

File: 999-1-5

Title: DEATH AND AUTOPSY REPORTS

Origin: Various sources

Dates: 42, 43, 44, 45

Classification:

Authenticity: Duplicate and / or originals some signed

Source:

Extracted by Yes Date _____ Microfilmed B²³/01 Date _____

AG-KI Form 91 (20 July 45)

SCREENED (No PAD)

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ARCHIVES FILE NUMBER 999-1-5 _____

TITLE DEATH AND AUTOPSY REPORTS

ORIGIN VARIOUS SOURCES

DATES 42,43,44,45 -----

AUTHENTICITY DUPLICATE AND / OR ORIGINALS SOME SIGNED

SOURCE NONE -----

X X X X X X X X X X X X X X X X X

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Report verified by:

DECLASSIFIED

Authority 883079CONFIDENTIAL
VIA AIR COURIER

Casualty Reporting Form "A"

Casualty Report No. 41Page No. 1 of 1 PagesDate 12 March 1945Herman Suskind
HERMAN SUSKIND CWO USA
Asst Personnel OfficerHQ., 188th Glider Inf., APO 468
(Reporting Unit)

TO: COMMANDING GENERAL, USAFFE, APO 501.

Name, grade, serial number, Arm or service, MOS or SSN and organization. Civilian indicate by whom employed (citizenship).	B or NB	Race	Body Recovered (Yes or No)	Date, place, type of casualty (If DOW or DOI, show also date wounded or injured) Report only those WIA or IIA cases requiring hospitalization.	FOR NON-BATTLE DEATHS ONLY. See p-r 8d (1) (g), (h) or (i) Cir. No. 86, USAFFE, 6 Oct 1944.	ENTITLED TO ADD PAY FOR: 1. Freight Duty. 2. Flying Status. 3. Pay for decorations. 4. Infantry Badges. (Combat or Exp) 5. Glider Duty. 6. Living Pay.	EMERGENCY ADDRESSEE (Furnish name, address and relationship)
Buena, Florencio Pfc 6 736 060 CAC, MOS 542, Btry D 92nd CAC (Philippine Army)	B	Filipino	Yes	KIA 8 Mar 45, 2400 hours, vicinity of Maragondon, Luzon, P.I.		*See Below	*See Below
<p style="text-align: center;">*Pfc Florencio Buena, ASN-6 736 060 reported this organization 28 Feb 45 vicinity of Paranaque, Luzon, P.I., while this unit was engaged in hostilities with the enemy. Soldier claimed he was a Philippine Scout, formerly a member of Battery D 92nd CAC, Fort Mills, during the period 1939 to 1942 and was under the command of Captain D. Arriazo. This unit has neither records nor additional information as soldier was KIA before compliance with letter A-FEGA 321, HQ USAFFE, 28 Jan 45. Subject: Administration of Philippine Scouts Recovered from Enemy Occupied Territory., could be accomplished.</p>							

1/c made

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 VIA AIR COURIER

Report verified by:

Casualty Reporting Form "A"

Casualty Report No. _____
 Page No. _____ of _____ Pages

HQ., 108th Glider Inf., APO 408
 (Reporting Unit)

Date 10 March 1945

Herman
 HERMAN BURNING CWO USA
 Asst Personnel Officer
 CO: COMMANDING GENERAL, USAFFE, APO 501.

Name, grade, serial number, Arm or service, MOS or SSN and organization. civilian indicate by whom employed citizenship).	B or NB	Race	Body Recovered (Yes or No)	Date, place, type of casualty (If DOW or DOI, show also date wounded or injured) Report only those WIA or IIA cases requiring hospitalization.	FOR NON-BATTLE DEATHS ONLY. See par 8d (1) (e), (h) or (i) Cir. No. 86, USAFFE, 6 Oct 1944.	ENTITLED TO ADD PAY FOR: 1. Prcht Duty. 2. Flying Status. 3. Pay for decorations. 4. Infantry Badges. (Combat or Exp) 5. Glider Duty. 6. Diving Pay.	EMERGENCY ADDRESSEE (Furnish name, address and relationship)
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				<p>c/o Florencio Buena, ASN-6 736 060 reported this organization 26 Feb 45 vicinity of Paranaque, Luzon, P.I., while this unit was engaged in hostilities with the enemy. Soldier claimed he was a Philippine Scout, formerly a member of Battery D 92nd GAC, Fort Mills, during the period 1939 to 1942 and was under the command of Captain D. Arriaga. This unit has neither records nor additional information as soldier was KIA before compliance with letter A-PRGA 321, HQ USAFFE, 28 Jan 45, subject: Administration of Philippine Scouts Recovered from Enemy Occupied Territory., could be accomplished.</p>			

A

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HEADQUARTERS U.S.A.F.P.

CHECK SHEET

Do Not Remove From Attached Sheets.

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Note No.

File No.

Subject:

FROM: 441st CIC Det

TO: Recovered Personnel Section 30 March 1945
Provost Marshal General, USAFPE
Thru: G-2 *WHL*

1. Forwarded herewith for your information and necessary action, attached list of United States Army personnel and American civilians admitted to the Pampanga Provincial Hospital.

Incl.

List as above.

R.G.E.
R.G.E.

201 - citizens

*Extracted complete
SAA
April 45*

CONFIDENTIAL B

CONFIDENTIAL

DECLASSIFIED

Authority 883078

41st SIG Det

Recovered Personnel Section 30 March 1945
Provost Marshal General, USAFPE
Thru: G-2

1. Forwarded herewith for your information and necessary action attached
list of United States Army personnel and American civilians admitted to the
Pampanga Provincial Hospital.

Incl.

List as above.

R.G.B.

CONFIDENTIAL C

W-15

PAMPANGA PROVINCIAL HOSPITAL
SAN FERNANDO, PAMPANGA

American soldiers admitted in the Pampanga Provincial Hospital.

1. C. T. Mulholland, admitted April 17, 1942. He was suffering of hunger and exhaustion. He was given good diets and rest.
2. Bill Chmney, admitted April 29, 1942. He had dysentery. He was given anti-dysenteric serum and sulfathiazole.
3. Albert Kline, admitted April 21, 1942. He had dysentery. He was given opetine injections.
4. Lt. Col. James R. Lindsay, Admitted April 21, 1942. He had a shrapnel wound. He was given sulfathiazole, potassium citrate. The shrapnel was removed by Dr. R. L. Teopaco.
5. Daniel C. Pruitt, admitted April 23, 1942. He had dysentery. He was given diarrhoea and dysenteric tablets and opetine injections.
6. Col. Arthur W. Penrose, admitted April 22, 1942. He was suffering of starvation. He was given good diets only.
7. Michael Actis, admitted April 24, 1942. He has lumbago. He was given methyl salicylate rub.
8. Joseph Phaire, admitted April 24, 1942. He had dysentery. He was given opetine injections and methyl salicylate.
9. Stevens R. Winiwsky, admitted April 24, 1942. He had malaria. He was given I. Q. S. and quinine tablets.
10. Frederick C. Miller, admitted April 24, 1942. He was suffering exhaustion. He was given camphor oil injections and rest with good food.
11. Robert F. Gordon, admitted April 22, 1942. He had malaria. He was given quinine & urea injections and quinine tablets.
12. Charles Tolson, admitted April 24, 1942. He had malaria. He was given quinine & urea injections.
13. Clara Put, admitted April 24, 1942. He had dysentery. He was given opetine injections.
14. Earlee Laughmer, admitted May 18, 1942. He had malaria n. t. He was given plasmochin tablets.
15. Louis Porter, admitted May 20, 1942. He had malaria b. t. He was given quinine tablets.
16. Clarence E. Reedell, admitted June 24, 1942. He had malaria and amoebic dysentery. He was given anti-dysenteric serum and quinine sulphate. This patient died in the hospital and buried in the cemetery.
17. Otto R. Kafer, admitted June 24, 1942. He had malaria of mixed infection of benign and malignant tertian. He was given quinine sulphate and opetine injections.
18. Frank E. Wiley, admitted June 24, 1942. He had amoebic dysentery. He was given anti-dysenteric serum, diarrhoea and dysenteric tablets and opetine injections.
19. Wiece Boyd, admitted June 26, 1942. He had accidental wounds. He was dressed daily.
20. Marvel V. Peterson, admitted June 7, 1942. He had bruise, accidental. He was dressed daily.
21. Ray Bolden, admitted June 24, 1942. He had orchitis, right and malaria n. t. He was given quinine tablets and sulfanilamide tablets, belladonna ointment.
22. Donald C. Rogan, admitted June 6, 1942. He had malaria t. gametes. He was given quinine & urea injections.
23. Sgt. Larry Reeves, admitted June 24, 1942. He had malaria, n. t. and sprain elbow. He was given quinine & urea injections and quinine tablets.
24. Glen White, admitted June 6, 1942. He had bacillary dysentery. He was given anti-dysenteric serum. Patient died. Buried in the cemetery.
25. William Nelson, admitted July 4, 1942. He had hernia, inguinal, left. hydrocoele. He was operated by Dr. R. L. Teopaco.
26. Melvete Emil Bugge, admitted July 6, 1942. He had entero-colitis. He was given hypodermocelisis, anti-dysenteric serum and potassium permanganate.
27. Harold D. Lane, admitted July 13, 1942. He had accidental contusion, nasal. He was given strychnine sulphate injections and zinc oxide ointment.

