a stick at the other end of the "ditch" and realized I was headed for a half filled much used latrine. Just h I changed course or increased my momentum to clear the latrine and overshoot it I can't tell. But I did, and contented myself with flatter to the ground and sweating out the raid thusly. Even at the moment, the narrow escape of landing headlong at full gun into the mess afforded us a belly laugh. Since that time I have seen instances when I would have gladly wallowed in a latrine if only one had been handy. And the cases on record of latrine being used as foxholes are legion. War is not exactly are esthetic experience at best.

The 27th was spent up on the mountain side in the dark depths of the Ungle. The particular location of our headquarters was a spot very well known to me. I had spent much time in those hills of Bataan prior to the onset of hostilities, and there is a great sense of satisfaction and peace when you are campaigning in a familiar area. The country was ruggedly beautiful in its wild way and I had enjoyed

many days and nights along the mountain streams as I pursued my reconnaissance efforts. Our headquarters was very temporary in character. Our blankets and simple field gear spread out under a tree on the gentle slope down which the little river ran toward the sea, a few miles below us. Our retreat was completely ceiled by the entangling wildwood that interlaced the tall bamboo that pushed high skyward and among the larger hard wood trees and usless cottonwoods. It was on the 27th that a Major joined our group at Headquarters, and spread his roll just across from mine. He was Major Stuart King, from Alexandria. We had known each other as home town boys many years ago. I used to box with him often at the old Dominion Boat Club. I saw him just a month before the war on one of my visits to Olongapo, the first time I had seen him or heard of him in nearly 26 yrs. Then I ran into him again on this occasion and we talked a little while of those days - but that seemed such a long time ago. We didn't get very far. Frankly, our friend the Major always had had, (long before he became a Major) a superiority complex which would never let him unbend enough to get the most out of life. Many people never liked him. He was always very pleasant toward me - but we could never be really chummy. However, all of us can't be popularity hounds. And there is such a thing as world in compatible personalities which are more to be understood and pitied than condemned.

After dark on the 27th, the second battallion moved out and embarked for Corregidor. As the Battallions moved, the Battalion Medical Units moved with them. Duly Hdqr's, and the 1st Battallion now remained in Bataan.

During the 28th planes were over but gave no threat in our sector. We underwent several long alerts and we could hear distant and frequent booming to the north. The Jap advance on Manila was rapidly progressing from the south and East. Blood engagements were taking place in the North as the Scout Cavalry and part of the 31st Inf and 45th continued then delaying action. The retreat of USAFFE into Bataan was taking place in good order as a result of the "Balaklava" being staged to the north of the north Manila road. I tried to contact by phone, the Fleet Surgeon and the DMO. in Manila to report the circumstances of material and personel and the last minute details in Bataan that they might act accordingly. I could not locate either. About 6pm. we loaded our station wagon and moved down toward Marivales for embarkation. It was still light but we had to travel slowly and would not arrive in the dock area until after dark. As we swung out of the cut off road into the Bagak Road I noticed the Swali shacks which had suddenly appeared. Such shacks follow all armies. Canteens, Cabarets, whose houses etc. All of the whose ladies had moved out to follow the troops. T'was ever thus. Camp followers all an integral part of war. Uncontrolled, and unpoliced the disease menace is always great. I had reported the veneral problem which was already threatening in the Marivales area before the war opened. No official action

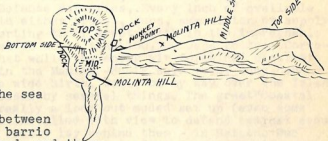
was taken by our service. I brought it to the attention of the Commonwealth M.O. in Marivales. He was interested and made an effort but he met obstruction in the person of the Marivales mayor who gave no end of differently as a pro Jap sympathizer. Just before hostilities began, his undercover work precipitated an open clash between the Military and native laborers and Marivales had been declared out of bounds. The Venereal problem had been lost in the maelstrom and no more was done about it. I was glad to see our troops getting out to "the rock" but knew some damage had been inflicted already. We stopped at one Cabaret and at Pl:00 each bought beer. It was wet, but hot, and while it washed down the dust that is about all you could say for it even at that price. Just after dark we put the station wagon and Wilson on a lighter and Bob, Crems and I went aboard the voga.