✓

✓

Extracted
L-2

28. Frank Heater, admitted, July 6, 1942. He had sprain on the sixth rib and malaria b. t. and cirrhosis of the liver. He was given Rx. bromide, quinine and urea injections. Incision and drainage. Patient died.
29. Workman Harvey, admitted July 9, 1942. He had malaria quartan and hemorrhoid external. He was operated hemorrhoidectomy and given quinine tablets.
30. James S. Hye, admitted July 11, 1942. He had malaria mixed infection b. t. and malignant. He was given quinine tablets.
31. Herd Neah, admitted July 15, 1942. He had malaria b. t. and fracture lumbar vertebrae. He was given quinine tablets and Rx. Potassium citrate.
32. Raymond Gilbert, admitted July 19, 1942. He had cholelithiasis. He was given Rx. sodium phosphate & Rx. Sod glycerophosphate. Patient died.
33. Frank Cabral, admitted July 19, 1942. He had malaria, mixed quartan and malignant tertian. He was given quinine sulphate and quinine urea injections.
34. Charles A. Peterson, admitted July 24, 1942. He had amoebic dysentery and malaria m. t. He was given Rx. potassium citrate, Rx. bisulph subnitrate, emetine and quinine sulphate. Patient died.
35. Merrel Lee, admitted, July 27, 1942. He had malaria b. t. and hernia inguinal. He was operated herniotomy. He was given quinine sulphate tablets.
36. Johnny Sadeo, admitted July 27, 1942. He had malaria b. t. and malaria malignant. He was given quinine sulphate tablets.
37. Roberts W. Berts, admitted September 18, 1942. He had malaria m. t. He was given quinine sulphate tablets and Rx. potassium acetate.
38. Robert E. Kubly, admitted September 18, 1942. He had malaria m. t. and dysentery. He was given diarrhea & dysentery tablets & urotropin.
39. Laurence N. Martin, admitted September 18, 1942. He had malaria and beri-beri. He was given plasmochin pills and quinine tablets.
40. Roy M. Norstrom, admitted September 18, 1942. He had malaria m. t. He was given Rx. calcium lactate and quinine tablets.
41. Ethan Hubbard Campbell, admitted September 18, 1942. He had malaria mixed infection b. t. and m. t. He was given plasmochin pills.
42. Willard Anderson, admitted September 18, 1942. He had malaria b. t. He was given quinine & urea injections and quinine sulphate tablets.
43. Walter D. Chatman Jr., admitted December 22, 1942. He had malaria b. t. and beri-beri. He was given Rx. tincture digitalis, tincture strophanthus, quinine sulphate tablets and thiamine chloride tablets.
44. Andrew Weakoff, admitted December 22, 1942. He had dysentery and malaria. He was given emetine injections, diarrhea & dysentery tablets and quinine sulphate tablets and also iron quinine strychnine solutions.
45. Willard Clark Smith, admitted December 22, 1942. He had ileocolitis. He was given tincture digitalis, tincture belladonna and diarrhea & dysentery tablets.
46. George Edward Magyarosi, admitted December 22, 1942. He had amoebic dysentery. He was given tincture digitalis, tincture chloride and emetine injections.
47. James Copeland, admitted August 2, 1942. He had malaria mixed infection b. t. and m. t. He was given quinine sulphate tablets.
48. Fred Winal, admitted August 20, 1942. He had acute ileocolitis. He was given diarrhea & dysentery tablets.
49. Frank Beardon, admitted August 20, 1942. He had appendicitis. He was operated by Dr. R. L. Toopace.
50. Williams E. Burns, admitted June 24, 1942. He had malaria b. t. He was given quinine tablets.
51. Benjamin Baruch, admitted January 12, 1943. He had rheumatism. He was given Rx. methyl salicylates.
52. Pierce Wade, admitted June 19, 1943. He had malaria mixed infection b. t. He was given quinine tablets.
53. Willard Bresler, admitted August 3, 1943. He had tropical ulcer, foot, left. He was dressed and given skin implantation.

Notes: m. t. for malignant tertian, b. t. benign tertian. Dr. R. L. Toopace was the Chief of the hospital during the time when these American soldiers were taken to the hospital. Some were brought to the concentration camp, Odonell, Capas Barlat, and the others to Manila.

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R. L. Toopace
R. L. Toopace
Chief of the Hospital

*Extracted
L.H.*

HEADQUARTERS
PHILIPPINE CIVIL AFFAIRS UNIT
Team #16

2052
2015

APO #73
23 Mar 45

SUBJECT: Death of former USAFFE members.

TO : Commanding General, USAFFE, APO 501.
(Attention: G-1)

1. The following named men died in the Pampanga Provincial Hospital:

<u>Name</u>	<u>Home Address</u>	<u>Admitted to Hospital</u>	<u>Date of Death</u>
Pfc Clarence E. Roedell,	Bellingham Washington	24 Jun 42	Unknown
Clen White	Unknown	6 Jun 42	"
Frank Heater	"	6 Jul 42	"
Raymond Gilbert	"	19 Jul 42	"
Charles A. Peterson	"	24 Jul 42	"
William E. Burns	"	24 Jun 42	3 Jul 42

2. This information was extracted from hospital records, and is complete as far as those records go. These men were admitted to the hospital by order of a Japanese medical officer. Some came from Camp O'Donnell and some from Manila. We could not ascertain the place of burial. Hospital records said "buried in the cemetery".

William J. Gordon
WILLIAM J. GORDON
Major, F. A.,
Commanding, PCAU #16.

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HOSPITAL AREA

AUG 22 - 1942

TO: GRAVES REGISTRATION

T/Sgt McCall

1 Ruby Gold Ring

McCall died July 31, 1942

Copy for
Sgt Mooneyhan

Keith E. George
1st Lt F.A. S.R.O.

INGEBRETSON, ELDON L.

Rec'd 9-12

1 Wallet w-4 PX Coins

Received this date,

Sept 13/42

Keith E. George
1st Lt F.A. S.R.O.

HOSPITAL AREA

AUG 22, 1942

TO: GRAVES REGISTRATION

T/Sgt McCall

1 Ruby GOLD RING

McCall died July 31, 1942

This ring was turned into Graves
Registration by W.O. Dorman 8/27/42

Keith E. George
1st Lt F.A. S.R.O.

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201

カバナツアン俘虜收容所
THE CONCENTRATION CAMP AT CABANATUAN

俘 虜 身 分 調 書
PRISONER'S IDENTIFICATION CARD

1	姓名 Name Stewart, James B.	年齢 Age 25
2	所 属 別 Died 7/31/42	

5A

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File

MILITARY CENSORSHIP DETACHMENT
UNITED STATES ARMY FORCES IN THE FAR EAST
Office of the Base Censor
APO 72

File 506-1

No. 7-55/1061

INFORMATION SLIP
MILITARY CENSORSHIP

DATE 3 March 1945 ACCOMPANIED X
PLACE APO 72 UNACCOMPANIED _____
RECEIVED FROM _____
BRANCH OF SERVICE _____ ASN _____
FORWARDING ADDRESS Mrs. Alva Moldenhaur
Fredericksburg, Texas

ITEM: PAPERS OF DECEASED SOLDIER

DISPOSITION: MISSING PERSONNEL SECTION G-1 USAFFE APO 501

Deceased: Alvin W. Moldenhaur, Pvt, USA ASN 6261214
Btry H, 59th Coast Artillery

Born: 8 Feb 1910 - Texas

Died: 19 Jan 1945 - Bilibid Hospital, Manila, P.I.

N.O.K.: Mother: Mrs Alva Moldenhaur
Fredericksburg, Texas

Cause of Death: ① Dysentery, amoebic, chronic, recurrent
② Starvation
③ Beri-Beri
④ Pellegra, cutaneous, intestinal + Dementia

EXAMINER Troe Copy: RHE
0163 File in 506-1

ITEMS RECEIVED BY
Lt. Manganaro

C O N F I D E N T I A L

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INFORMATION ON GRAVES IDENTIFICATION.

Part File 19
#4

Captain Bianchi:

Definite: 114 Aug 5
Definite: 104 Aug 15
Blank : Before Aug 5-- Aug 30 to Sept 4.
Definite: Starting with stakes on Aug. 27.
Definite: 1110-- aug 21; 1111 Aug 22; 1112 Aug 23; 1113 Aug 24.
Definite: 1101 to 1109 were old Graves.
Definite: 211, 212, 213, 224, 226, 215 prior to Aug 5.
Definite: 308 & 309 in prior to Aug 5.
Probable: 211, 212, 213 may be July 30, 31, & Aug 1
Check between 205 & 206 -- nothing

~~Nothing~~
True

Lt Col Montromery, Lt Col Wilson on Lt Col Johnston burial on July 2.

27 buried on that day near 425 or 432.
no Graves near 319 at that time.
believed they remembered graves in the vicinity of 1104 and 1105

Seidler and Pacer

420 or 405 on that date, July 5
404 to 401 were not in on that date.
419 to 414 were in. No graves to the South.
Up to July 12 - 15 worked South and West.
308 and 309 not dug until Late Aug.
Aug 19 or 20 one grave near 1104; Aug 25 - 309; Aug 26 - 308

Lt. George

July 2 419 dug that day.
420 to 423 & possibly 424 were existent, none to the South, none to the West
near Lt Col Johnston.
On July 27 one large grave 215 or 214.

Carl Hartman.

Last Sunday in June Probably 12 or more graves in the north area. grave that
day was 3rd in the immediate vicinity and was farthest south (2 to the N.)
All graves in Plots 4 North, 5, 6, 7, 8, 9, are in correct order
flag cross installed about Sept. 15; White Cross about Sept 17
There may be 2 or 3 more or less graves than mounds.

Whele

29 buried around 6/20; 19 buried around 7/6 in grave #303 or 224

Fisher

44 men including Lt Crotty buried in two graves on 7/20 Possibly 224 & 225

Bob Yearsley.

On July 11 when Horton was buried a total of 19 men were buried. Picked out a
spot in plot 12 as the grave. Proven incorrect by inspection.
Major Dewey buried on 7/24 in either 211, 212, or 213. (believe it was 311)

Buly.

31 men buried on July 13, 14, or 15 in grave 313. graves were very scattered.

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- ① BROWN, CHESTER E. 11011298
 ② PRIVATE ③ ARMY
 ④ 24 PUR. GP, A.C. ⑤ RHODE ISLAND.
 ⑥ 23 7/9/19 ⑦ PROTESTANT ⑧ GP III Bldg 7
 ⑨ MRS EVA A'INTOSH (AUNT) 81 MICHIGAN
 ⑩ ADMITTED: 8-24-42 AVE, PROVIDENCE, R.I.
 ⑪ GP III, CPC #1 7-7-42
 ⑫ GP III DISPENSARY, CPC #1
 ⑬ DYSENTERY

- ⑭ FINAL DIAGNOSIS: ① COLITIS, ULCERATIVE, SEVERE ② MALARIA, CHRONIC. ③ BERI-BERI, DRY TYPE, SEVERE ④ AMEBIASIS. ⑤ ANEMIA, HYPOCHROMIC, SEVERE, SEC. TO NOS 1-2-4, 2
 ⑮ DISPOSITION: DIED, March 4, 1943 10:00 P.M. *St. Mary, Maj. Mc*

BROWNING, ROBERT J. 1108447

PRIVATE ARMY

3145 1st Florida
 22 1/14/42 Protestant Gp III Bldg 6
 Mil. Vets. Bldg (old) Akron, Ohio

Admt. 7/6/42

Camp I Cabaretier Prison Camp 7-1-43
 Camp I Hospital

DIAG: PNEUMONIA, LOGAR

WARD

3

FINAL DIAGNOSIS: MENINGITIS,

② Pneumonia, Right upper lobe

DISPOSITION

July 8, 1943 Died 9:00 AM.
 ON Incoming Troop No

DECLASSIFIED
 Authority 883078

cellulitis of larynx.

Pt Kenneth D. Hodge

11016195 441

H.O.S. 27th Bomb Group

Ben. M.A. Hodge

Proctorsville Vt. U.S.A.

Died June 3, 1942 8:00 A.M.

Buried At Limay BATAAN P.I.

the men that Buried Him

Pt DON DeCLARE 19038246

SARG Gottlieb Neigum 6858008

Corp John Cobb 14014580

?FC. Billie BROWN 20700221

10

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Cerebral Malaria

Pvt FRED Robert ROBERTSON

19017612 T 41

Ben. RALPH L. ROBERTSON

Route # 2

GARY INDIANA U.S.A.

Died June 2 1942 4:30 P.M.

Buried AT LIMAY BATAAN P.I.

The Men that Buried Him

P.F.C. NORMAN SPENCER 20600372

Pvt. Eugene ROWSON 20900742

P.F.C. Billie BROWN 20700221

SARG Floyd Bickmore 20900643

P.M. [unclear]
Fort Wm McKinley

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Bacillary Dysentery

JAMES W. GILBERT 201

11015372 T 41 A

Ben. MABLE E. AKIN

ANDOVER N. H. U. S. A.

JAMES W. GILBERT Died June
2, 1942 At 8:00 clock A.M. the
Following Men Buried Him At
LIMAY IN BATAAN June 2, 1942

Pvt KENNETH GORDEN 20700235

Pvt ROY MAGHAN 20700246

Pvt BILLIE BROWN 20700227

Corp EMMERSON CORNELL 19052624

JAMES W GILBERT

H. O. S. 27th Bomb Group

11015372 T 41 - A.

To Graves Registration Oct. 2, 1942.

1. Fuller, Harold . . . 1/ .s. Died 10/1/42.
1 wallet w/papers 1 Leather case
1 Service Record

2. Jensen, Lars C. 1st. Lt. died 10/2
1 Memo book 1 dog tag 1 finger nail
clipper

Keith E. George
10/7/42
SAC

TO GRAVES REGISTRATION Oct 4, 42.

BERND, Wellington W.
1 wallet. 2 Ident. tags.

COOKE, Paul C.

1 wallet with cards and pictures.

REDD, Talmadge W.

1 Initial ring

1 wallet with cards and pictures.

WOOD, N. D. died 10/3/42.

1 wallet with cards and pictures.

PARSONS, William H. died 10/2/42.

2 Ident. tags.

Keith E. George
10/7/42
SAC

To: Graves Registration 9/10/42

McArthur, Albert C. T/Sgt.
20600463

1-Billfold w-pictures
1-leather card case.

Kipp, Ralph Sergeant 11015737
1-silver ring (Died 9/9/42)
1-wallet with warrants.

Received this date

Albert C. McArthur
1st Lt Major

201

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HOSPITAL AREA

AUG 13, 1942

TO-GRAVES REGISTRATION.

1. LUIF, EDWARD A. (DIED AUG 2)

1-BILLFOLD

2. MITCHELL, JOHN E. (DIED AUG 4)

1-BILLFOLD

3. COFFINDAFFER, REXALL B. -28403953

1-BILLFOLD W-CARDS

4. KUKASKY, SAM

-6668023

1-BILLFOLD W-CARDS

5. GRIFFIN, JOHN F.

11020650

1-BILLFOLD

6. NEWMAN, ROBERT W. O-406579

1-IDENTIFICATION BRACELET
INSCRIPTION-US, ARMY +

R. W. NEWMAN

Smith E George
PLT 7th S.A.C.

201

To: Graves Registration.

ADAMS, Vincenzo R. Died 9/14.
 1-Billfold w-3 Dog Tags.
 1 Silver Ring.
 1 key ring w keys. 201

GLORIA, Andras Pvt. 38011840
 1 billfold ~~NOOON~~ w-cards.

WILLIAMS, David A. Corp. 14039567
 1 billfold weards.

ZAM, Joseph Corp 20500753
 1 dog tag
 2 medals.
 1-Billfold w cards

Received the above listed Property
 this date, 9/15/42.

PICKENS, JAMES V. PFC
 1-Billfold w cards & pictures

MCCREA, JOSEPH F. PFC
 1 BILL FOLD W cards

James V. Pickens
 Camp Sgt Major

Sept. 6, 1942

To: Graves Registration.

HORTON, Thomas R., Lt. Col., Inf.

1 - Gold Watch, Waltham.
 1 - Wallet w/miscel. Papers. 201

CYR, Leonard E., Technical Sergeant,
 6865080, Finance.

1 - Wallet w/cards and Pictures
 3 - FX Coins (Stotwenberg)
 1 - Life Insurance Policy (Kansas City
 Life):
 1 - Life Insurance Policy (National
 Service)
 Discharges and Warrant
 1 - Leather Folder.

FLETCHER, Harry Sgt. AC 6708952.
 Died 9/5.

Discharges and Warrants in Leather
 Folder.

ALLEN, John N. Pvt. CAC 16013470
 1 Wallet, Pictures and cards.
 Died Sept 5.

LEVY, Melvin L., Sgt. Engrs. 34076660
 1 Wallet, w/cards and Pictures.
 Died Sept 5.

DONNELLY, F-E. Date of death unknown.
 1 wallet w/cards and pictures.

Received this date, Sept 6, 1942.

James V. Pickens
 Camp Sgt Major

Aug. 31, 1942.
TO Graves Registration

THOMAS, Wayne R., Pfc, 515 CAC
20843373
Cards and Pictures.

PADGETT, Thomas H. Civilian.

- 1-Billfold
- 1-Passport
- 1-Watchman's Badge
- Miscellaneous Papers and cards.

HOLEMAN, David E. S-Sgt. 6460729

1-Glass case with glasses.

(died July 19, 1942)

The above property received this date, August 31, 1942.

Keith George

201

To: Graves Registration.

INGEBRETSON, Eldon L. Died Sept 12.
1 Service Record

LYONS, Howard F. 36050880 died sept 16
1 Wallet w/cards, pictures & Papers.
STOLTZ, William W. O-392484 died 9/15.

- 1 AG Identification card
- 1 key case w keys
- 1 wallet w cards.

CHESTER, James W., died Sept 15
1 picture in folder
1 wallet and Pictures.

HECKER, John E. died sept 15
1 dog tag
1 wallet
2 keys.

~~XXXXXXXXXXXXXXXXXXXX~~

GRAMM, Charles G. Died 9/16
1 billfold w/cards & Pictures.

Received above this date 9/16/42

Keith George
Sept 7, 1942

201

DECLASSIFIED
Authority 883078

9953

Report of Death 2404

Name PANKO, EDWARD J. RANK Pfc OR 817 Pos

V. 16020314 AGE 24 Birthday May 15, 1918

Time of Death 9 AM Date 3/19/42 Cause of Death Pneumonia

Next of Kin Name Mrs Barbara Panko (M)

Address 317 Abner St. Blue Island, Ill

Belonging 7 Wall St

BARRACKS NO. 6

Hospital Area _____

LT. COL. M.C. J. [Signature]

826

Report of Death 2098

Name Dickerson, Ozya Rank S/sgt Org Eng

ASN 19021122 AGE 28 Pos June 27-1942

Home Address Route F Boise Idaho

Time of Death 10:00 PM Date 10/31/42 Cause INANITION

Next of Kin _____

Mrs. Wanda Dickerson (M)

Barracks 2 715

Hospital Area _____

[Signature] Belonging None
LT. COL. M.C. [Signature]

DECLASSIFIED Authority 883078

KILLED IN ACTION. 1st Sep 1942 to 30 Dec 42 Marines, 8th Div - 6 May 42.