Written at Bilibid, Aug 28/44

The dock area teemed with activity as the lighters and two vessels at the pier were loaded. Soldierly, equipment, stores, vehicles, ammunition etc. There was an early moon that soon bathed the bay in a gossamerish misty blue whiteness that made you feel, as you looked out across the still glassy surface of the bay as tho you were peering thru a cobwebby film, or fine siek into a great cavern whose subdued steeling blue light was from an aperture above, an operture too high above to be seen from our place in the abyss. It was like being on the bottom of the sea. However, there was too much light for comfort. And while the ships were without lights, nevertheless, as we did not shone off until nearly 9 o'clock. I was glad to get under way. The concentration of ships, troops, and supplies in that small area of embarkation was an ideal layer and real incentive for a raid. And while our movement was being carried out with a little publicity as possibility, the move was certainly within our lives and the fact that this was our 3rd night of evacuation. We were nearly three hours traversing the mine fields and landing at Corregidor. At times we crept along at less than 5 kunts. At others we lay dead in the water, watching and waiting for signals to guide us from one course to another. Bob and I sat on the rail forward and munched a piece of chocolate we had found in our field rations. Smoking was not allowed and conversation permitted only in lowest tones. At times there were long stony silences. It was well after 11 pm. when we landed. On the pier I met the Post Medical Inspector who informed me in general of the Medical Layout on Corregidor and the sanitary conditions. The most interesting and to me, seemingly important things were (1) That amebae histolytica had been found in the natural water on Corregidor and (2) there were no anophelines breeding on "the rock". The 4th Reg. was being assembled and quartered at the Middle Side Level. The entire Island was in inky blockness and the night passing rapidly. The post Inspector offered Bob and I the use of his quarters for the night on Topside, (which we readily accepted) and took us up there in his car. After arranging to meet me in the morning for a more detail

ed conference, he left us. The next morning Bob and I learned that most of Corregidor had retired to the tunnel systems and no wonder we had these quarters on Topside. There were a half dozen or so quarters as empty as churches on Mondays all around us. However, the night was undisturbed by planes and we slept well.

Corregidor, my Son, is a rocky island in the month of Manila Bay, about * miles long, and ___ miles wide at its broadest part. The rough sketches below will show you that the Island, as seen from the air looks just like a big tadpole. When viewed from the sea it has three distinct levels. The foremost is named Topside; and the next is called MiddleSide; and the sea level area, BottomSide.



In the Bottom side area between Top and Mid lay a little barrio where native laborers lived, and there were shops and the north and south docks. The rugged cliffs rise steeply from the beach to form the central heights and central elevated plateau extends down the tail almost to the tip. Between Middle side and the tail lies Molinta Hill. On these high ridges were the Army's Coast Artillery Batteries originally designed and even then so located as to defend the Bay against attack by sea. Under these cliffs, tunnel systems had been built, the most elaborate ones being under Molinta Hill. There, USAFFE had established Headquarters (Gen. McArthur), also Hdqtr's of Harbor Defense (Port Mills). The Navy tunnels were there, and the District Commandant (Admiral Rockwell) had established his headquarters.

A little after daybreak (morning of Dec. 29/41) Bob and I got up and made our way to Middle side. The Regiment was quartered in an old stone Barracks up there on the mid level and the supplies and equipment piled up outside in the surrounding clearing. Crews had established our temporary Regimental Med. Headquarters on the top floor of the old Barracks (which means we set up a field desk and unfolded a couple of canvas stools) but knowing we were only temporarily ensconced there did not dig in any deeper. Had a quick scanty breakfast and immediately started out on a reconnaissance of the Island to get oriented up to date as to how the land lay. I wanted to get a look at the place before I talked with the Post Medical Inspector again whom I was to see at 1 pm that day. I might mention right here in passing that I never kept that appointment. He was killed about 12:30 when the hospital was bombed early in the bombardment of that day. I was just leaving Middle side to meet him when the raid occurred. More of this later. I had visited Corregidor on several occasions prior