1. WHEBRINGTON, Thomas L.	Pfc.	10Dec41	Cavite Navy Yard.
2. FORD, Raymond D.	Pvt.	19Dec41	Sangley Point.
3. WHEELER, Raymond D.	ACK.	19Dec41	Sangley Point.
4. FRASIER, George C.	Pfc.	19Dec41	Sangley Point.
5. TULIN, Melvin O.	Corp.	19Dec41	Sangley Point.
6. LARSON, Melton F.	MSGt.	19Dec41	Sangley Point.
7. BROWN, Robert J.	Pfc.	16Jan42	Batas.
8. ED CLARK, Charles W.	Pfc.	17Jan42	Corregidor.
Accidental Gun Shot Wound. Line of Duty. <u>NOT</u> misconduct.			
9. SEITON, Chester R.	Pvt.	23Jan42	Puerto Hill-Longoskanayan Area, Batas.
10. CARVER, Warren J.	Pfc.	26Jan42	Puerto Hill-Longoskanayan Area, Batas.
11. CHESTER, Chris.	Sgt.	9Apr42	Corregidor.
Suicide. <u>Not</u> Misconduct. <u>NOT</u> Line of Duty. (On night of fall of Batas)			
12. MILLER, John R.	Pfc.	14Apr42	Corregidor.
13. ALBERTS, Charles F.	Pfc.	16Apr42	Corregidor.
14. GRUBER, Charles R.	Pfc.	15Apr42	Corregidor. (Bury "I" 80th GAO (A))
15. BOEHN, Sam L.	Corp.	15Apr42	Corregidor.
16. WESSICK, Harvey.	Corp.	15Apr42	Corregidor.
17. FAIK, Thomas J.	Pfc.	24Apr42	Corregidor.
18. BURTON, Donald B.	Corp.	24Apr42	Corregidor.
19. STEELE, Corvix J.	PLSGt.	24Apr42	Corregidor.
20. DAY, James R.	Pfc.	31May42	Corregidor.
21. JARHAM, John W.J.	Pfc.	31May42	Corregidor.
22. ANTEAN, Irving.	300722 Corp.	31May42	Fort Hughes.
23. ARMSTRONG, Paul E.	Sgt.	6May42	Corregidor.
24. ARMSTRONG, Trumble O.	Pfc.	6May42	Fortified Islands Area.
Reported to have attempted escape via boat, Killed on Cavite Skene.			
25. CAMPBELL, Ovid. F.	Corp.	6May42	Corregidor.
26. DICASSIO, Daniel J.	Pfc.	6May42	Corregidor.
27. HANSEN, Harry G. Jr.	Pfc.	6May42	Corregidor.
28. JARRETT, Kenneth R. (L.)	Pfc.	6May42	Corregidor.
29. BATHUR, John A.	Pfc.	6May42	Corregidor.
30. LYRICH, Myron L.	241115 PlSgt.	6May42	Fort Hughes.
31. RUSSELL, Robert.	1stSgt.	6May42	Corregidor. RF 75 about 0900
32. SHOCKLEY, James R.	275167 Pfc.	6May42	Fort Hughes. At about 1600.
33. TELL, James H.	275950 Corp.	6May42	Corregidor.
34. SHAMBERLAIN, Reid O.	USMC Corp.	6May42	Fortified Islands Area.
Reported to have attempted escape via boat, Killed on Cavite Skene.			
35. BAIR, Frederick J. Jr.	USN Pals/c	6May42	Corregidor.

36. Members of Battery "A". Upon arrival on Corregidor from Mariveles, transferred to Regimental Reserve.

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BILLON, Charles. W.	267175	Btry "C", Camp 1. <i>Eastern Japan 17 Sep 43.</i>
BROWN, Louis M.	191772	Died 1Dec42 Camp 1. Malaria. Grave # 823.
FEINBERG, Morton.	265862	Camp 1. <i>Las Pinas</i>
FISCH, LeRoy A.	276009	Recommended Pro.Sgt. Camp 1. <i>Central Japan 18 Dec 43</i>
GERARD, Maurice P. (CP?)	276817 237387	Cal..30 BNG Platoon, Ft. Hughes. <i>central JAPAN 6Nov42</i> Cal..50 ARMS FT DRUM <i>Central Japan 6Nov 42.</i>
HANEY, Robert T.	266096	JAPAN 6Nov42. <i>Central Japan.</i>
HILL, Burton A.	275527	JAPAN 6Nov42. <i>Central Japan.</i>
HOOTEN, Aubrey. L.	265951	Cal..50 AAG Section, Ft. Drum. <i>BILIBID.</i>
JOHANSEN, Carl O.	228566	Btry "C", shell shocked by 12-inch mortar fire, PUCOT HILL, BATAAN, 23-27Jan42. <i>Camp</i>
KARPEN, Edward T.A.	223466	Cal..50 AAG platoon attached Btry "M" 60th CAC (AA) MANCHURIA 6Oct42.
KERR, William A.	273594	Cal..50 AAG Platoon, Ft. Hughes. <i>PALAWAN.</i>
LUSCH, Francis A.	279981	Cal..50 AAG Section, Ft. Drum. Camp 1. <i>western JAPAN 8 23 Jul 43</i>
LASETER, Marion K.		Cal..50 AAG Section, Ft. Drum. <i>MISSING.</i>
LICOVERKY, Lawrence P.	274976	MANCHURIA. 6Oct42.
LOVERIK, Campbell. ✓	276525 265	Btry "C", WIA Awarded Purple Heart. Died enroute to Tokyo, Japan, and presumably buried at sea. From information gathered from Japanese reports, deaths presumed to have occurred between 19-24Nov42.
MC WILLAN, William L.	244431	Camp 1.
MENSCHING, Wilfred H.	280979	Btry "C", WIA 25Jan42 PUCOT HILL, BATAAN. Awarded Purple Heart. Camp 1.
MILLER, Brooks.	270634	Cal..50 AAG Platoon, Ft. Hughes. Died 5Sep42 Bilibid, presumably from mistreatment , Nich Field, Passay. <i>Executed - attempted escape.</i>
MELEDA, Steve A. <i>Ref Claimed by "M" Co.</i>	268452	Camp 1.
MOREY, Gorwin R.		Btry "C", WIA 24Jan42 PUCOT HILL, BATAAN. Awarded Purple Heart. <i>Central JAPAN 6Nov42.</i>
MORTVEDT, Carl.	270952 271982	Cal..30 BNG Platoon, Ft. Hughes. <i>central JAPAN 6Nov42</i>
MORRIS, Marvin D.	279934	Btry "C", Died 27Jul42 Camp 1. Dysentery. Grave # _____.
PAWLAKOS, James G.	19	Awarded Silver Star. Camp 1. <i>western Japan 23 Jul 43.</i>

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ANDERSON, T.
 ANDERSON, Von R. 276618 (M Mech) JAPAN 6Nov42. *Central Japan.*
 BERRETT, Donald R. 258854 Btry "A", "C". Recommended Pro Plsgt. JAPAN. *Central Japan 6 Nov 42.*
 BERNIE, Woodrow W. 281698 Camp 1.
 BLACK, Joseph W. 211187 JAPAN 6Nov42. *Central Japan.*
 FITZGERALD, John F. 197259 15Mar43 MIA Awarded Purple Heart. Camp 1. *Laos Pinos*
 GASPAR, Tony. 244090 Cal..30 Platoon, Ft.Hughes. Camp 1.
 HUESTUTLER, Raymond A. 266723 Cal..50 AAMG Platoon, Ft.Hughes. FORMOSA 189
 IFFER Joseph H. 257698 Btry."C". Recommended pro plsgt. MANCHURIA.
 MARSH, Philip C. 249841 Cal..30 BIC Platoon, Ft.Hughes. *Central* MALAN 6Nov42.
 MILET, John D. 246706 Cal..50 AAMG Platoon, Ft.Hughes. Died 4Jan43
 Camp 1. PHILAGRA. Grave 820.
 OSBORNE, Howard R. 264560 Cal..50AAMG Platoon attached Btry."I" 60th
 CAC(AA). Recommended appointment, 1stLt. USA
 May42. Camp 1.
 REIFSCHEIDER, Wilmer J. 264459 Cal. .50 AAMG Platoon, attached Btry "I" 60th
 CAC(AA) Nichols Field.
 SMITH, William A. 261730 MIA Awarded Silver Star; Purple Heart. *Correg*
Bilibid
 WILLIAMS, Maurice S. Jr. 204006 Cal..30BEMG Platoon, Ft.Hughes. PALAMAN. 15 Dec
CORPORAL.
 ANDERSON, Victor S. 278895 Btry "C". PALAMAN.
 ANDERSON (M) N. Walter F. Cal..50 AAMG Platoon, attached Btry "I" 60th
 CAC(AA) MIA Awarded Purple Heart. Died 1 Oct 42
 Camp 1. Diphtheria. Grave 502
 ANTMAN, Irving. 300722 Cal..30BEMG Platoon, Ft.Hughes. KIA 6May42.
 BALLARD, Louis R. 265940 Cal..50 AAMG Platoon attached Btry "I" 60th
 CAC(AA). JAPAN 6Nov42. *Central Japan*
 282128 Out on TD *Eastern Japan 6 Oct 42*
 BOWNE, Frank G. 249632 Cal..30BEMG Platoon, Ft.Hughes. *Central Japan 18*
 BROWN, Wilbur D.
 CANTRELL, Fred D. Btry "C". OSAKA. 6 Oct 42. *Central Japan.*
 COGAN, Joseph H. 272013 JAPAN 6Nov42. *Central Japan.*
 DAINES, Albert J. 266565 Btry "C". Camp 1. *Eastern Japan 4 Sep 42*
 DE LANEY, William B. Cal..50 AAMG Platoon attached Btry "I" 60th
 CAC(AA) Recommended pro. Sgt. OSAKA 6 Oct 42.
Central Japan.

CAPTAIN.

- PULOS, Ted E. C.O. 5Feb42 pro Capt. (temp) Camp 1.
Japan East 17 Sep 43
- FIRST LIEUTENANT.
- HAGEN, Frederic M. Jr. 30Dec42 to about 2Apr42 Ft. Hughes. 2Apr42-Gassy
Corregidor. 14Aug42 died Malaria, camp 1. Gravey
- ~~HOLDREGE, Willard D.~~ Battery Commander, Btry "C", Mariveles. 9Apr42
to Corregidor. 25Jan42 WIA PUCOT HILL AREA, BATAAN
Awarded Purple Heart. Nichols field.
- KEENE, James W. C.O. Cal. .50 AAMGB Platoon, attached Btry "I",
60th CAC(AA) Camp 1.
- ~~SIMPSON, Carter B.~~ Btry. officer, Btry "C". Camp 1. 9Apr42 to Ft Hill
- LYONS, Julian V. 00 Caliber .30 Platoon, Ft. Hughes. DAVAO.

MASTER GUNNERYSERGEANT.

- LANGE Carl L. 190065 Apr42 Recommended appointment MarGun (General) G
Central Japan.

FIRST SERGEANT.

- BRONK, Stanley L. 212053 25Mar42 WIA Awarded Purple Heart. Camp 1.

TECHNICAL SERGEANT (MESS)

- ADAMS, Jewett F. 216430 Battery "C" Mariveles. 9Apr42 to Corregidor. P.I.

PLATOON SERGEANT.

- CHERRY, Ralph W. 250650 Cal. .30 BMG Platoon, Ft. Hughes. Recommended pro
Cy.Sgt. MCKINLEY.

CAPTAIN.

- CLEMENT, Robert "A." 252188 Battery "C" Mariveles. 23Jan42 WIA PUCOT HILL,
BATAAN. 9Apr42 to Corregidor. Camp 1.
Awarded Purple Heart.

CAPTAIN.

- FARMER, Randolph P. 214410 10Dec41 WIA Cavite Navy Yard. NOC in Charge,
Cal. .50 AAMG Platoon, Ft. Drum. Camp 1.

CAPTAIN.

- HUGHES, John "T." 199654 ⁶³⁸ Cal. .50 AAMG Platoon, Ft. Hughes. Recommended (Apr42
pro. MarGun (General.) PALAMAN. Recommended
Pro Cy Sgt

CAPTAIN.

- MC VITTIE, Ernest C. 227727 Recommended Pro. CySgt; MarGun. Camp 1

CAPTAIN.

- MYRICK, Wyvon L. 241115 Cal. .30 BMG Platoon, Ft. Hughes. KIA 6May42.

CAPTAIN.

- PINTO, Harry W. 233434 Btry. "C" Mariveles. 25Jan42 WIA PUCOT HILL, BATAAN
Awarded Purple Heart. 25Jan42 Awarded Silver Star
Camp 1.

CAPTAIN.

- ZINK, Joseph J. 177715 Camp 1.

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DEATHS - 3d Ba. 4th Paratroop, since surrender, 6 May, 1942. Cont'd.

33. EATON, Louis M.	Corp.	191778	Dysentery.	Camp #1.	1Dec42	823
O.W.Eaton, Fowler, Kansas.						
33. BUTZ, Joe E.	Pfc		Diabetes.-T.B.	Camp #1.	11Dec42	834
Mrs. Mabel Butz, Route 5, Box 430, Portland, Oregon.						
34. MILLET, John D.	Sgt.	246756	Pellagra.	Camp #1.	4Jan43	850
Mrs. Nora Millet, 1551 E. 36th Street, Oakland, California.						
35. MANOL, Frank J.	Pfc.	269431	Beri Beri	Camp #1.	7Jan43	816
Frank J. Manol, 343 Calhoun Road, Riverside, Illinois.						
36. MC QUILKEN, Gerald F.	Pfc.	307832	Beri Beri.	Camp #1.	27Jan43	817
Frederick McQuilken, 5663 N. Austin Avenue, Chicago, Illinois.						
37. SCHRADER, Herbert A.	Pfc.	293569	Cerebral Tetebiosis	Camp #1.	16Mar43	842
Mrs. E. Schrader, Fonda, Iowa.						
38. MANSKER, Charles R.	Pfc.		Beri Beri Dysentery	Camp #1.	13Jun43	
Mr. L.E.Masker, 606 Avenue "J", Galveston, Texas.						

PRIVATE

MC DENSON, Buddy.

Awaiting BOD. Trans. PALAMER. Reported as
having escaped from detail. Killed by machine

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DEATHS - 3d Death Marines, since surrender, , 6 May, 1942.

No.	Name	Rank	Service No.	Disease	Location	Date	Graves
1.	BOUGHLAND, Marie G.	Pfc	280380	Dysentery.	O'Donnell.	25May42	Graves
2.	LESE, Paul G.	Pfc	270170	Dysentery.	O'Donnell.	29May42	
3.	HAVEL, Joseph.	Pfc.		Verantapara.	O'Donnell.	16Jun42	
4.	ADRIENSEN, Joseph A.	1st Sgt.	201983	Dysentery.	Camp #3.	23Jun42	
	(Wife) Mrs. J.A.A. 1045 Beryl Street, Pacific Beach, Calif.						
5.	EBUSTON, James T. Jr.	Pfc.		Pneumonia.	Camp #3.	16Jul42	
6.	DOUGLAS, Raymond F.	Pfc		Dysentery.	Camp #3.	25Jul42	
	Mrs. L.L. 1619 O'Farrell Street, San Francisco, California.						
7.	DELLINGUES, Joe H.	ACK.	280920	Dysentery.	Camp #1.	16Jul42	
	Mr. G. Dormos, 2801 4th Avenue, Tampa, Florida.						
8.	SUREMAN, Edward F.	Pfc		Dysentery.	Hilibid.	16Jul42	
9.	FAGUNDES, Henry F.	Pfc	286324	Dysentery.	Hilibid.	23Jul42	
10.	HARRIS, Maria D.	Camp.	278934	Dysentery.	Camp #1.	27Jul42	
	Mr. E.C.M. Hamis, Texas.						
11.	HAGEN, Frederic W. Jr.	1st Lt.		Malaria.	Camp #1.	1Aug42	
	Mrs. M. H. 433 Brookline Avenue, Boston, Mass.						
12.	BURN, Virgil S.	Pfc.	280445	Dysentery.	Camp #1.	7Aug42	
	Mrs. A.B. 1016 McCall Avenue, Dayton, Ohio.						
13.	HURBARGER, Richard T.	Flt Lt.	286985	Dysentery.	Camp #1.	14Aug42	
	Mrs. F.C.H. 3335 Jefferson Street, Kansas City, Missouri.						
14.	HOLLAND, Maybela L. Jr.	Pfc.	280353	Dysentery.	Camp #1.	19Aug42	
	Mrs. G.L.H. Route 3, Box 248, Arlington, Texas.						
15.	ROAME, Don S.	Pfc.	288176	Malaria.	Camp #3.	15Sep42	
	Mr. F.M.R. Ruston, Louisiana.						
16.	ILLER, Brooks.	Corp.		Maintent. ant.	Pasey	28Sep42	
17.	WERNER, Harold C.	Corp.	281979	Dysentery.	Camp #1.	15Oct42	
	Mrs. S.T. 17 Mill Street, Bozox Terre, Missouri.						
18.	ELSON, Jack B.A.	Pvt.	286313	Dysentery.	Camp #1.	16Oct42	
	Mr. N.M. Route 3, Box 58, Uvalde, Missouri.						
19.	ANDERSON, Walter P.	Corp.		Diphtheria.	Camp #1.	10Oct42	502
	Mrs. F.A. 825 Jones Street, San Francisco, California.						
20.	ELSON, Richard B.	Pfc.		Malaria.	Camp #1.	11Oct42	503
	Mrs. L.M. 1500 N5th Street, St. Charles, Missouri.						
21.	NICE, Leobard B.	Pfc.	229928	Malaria.	Camp #1.	21Oct42	504
	Mrs. Laurel Rice, 919 College Drive, Pineville, Louisiana.						
22.	LADAREK, George.	Pfc.	281198	Dysentery.	Camp #3.	26Oct42	
	Mr. M.L. 5 Spring Forest Avenue, Binghamton, New York.						
23.	FULTON, Jess E.	CySgt.	012325	Dysentery.	Camp #1.	30Oct42	712
	Robert Fulton, #4 Escobar Noie, Cavite, Philippine Islands.						
24.	DOYASH, Harold W.	Pfc.		Pellagra.	Camp #1.	1Nov42	704
	Mrs. Daisy Doyak, 62 Henry Street, Detroit, Michigan.						
25.	CHAPIN, Ora E.	Pfc.	290671	Dysentery.	Camp #1.	10Nov42	904
	Mrs. Berdie C. 625 West Comanche Street, Norman, Oklahoma.						
26.	VAN ALST, Willard F.	Corp.	280796	Dysentery.	Camp #1.	10Nov42	904
	Mrs. W. V.A. Route 1, Willeston, North Dakota.						
27.	Ruark, John W.	Corp.	278681	Malaria.	Camp #1.	20Nov42	717
	Mrs. Rose Ruark. 148 8th Street, Silvis, Illinois.						
28.	EFRESHOFF, James K.	Corp.	286086	Beri Beri	Camp #1.	23Nov42	807
	Henry Efisoff, Box 373, Fort Bragg, California.						
29.	WATSON, James E.	Corp.	286384	Dysentery.	Camp #1.	26Nov42	810
	E.S. Bettesso, Paris, Missouri.						
30.	Edward, Joseph M.	Pfc.	281638	Died at Sea.		1Nov42	Sea?
				Enroute Japan.			
	Mrs. J.F. Edwards, Mission Road, Pecos, Arizona.						
31.	LOVERIK, Joseph M.	Corp.	278235	Died at Sea.		1Nov42	Sea?
	Joseph Lovarik, 1211 1/2 Deschamps, Kansas.						