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to the opening of the war as a part of my duties with the D.M.O. We had considerable Naval communication activity on "The Rock" and had installed Medical facilities out there in Sept. 1941. However, Corregidor was, and always has been Army - Coast Artillery and has always been referred to as "The Rock" or "The Gibraltar of the Pacific" etc. There has been much talk of the great strength of the Fortified Islands and the impregnability of Ole Corregidor etc. At the time of which I am writing, there was probably a greater concentration of soldiery and armament there ever before in the history of the post. field Batteries, anti aircraft batteries, machine guns, etc. in addition to the Coastal Defense Batteries. Every inch of available space seemed occupied with either troops, guns, ammunition or supply dumps. The Army was asserting their great faith in the impregnable Corregidor, remarking that it would take 100,000 Japs to take Corregidor, and pointed out that while the enemy air force had blasted all other installations in the Manila - Subig Bays area, they had always given Corregidor a wide berth. Well, on my way over the Island that morning I was impressed by several things. The great "Coastal Defense batteries" were really a long out moded set up (even some 1912 stuff). They were all installed with view to defend against assault from seaward. Our threat really lay behind them - in Bataan. Our Anti Air batteries were an inadequate lot of stuff. Our Cavite experience was enough to conclude that. While there was much force present, there was certainly no state of readiness and organization. Everything was still pretty much in a state of flux. The Army had half way set up their underground hospital facilities in a lateral of Molinta tunnel but they were still using the hospital on top side and much valuable gear and equipment was still installed there. The hospital section of the tunnel was overrun with civilian personnel of the American High Commissioner, his family, office force etc; Pres. Quezon and his extensive retinue of which we may speak later, (including his own private chapel) were occupying more valuable and much needed hospital space. The Army Field Med. set up was not very appealing to me. The larger coastal batteries had a medical officer stationed with them but his gear amounted to the contents of a field first aid hog. Looked to me as tho a few Med. Officers were deployed in the field like we employed Co. Aid men. This of course became better understood when it developed that the Army hospital corpsman is not the trained man our corpsman are, and serve for little more than stretcher bearers and the general labor for the Medical Department. It is this lack of training of corpsmen which requires the Army to maintain their female nurses in the actual theatre of hostile operations. I looked over the medical set up for our Naval units, Corregidor, Our one Nov. Med. Officer had established himself at Nov. Headquarters, Queen's Tunnel, and had set up a Corpsman aid Sta. at the Communication tunnel at Monkey point and had provided supply for them. The Med. Sta. we had established prior to hostilities up on top side had been correctly and immediately abandoned at the opening of the war.

Having seen the Corregidor terrain and the present disposition of our forces, and having a rough idea of the Beach Sector Defense plan of the Regiment, I made my way back to Middleside to talk with Col. Howard and submit recommendations for our Medical service. The plan was cut and dried for us already. There was only one darn thing to do - to have the battalion Aid stas. move into the Beach positions with the Battalions and established our Reg. Med. Headquarters at the Fort Mills Sta. Hospital at Molinta, for that hospital was the only one to function as such on the Island, receiving and handling all hospital cases for USAFFE, Corregidor. That plan was settled at once and as I turned to leave the Regimental Executive officer to go to the Topside Hospital to see the Post Inspector, the air warning sounded and seventy odd bombers were over us almost immediately. There wasn't much else to do but duck - hit the deck. There were no foxholes or revellments immediately available. We went into the rooms of the ground floor of the long Middleside Barracks and hugged the concrete deck. This is not the place to relive in detail that attack of Dec. 29/41. Suffice to say, the myth of the mighty Corregidor and its terror to Jap flyers, was for all time dispelled. This was the day they caught us flat footed, the entire Regiment, spread out exposed and helpless, concentrated, personel, supplies and equipment on the broad flat top of Middleside and they let us have it, laying down stick after stick, from N. to S., E to W. They knew we were there apparently had waited for us to get buched before visiting us, for after the raid they issued a bulletin to the effect wonder to me is, that we weren't. There have no doubt been times during the war that I have been momentarily in more hazomdous situations, but I was never conscious of them. From 12:15 pm till 2:30 pm we sweated out their "busters." They blew in the doors and windows of our compartment and walls crumbled. Several came thru the barracks roof and exploded on our bottom floor tearing furniture and people apart. We dug our knees and clawed our nails into the concrete deck to get lower and lower. One bomb completely demolished our Med. Headquarters on the 2nd deck above us. Fires started among clothing and in lockers. One of the most annoying darn things was when one landed among our small ammunition boxes stacked just outside and fire started. From then on was the steady rattle and bang of rifle cartridges, continuing during the lull between while stretched out on the concrete with several others, the word passed "here they come again." I happened to glance toward the card on the filing cabinet along which I was lying. It read "dead file." I pulled my iron hat tighs over my head and melted into the too resisting deck as much as I could just as they let fly another load. I rolled over to adjust my gunbeet and -- I am not superstitious but I always wore a rabbits foot on my gunbeet, and I put a "heap'o sto" by that momentum -- and by Gawd, it was gone! Sometime I will tell you much of this day. Again I saw our anti-air batteries fire uselessly and short and enemy planes sail over us at will, unmolested from ground, and no planes in the air to resist them. We had practically no planes. A few P-40's were left - not enough to matter. We