BAGLEY, Jamesk.	311722	Cal..30 Plat.Ft.Hughes. JAPAN 6Nov42.	<i>central</i>
BAILEY, Melvin D.	260610	Cal..50AAMG Plat. Ft.Hughes. TD <i>Manila</i> .	
BAILEY, William W.	278382	Cal..30BMC Plat. Ft.Hughes. JAPAN 6Nov42.	
BALAKAS, Victor B.	278465	Attempted suicide. Ft.Hughes. Mar42. Camp 1 <i>Eastern Japan</i>	
BALDWIN, George W.	280555	Btry. "C". TD Nielsen Field.	
BARNA, James G.	280701	Cal..50 BMC Plat. Ft.Hughes. <i>PALAWAN, Manila.</i> <i>Taken from Bilbit Dec 42 - presumably by Lt Santiago</i> <i>Believed executed. Not seen since.</i>	
BEAUCHAMP, Allen.	274771	Cal..50AAMG Plat. attached Btry "I", 60th CAC JAPAN 6Nov42. <i>Central Japan.</i>	
BEAUREGARD, Linwood L.	278194	Camp 1.	
BLACK, Robert S.		Apr42 recommended Pfc.Corp. LIPA.	
BLOSSER, Kenneth.	266728	Btry. "C". LIPA. <i>Manila.</i>	
BOEK, ^{Harvey} Richard H.	290036	LAMAQ. <i>Central Japan.</i>	
BOOTH, Donald F.	290906	Cal..50 AAMG Platoon, Ft.Hughes. TOKYO. 6Oct <i>Eastern Japan</i>	
BOWLING, Clifford W.	302061	Cal..30BMC Plat. Ft.Hughes. Camp 1. <i>Los Pina</i>	
BRANSON, John W.	272205	Cal..30 BMD Plat. Ft. Hughes. Nichols Field.	
BRESEE, Paul R.	292844	Cal..50 AAMG Section, Ft. Drums. Camp 1.	
BROUSE, Wayne W.	277734	JAPAN 6Nov42.	
BROWN, Wilbur D.	248522	Camp 1.	
BRUNNER, Harold D.	295520	Cal..50 AAMG Plat. Ft. Hughes. ^{<i>central</i>} JAPAN 6Nov42	
BUBBE, Karl A.	300058	Btry "C". <i>Camp 1.</i>	
BURDEN, Joe D.	289031	TD <i>Nichols Field</i>	
^{Busch} BUSH , Nelson A.	280950	Cal..50 AAMG Plat. attached Btry "I" 60th CAC TOKYO. <i>Eastern Japan. 7Oct42.</i>	
CALDWELL, Sammy L.	311726	Camp 1. <i>Palawan.</i>	
CALVIN, Andrew R.	265615	Btry "C". 25Jan42 WIA PUCOT HILL, BATAAN. Awarded Purple Heart. Camp 1.	
CARON, Henry L.	267082	Cal..30 BMD Plat. Ft.Hughes. MANCHURIA.	
CARRIER, Milton M.	289184	Cal..30 BMC Plat. Ft.Hughes. Nichols Field.	
CARVER, Warren J.		Btry "C". KIA 25Jan42 PUCOT HILL, BATAAN. Buried Cemetery #3.	

FRY, Alfred S.	269186	DAVIO P8Sep42.
SERGEANT. CHESTER, Caris.		(C) 9Apr42 died self inflicted gun blast wound NPT misconduct, NPT line of duty. Buried Post Cemetery, Fort Hills, Corregidor.
MARRAS, Claude H.	201358	Camp 1
MIRHA, Joseph H.	268536	May42 recommended pro PlSgt. Nichols Field.
PATRICK, Hugh A.	270347	JAPAN 6Nov42, Japan Central
FENCE, Earl W.	249082	OSAKA 6Oct42 Japan Central
SMITH, Edward D.	157277	Camp 1
CORPORAL. BAKER, Elvie E.	274212	JAPAN 6Nov42 Japan Central
BEAVER, Harold K.	294702	20Apr42 MIA Awarded Purple Heart. Eastern Japan 18 Sep 43
SERGEANT, Lester C.	269220	Camp 1.
BURLEIGH, George E.	273641	PALEMAN. Luz Pinas
COSTA, Anthony.	278566	JAPAN 6Nov42. Central Japan
FRYER, William H.	266236	Japan Central 18 Sep 43
TOWLER, Harry I.	271741	27Apr42 recommended for award, 21st US Army
SMITH, William H.	268260	Camp 1. Luz Pinas
SMITH, William H.	273451	LYON. Camp 1
SMITH, William H.	272153	JAPAN 6Nov42. Japan Central
MC CURRY, George C.	(274916) (274716)	Nichols Field.
MC EN, Paul L.		14Apr42 MIA 15Apr42 Died result of wounds. Buried Post Cemetery, Ft. Hills, Corregidor.
SMITH, Harry.		14Apr42 MIA. 15Apr42 Died result of wounds. Buried Post cemetery, Ft. Hills, Corregidor.
FOUNT, Alfred W.	272886	PALEMAN.
SMITH, John W.	268797	Camp 1.
SMITH, Ronald B.	278890	30Apr42 MIA Buried Post Cemetery Ft. Hills, Corregidor Plot C Row 5 Grave 44.
WILLIAMS, Isaac G. Jr.	269186	FOROSA 18Sep42.
FIELD MUSIC CORPORA. SMITH, Charles E.	268466	May42 recommended pro Pl Sgt. CLARK FIELD.

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BERTHAUD, Lionel A.	278431	2nd Lt. <i>Los Pinos</i>
BRISCOE, Chas E.	298369	Stry "C", FORLESA 18Sep42.
BURHART, Robert W.	298338	Cal..30 BIC Plat. Ft. Hughes. <i>Central Japan</i> <i>15Sep42</i>
JENSHY, Robert O.		Stry "C", <i>Los Pinos</i>
MANKER, Charles R.		Stry "C", Died 13Jun48 Dysentery; Beri Beri. Camp 1. Grave # <u>746</u>
ROBERTSON, Virgil.	310162	Cal..50AAB Plat.attached Stry "I" 60thCAC (MANGURLA 6Oct42.
STAPP, Kenneth W.	308364	Cal..50 AAB Plat.attached Stry "I" 60thCAC Bilibid <i>Nichols</i> .

MEDICAL PERSONNEL ATTACHED,

LIEUTENANT COMMANDER,

HOOSHIRE, George R. Awarded Silver Star. Bilibid.

LIEUTENANT,

KEENE, Edward S. Jr. 22Apr NIA Awarded Purple Heart. Bilibid.

CHIEF PHARMACIST MATR,

DAVIS, Thomas A. 355-67-75 Bilibid.

DIXON, George R. 365-80-74 Awarded Silver Star. 60730 Philippine Co
Artillery Command, 25Apr42. Camp 1.

PHARMACIST MATR FIRST CLASS,

HOFFERT, Kenneth F. 361-31-16 Marine Air Warning Unit. Betan. BILIBID

STAPP, Loren E. 311-11-56 Bilibid.

PHARMACIST MATR SECOND CLASS,

BLOMINGDALE, Leslie S.

CARMAN, Benago G.

DITCH, William I.

FARR, Morris C.

GLOVER, Herbert P.

GODWIN, Luther H.

IRVIN, J. Stry "C", Mariveles.

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CHAMBERLAIN, Adrian P.		Western Japan 23Jul43
CHAPIN, Ora E.	290871	Cal..50 AAMG Plat. attached Btry "I" 60thCAC Died 10Nov42 Camp 1. Dysentery. Grave #904.
CHASTAIN, Eldon T.	311192	DAVAO. 27Oct42.
CLARK, Owen C.	280170	Btry. "C". Central Japan 18Sep43.
COGHLAN, William A.	275138	25Mar42 WIA Awarded Purple Heart. Central Japan 18Sep43
CONDOR, Archie W.	276291	Btry "C". Bilibid
COULSON, Dale DuW.	273590	Recommended pro Corp. PALAWAN.
COX, William A.	289391	Cal..50 AAMG Plat. Ft. Hughes. TOKYO 7Oct42. Eastern Japan
CRAIN, Kenneth E.	295033	Cal..50AAMG Plat. Ft. Hughes. Nielsen Field.
CRAWFORD, Boyd W.	290540	JAPAN 6Nov42. Central Japan
CRUPACKER, Lloyd E.	290953	Cal..30 AAMG Plat. attached Btry "I" 60thCAC Camp 1. Western Japan 23Jul43
CUBBENS, Clarence A.	297988	Cal..30BEMG Plat. Ft. Hughes. Bilibid. Central Japan 18Sep43 went AWOL from Coast
DALY, John J.	270077	JAPAN 28Oct42. Central Japan.
DAVIS?, George D.	295828	Cal..50AAMG Plat. Ft. Hughes. PALAWAN.
DAVIS, Hillman A.	279921	TOKYO 6Oct42. Eastern Japan
DAVIS, "H" "D"	311628	TOKYO 6Oct42. Eastern Japan
DEADRICK DEDRICK, James E.	295800	Cal..50 AAMG Plat. Ft. Hughes. TOKYO 7Oct42. Eastern Japan.
DEBEN, Bernard C.	290039	FORMOSA 18Sep42.
DE LUMBRUN, Elmo G.	287760	Cal..30 BEMG Plat. Ft. Huges. Nichols Field. Army trial for Reckless.
DICKSON, Truman M.	276706	Cal..30BEMG Plat. Ft. Hughes. MANCHURIA 6Oct42. Eastern
DIECKOW, Clyde.	289078	Cal..50 AAMG Plat. Ft. Hughes. JAPAN 6Nov42.
DISERIO, John D.		Bilibid 21Apr43.
DITTO, Walter A.	296464	Cal.50 AAMG Plat. Ft. Hughes. PALAWAN. Bilibid
DORAN, William D.		Recommended pro Corp. JAPAN 6Nov42.
DYE, Clyde W.	281754	Cal.50AAMG Plat. Ft. Hughes. Nichols Field.
EBY, Richard. L.		TOKYO 6Oct42. Eastern Japan.
EDWARDS, Joseph M.	281628	Cal. 50AAMG Plat. Ft. Hughes. Died enroute to Japan. Presumably buried at sea. From information taken from Nipponese rosters, death presumed to have occurred about 19-24Nov42.

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LOFT, George A.		TD Corregidor, <i>Nichols Field</i>
LUTHER, William C.	280516	Btry "C", Clark Field.
MATHIAS, Robert A.	301446	Cal..50 AAMG Plat.attached Btry "I" 60thCAC <i>Nichols Field</i>
MAURER, Charles E.	289960	Cal..30ERG Plat. Ft.Hughes. ^{Central} JAPAN 6Nov42.
McCLARY, Carl R.		Btry "C", <i>Central Japan 1302943</i>
McCOLLUM, Thomas D.	262888	JAPAN 6Nov42. <i>Central Japan.</i>
McCUMBER, Chester F.		<i>Las Pines</i>
McDIARMID, Vincent C.		Cal..50 RAMG Plat.attached Btry"Y" 60thCAC (DAVAC. 27Oct42).
McDOLE, Glenn W.	301051	Cal..50 ERG Plat.,Ft.Hughes. PALAWAN.
McGUIRE, Albert G.		Btry "C". PALAWAN, <i>Camp 1</i>
McINTYRE, Warren W.	280258	Cal..50AAMG Section Ft.Drum. ^{central} JAPAN 6Nov42.
McKENNA, Chester R.	271024	Btry "C". Camp 1. <i>Central Japan 1502943</i>
McLEAN, Arnold L.	273377	Camp 1. <i>Central Japan 1802943</i>
McQUILKEN, Gerald F.	287682	Btry."C". Diel 8Jan43 Bari Bari Camp 1.Grdv
McVAY, William A.	281968	Cal..50 AAMG Plat.attached Btry"Y" 60th CAC Palawan.
MORAN, James F.	238060	MANCHURIA 6Oct42.
MORRIS, "E" "C"		Cal..50 AAMG Plat.attached Btry"Y",60thCAC <i>Palawan.</i>
MOIT, Charles T.	282610	Recommended pro.Corp. MANCHURIA 6Oct42.
MOXHAM, Raymond F.		Cal..50 AAMG Plat.Ft.Hughes. 25Jul42 Died. Camp 3. Dysentery. Buried Camp 3. <i>Grave 33</i>
NELSON, Stephen.		<i>Eastern Japan 1802943 (Mental Case)</i>
NESSBITT, Judge R.		Cal..50 AAMG Plat.attached Btry"Y" 60thCAC (JAPAN 6Nov42. <i>Central Japan.</i>
NORDINE, Karl.	290056	Btry "C". WIA Awarded Purple Heart. Bilibid <i>camp 1.</i>
NOYES, Glenn V.		Cal..50 AAMG Plat.attached Btry "Y"60th CAC JAPAN. <i>Central Japan 6Oct42</i>
PARKS, Edger G.	274980	Cal..50 AAMG Plat.attached 60th CAC(AA) Bt Nichols Field.
PARKS, Frank J.	275162	MANCHURIA 6Oct42.

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Bot 7
Pb 3

7. MARTIN, Donald J. 294000 *FRANKLIN.*
 8. MATHEWY, Wilfred R.(F) 294751 *BILIBID. Nichols Field.*
 9. MAY, Robert G. 281034 *PALAWAN. Bilibid.*
 0. MILEY, Clifton S. 272956 *Apr42 awarded Silver Star, POAC GO Camp 1.*
 1. MILLER, Roy W. 286711 *20Apr42 WIA Awarded Purple Heart. Recommended
 pro corp. Nichols field.*
 2. OMSLEY, Warren V. 286093 *JAPAN 2Nov42. Central Japan*
 3. PARKER, Roy D. *Corregidor. Bilibid*
 4. PENTON, Gibb G. 267506 *Camp 1. Bilibid*
 5. PELITO, Leth A. 291979 *JM Lech. Recommended pro corp. Camp 1.
 Japan Central 15Sep43*
 6. SCHRADER, Herbert R.A. 293509 *Died 16Mar43 Camp 1. Cerebral Thrombosis. Gray*
 7. SLAGG, Owen M. 296530 *PALAWAN.*
 8. SKIDMORE, William B. 242663 *20Apr42 WIA Awarded Purple Heart. PALAWAN.*
 9. WICKHAM, Clifford C. 275570 *Camp 1.*
 ASSISTANT COOK.
 0. BARKETT, Russell E. 280443 *15Dec41 WIA Sanchez Point. Camp 1.*
 1. CHRISTIE, Werritt M. 300041 *OSAKA 6Oct42. Central Japan*
 2. DIMAPRE, Joseph F. 275658 *MANCHURIA 6Oct42.*
 PRIVATE.
 3. HANCO, John B.A. 286313 *Died 16Oct42 Dysentery Camp 1. Grave #520*
 4. SMITH, Jay D. 282190 *Nichols Field.*
 5. WRIGHT, Sidney T. *TOKYO 7Oct42. Palawan. Escaped prior to
 Sept. 42. Where abouts - ??!*

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PIKE, Donovan S.	281466	Cal..50AAMG Section, Fort Drum, PALAWAN, ^{Central} Central JAPAN 28Oct42
RIGAN, Robert G.	274109	Cal..30 BMG Platoon, Ft. Hughes, JAPAN 28Oct42
RICHTER, Adolph.	263928	Btry "C". Camp 1. <i>Los Pinos</i>
RIDDLE, Merrill B.	284066	Btry "C". Camp 1.
RUARK, John W.	278681	Cal. .50 AAMG Platoon, Ft. Hughes. Died 20Nov Malaria. Camp 1. Grave # 717.
SMITH, Rufus W.	279937	Cal..50 AAMG Platoon attached Btry "I" 60th CAC(AA) PALAWAN.
SPECHT, Eugene L.	276819	Nielsen Field.
SWIFT, William D.	274253	Cal..50 AAMG Platoon, attached Btry "I", 60th CAC(AA) Recommended pro Sgt. PALAWAN. Report as having escaped from detail prior to Apr 42 Report made by Nipponese.
TAYLOR, Ralph A.	270228	Cal..30 BMG Platoon, Ft. Hughes. Camp 1. <i>Western Japan 23 Jul 42</i>
TAYLOR, Ray F.	270329	Cal. .30 BMG Platoon, Ft. Hughes. Camp 1. <i>LI</i>
WEAVER, Roy M.	269362	Cal..30 BMG Platoon, Ft. Hughes. MANCHURIA.
WHALEN, Aloysius F.	265840	Cal..50 AAMG Section, Ft. Drum. Camp 1. <i>Eastern Japan 18 Sept 42</i>
WHITBY, Ellwood P.	281449	Cal..30 BMG Platoon, Ft. Hughes, ^{Central} JAPAN 6Nov42.
YARROW, Richard A.	239965	Btry "C". MANCHURIA. 6 Oct 42.

FIELD COOK.

STABLE, Garvin G. Recommended pro Chief Cook. WIA Awarded Purple Heart. KIA 2 May 42.

FIELD MUSIC CORPORAL.

STUMGES, Frederic J. 274797 Recommended pro Field Music Sgt. WIA 25 Jan 42 PUCOT HILL, BATAAN. Awarded Purple Heart. Battery "C". JAPAN 6 Nov 42. *Central Japan.*

PRIVATE FIRST CLASS.

ABERNATHY, Carl W.	281443	Cal..30 BMG Platoon, Ft. Hughes. MANCHURIA. 6 Oct 42
ALLEN, Sherman L.	301423	Cal..30 Platoon, Ft. Hughes. TD <i>Nielsen Field.</i>
ARMSTRONG, Donald B.	290054	Cal..30 BMG Plat Ft. Hughes. TOKYO 6 Oct 42. <i>Eastern Japan</i>
ARNEY, Travis B.	278607	Cal..30 BMG Plat. Ft. Hughes. DAVAO 27 Oct 42.
BABLER, Edmond J.	269454	Cal..30 BMG Plat. Ft. HUGHES. <i>Nielsen Field!</i>
BACON, Bobby T.		Camp 1. <i>Los Pinos</i>
BAGGETT, Raymond.	280323	Cal..50 Platoon attached Btry "I" 60th CAC(AA) JAPAN 6 Nov 42 <i>Central Japan.</i>

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PRIVATE FIRST CLASS.

1. ADAMS, Leon G. 281618 Apr42 WIA Awarded Purple Heart. MANORVILLE 600

2. ALBERTS, Charles F. 14Apr42 WIA 14Apr42 Died as a result of wound
Buried Post Cemetery, Fort Mills, Ceregridor.

3. BARTES, Ray H. 280167 Camp 1, western Japan 18 Sep 43.

4. BARTES, Roy F. Jr. 283090 Nielsen Field.

5. BOOTS, Morris A. 297036 Nichols Field.

6. BORN, Virgil B. 280445 USAFFE Guard Bataan. 9Apr42 Prisoner of War.
Died Aug42 Dysentery. Camp 1. Grave # 112

7. CARTER, Charles E. 274218 JAPAN GHOVED. Central Japan

8. CHRISTIAN, Jesse E. 296316 20Apr42 WIA Awarded Purple Heart. Nichols Field
Buried 30 Sep 43

9. COOK, Henry B. 209557 JAPAN GHOVED. Central Japan.

10. CORRETT, Ruble H. 280041 JAPAN GHOVED. Central Japan.

11. CROCKER, Harry D. 290913 PALAWAN.

12. DI LEO, Carmen E. 280947 PALAWAN.

13. FLIPPEN, Milton C. 281376 May42 recommended pro corp. PALAWAN. Last Pings

14. GLACKEN, Joseph C. Jr. PALAWAN.

15. HARLEY, Robert W. 200621 OSMIA, Boots. Central Japan.

16. HENRY, Jackson C. 271117 Camp 1, west Japan 23 Jul 43

17. HUGHES, Harte E. 280360 USAFFE Guard, Bataan. 9Apr42 Prisoner of War.
Died Camp O'Donnell 18May42 Dysentery. Grave #
Plot I Row 9 - Grave 2.

18. JERKINS, Louis. 289017 Camp 11

19. JONES, Douglas C. 278627 PALAWAN.

20. JONES, Paul R. 297917 Camp 1. Temp. Detail, Bataan * Manila Transport.

21. KATCHUCK, Alexander. Jan42 awarded Silver Star. Camp 1.
KIA 14Apr42 Ft Mills.

22. KEILER, John R. 267873 Apr42 WIA Awarded Purple Heart. Camp 1. Palawan

23. KERIC, Otis H. 278035 May42 recommended pro corp. FORMOSA. 18 Sep 43.

24. LANCASTER, Harich E. 280644 APR42 Awarded Silver Star. PGAC GO. JAPAN GHOVED. ^{central}

25. LYMAN, Clarence J. 300748 JAPAN GHOVED. ^{central}

26. MORGAN, Sylvester P. 285635 May42 Recommended pro corp. JAPAN GHOVED. ^{central}

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THE MILITARY HOSPITAL,
FOR MILITARY PRISON CAMPS OF P.I.

November 28, 1943.

MEMORANDUM TO CAPTAIN N. NOGI, IMPERIAL JAPANESE ARMY:

Subject: SWEENEY, Max Hansen, Chief Watertender, U.S. Navy,
Record of Laboratory Examinations, in the case of.