had, out here, air troops without planes, tank troops without tanks, gunners without guns etc. And what planes we did have, most of them had lost in the early raids. Our enemy held undisputed mastery of the air. We were just "setting on the Bull's eye" and there we were to stay for months to come.

It was nearly 3pm. when I arrived at the Molinta Tunnel where the station Hospital, Fort Mills, had been established. This primarily a Harbor Defense post but under the sudden broadening of the activities, with USAFFE Headquarters at Molinta on Corregidor, this became the Medical Center. Center is the proper ward. There was no "rear or "behind the lines" sector on Corregidor. I reported to Col. Craig Harbor Defense Surgeon and C.O. of the Hospital and stated my orders from CO. 4th Reg. to establish Med. headquarters there and asked for space along the wall of one tunnel lateral to set up my field desk. The outcome of this first brief conference with Col. Craig resulted as follows; my field desk and one chair and two chests were centrally located near the receiving lateral when my force could maintain a 24 hr. watch so that all marine and Navy casuals arriving day or night would immediately come under our cognizance

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UNITED STATES ARMY FORCES IN THE FAR EAST
HEADQUARTERS MINDANAO FORCE
BUKIDNON, PHILIPPINES
- C P R -

F-CAB-AO

March 21, 1942.

MEMORANDUM:

"The Soldier" as defined by General MacArthur, will be reproduced and distributed to all units of your command.

THE SOLDIER

The SOLDIER, above all other men, is required to perform the highest act of religious teaching, SACRIFICE. In battle and in the face of danger and death, he discloses those divine attributes which his MAKER gave when HE created MAN of HIS own image. No physical courage and no brute instinct, could take the place of the annunciation and spiritual uplift which will alone sustain him. However horrible the incidents of war may be, the SOLDIER who is called upon to offer and to give HIS LIFE for his COUNTRY is the NOBLEST DEVELOPMENT OF MANKIND. I do not know the dignity of his birth but I do know the glory of his death. He dies unquestioning, uncomplaining, with faith in his heart and on his lips are distinctly marked the hope that HIS COUNTRY will march on to victory. He passes beyond that mist that blinds us here to form a part of that beautiful thing which we call the Spirit of the Unknown Soldier. In the chambered temple of Silence, the spirit of his dauntless valor sleeps, waiting, waiting, in the chancery of heaven the final reckoning of Judgement Day. ONLY THOSE ARE FIT TO LIVE WHO ARE NOT AFRAID TO DIE. (Sgd) MacARTHUR,

By command of Brigadier General SHARP:

sgd

COLEMAN T. CARUTHERS,
Captain, Infantry,
Assistant Adjutant General.

Distribution: "A" Less Mail Copies.

From papers of Lt. Col. H. J. Edwards, mil. gov. of Cebu--Captain Benjamin Putnam, Air Corps, Army of the United States, flew a reconnaissance flight in a P-40 from Santa Barbara, Iloilo, Panay, on 10 April 1942, and engaged in the invasion of Cebu; he strafed the Japanese transports in the harbor of Cebu, returned to his base at Santa Barbara, Iloilo, Panay, radioed to Del Monte, Bukidnon, Mindanao, his higher headquarters, for immediate air support, received no reply, returned to Cebu, strafed the transports again, returned to his base and sent more radiograms urgently requesting reinforcements, and again received no reply, sending in all four radiograms.

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