1. The following laboratory examinations were performed in the case of the subject-named man who was admitted to this hospital on November 21, 1942, and died on November 22, 1942,

Blood Count:

Hemoglobin	20%
Red Blood Cells	750,000 per cu.mm.
White Blood cells	2,400 per cu.mm.
Differential Count:	
Bands	8%
Segmented	48%
Lymphocytes	41%
Monocytes	2%
Eosinophiles	1%

X
Nothing

Blood Smear:

Several blood smears examined and no malaria plasmodia found.

Urinalysis:

Bright red color due to pigment which turned brown, coffee-color on standing. Sp-gr. 1.020, no sugar, Albumin four (4) plus, strongly acid reaction. Sediment loaded with red blood cells; occasional white blood cell present.

Post Mortem Smears From Spleen:

Negative for plasmodia.

I.H. HAYNS,
Commander, Medical Corps, U.S. Navy,
Senior Medical Officer.

MILITARY PRISON CAMP NO. 2 OF P.I.
MANILA, P.I.

February 2, 1945

AUTOPSY REPORT IN THE CASE OF:

STRAUSL, Erich Roy
204336 99, Pvt., Det QMC, Ft. Mills, P.I.,
U.S. Army

FINDINGS:

The body is that of an emaciated, white male of about 24 years. Eyes brown; hair brown; legs and feet edematous.

INCISION:

Usual "Y" type. Subcutaneous fat negligible.

HEART:

Pericardial cavity contains approximately 100 cc. of clear, straw-colored fluid. Surface smooth and glistening. Heart moderately dilated. Myocardium flabby and light-colored. Valves and endocardium negative.

LUNGS:

Each pleural cavity contains about 300 cc. of clear, straw-colored fluid. Surfaces smooth and glistening. Lungs mottled pink and grey; surfaces smooth. Cut section, bronchi extremely hyperemic and covered by tenacious mucous. Large amount of bloody fluid exudes on pressure from dependent portions of lungs.

ABDOMINAL CAVITY:

Contains approximately 1000 cc. of clear, straw-colored fluid. Surfaces smooth and glistening.

LIVER:

Small. Fatty rounded. Surface smooth. Cut section, grossly negative.

GALL BLANDER:

Contains approximately 30 cc. of light-colored bile. Mucosa negative. Ducts patent.

SPLEEN:

Average size. Reddish-blue and smooth. Cut section, dark red. Pulp scrapes off easily.

PANCREAS:

Essentially negative.

KIDNEYS:

Capsules strip with ease, leaving smooth surface. Cut section shows thickened cortices and normal kidney markings. Pelves negative. Right ureter moderately dilated.

ADRENALS:

Grossly negative.

GASTRO-INTESTINAL TRACT:

Stomach smooth and glistening. Mucosa of stomach moderately hyperemic except in pyloric area where it is extremely hyperemic and there are several longitudinal, shallow ulcers. Mucosa in the small intestine negative except in the last 12 inches of ileum in which it is extremely hyperemic. The wall of the colon is firm throughout, particularly in the descending portion. The mucosa is dark red and atrophic throughout, more pronounced in the descending colon and rectum. In the latter area, is an exudate which is difficult to remove except by scraping.

G.U. SYSTEM:

Prostate within normal limits. Bladder mucosa negative. Right urethral orifice normal.

EXTREMITIES:

Negative except for three plus edema of feet and ankles.

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ANATOMICAL DIAGNOSTS:

- (1) Bacillary dysentery.
- (2) Malnutrition.
- (3) Beriberi
- (4) Pellagra
- (5) Chronic bronchitis
- (6) Chronic passive congestion of lungs, liver, kidneys and spleen.

T. Winslip
T. WINSLIP,
Capt., M.C., U.S. Army.

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MILITARY PRISON CAMP NO. 2 OF P.I.
MANILA, P.I.

February 1, 1945

AUTOPSY REPORT OF:

HELLER, Lawrence Yoder
2nd Lt., 92nd Inf., U.S. Army

FINDINGS:

The body is that of an emaciated, white male of about 40 years. Eyes brown; hair grey.

INCISION:

Usual "Y" type. Subcutaneous fat negligible.

HEART:

Pericardial cavity contains about 100 cc. of clear, straw-colored fluid. Surfaces smooth and glistening. Myocardium light pink and flabby. Heart moderately dilated. Valves and endocardium negative.

LUNGS:

Pleural cavities each contain about 300 cc. of clear, straw-colored fluid. Lungs mottled pink and grey; surfaces smooth. Cut section, bronchi negative, small amount of increased fluid exudes from dependant portions on pressure.

ABDOMINAL CAVITY:

Contains about 500 cc. of clear, straw-colored fluid. Surfaces smooth and glistening.

LIVER:

Small. Edges rounded. Cut section negative.

GALL BLADDER:

Distended with pale bile. Mucosa negative. Ducts patent.

SPLEEN:

Average size. Reddish-blue and firm. Cut section, negative.

PANCREAS:

Essentially negative.

KIDNEYS:

Capsules strip with ease leaving smooth surface. Cut section shows thickened cortices and normal kidney markings. Pelves negative.

ADRENALS:

Essentially negative.

GASTRO-INTESTINAL TRACT:

Mucosa smooth and glistening. Stomach and small intestine contains small amount of undigested food. Colon contains large amount of undigested food. Mucosa negative.

G.U. SYSTEM:

Prostate within normal limits. Bladder mucosa negative.

EXTREMITIES:

Negative except for two plus edema of feet and ankles.

ANATOMICAL DIAGNOSIS:

(1) Malnutrition. (2) Beriberi. (3) Chronic passive congestion of lungs, liver and kidneys.

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T. Winship
T. WINSHIP,
Capt., M.C., U.S. Army.

MILITARY PRISON CAMP NO. 2 OF P.I.
MANILA, P.I.

February 1, 1945

AUTOPSY REPORT IN THE CASE OF: Roneyn, Jacob (-)
Corp., Dutch Army

✓
Jue

FINDINGS:

The body is that of an extremely emaciated white male of about 35 years. Eyes grey; hair brown.

INCISION:

Usual "Y" type. Subcutaneous fat negligible.

HEART:

Pericardial contains approximately 100 cc. of clear, straw-colored fluid. Surfaces smooth and glistening. Heart moderately dilated. Myocardium flabby and light colored. Valves and endocardium negative.

LUNGS:

Each pleural cavity contains approximately 1000 cc. of clear, straw-colored fluid. Numerous adhesions, old and new, laterally and posteriorly, over lower lobes and in the apex posteriorly of the right lung. Hilar lymph nodes enlarged and soft. Cut section negative. Bronchi hyperemic and covered by tenaceous mucous. In the lateral portion of the right middle and lower lobes are numerous, scattered Ghon tubercules. In the middle lobe there is a conglomerate mass of these tubercules, closely packed with small amount of connective tissue separating each individual node. This area measures approximately 3 by 12 centimeters. None of these tubercules is caseous. In the lower lobes, bilaterally, are two large caseous masses, each measuring approximately 4 by 6 centimeters, the centers of which are soft and caseous.

ABDOMINAL CAVITY:

Contains approximately 2000 cc. of clear, straw-colored fluid. Surfaces smooth and glistening.

LIVER:

Six centimeters below the costal margin, dark reddish-brown, and smooth. Cut section, negative.

GALL BLADDER:

Contracted and pale. Mucosa negative. Ducts patent.

SPLEEN:

Average size. Reddish-blue in color, and soft. Pulp scrapes off easily.

KIDNEYS:

Capsules strip easily leaving smooth surface. Cut section, cortices thickened; normal kidney markings. Pelves negative.

ADRENALS:

Grossly negative.

PANCREAS:

Essentially negative.

(1)

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GASTRO-INTESTINAL:

Mesenteric lymph nodes enlarged and soft. Cut sections negative. Serosa smooth and glistening. Mucosa negative throughout.

G.U. SYSTEM: Essentially negative.

EXTREMITIES:

Negative, except for moderate edema.

ANATOMICAL DIAGNOSES:

- (1) Pulmonary tuberculosis
- (2) Malnutrition
- (3) Beriberi
- (4) Chronic bronchitis.
- (5) Splenic tumor.
- (6) Chronic passive congestion of liver and kidneys.

T. Winship
T. WINSHIP,
Capt., M.C., U.S. Army.

33A

MILITARY PRISON CAMP NO. 2 OF P.I.
MANILA, P.I.

January 30, 1945

AUTOPSY REPORT IN THE CASE OF:

BENNETT, Homer Byron
18048697, Pvt., Stry "F", 60 C.A.

FINDINGS:

The body is that of an emaciated, white male of about 27 years. Eyes grey; hair brown.

INCISION: Usual "Y" type. Subcutaneous fat negligible.

HEART: Pericardial cavity contains approximately 50 cc. of clear, straw-colored fluid. Surface smooth and glistening. Heart dilated to one and one-half times its normal size. Myocardium flabby. Valves and endocardium negative.

PLEURAL CAVITIES: Each contain about 50 cc. of clear, straw-colored fluid. Pleural surfaces adherent in both apices. Surfaces of lungs mottled bluish-red and grey and smooth except for adhesions. Cut section of lungs, shows normal lung tissue except in dependent portions which are dark red and from which exudes red, frothy fluid on pressure. Bronchi contains red, frothy fluid.

ABDOMINAL CAVITY: Contains approximately 1000 cc. of clear, straw-colored fluid. Surfaces smooth and glistening. Serosa of entire colon is bluish-red. The omentum is adherent to the anterior surface of the right lobe of the liver.

KIDNEYS: Capsules strip with ease leaving smooth surface. Cut section shows increased width of cortices and normal kidney markings. Pelves negative.

ADRENALS: Are grossly negative.

PANCREAS: Essentially negative.

SPLEEN: Slightly larger than normal, soft, and reddish-blue. Cut section - pulp scrapes off slightly.

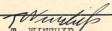
LIVER: Extends 4 cm. below the costal margin. Edges are rounded. Omentum separated from anterior surface of right lobe easily. Entire liver is fifty percent larger than livers seen here. There is a bulge in the central part, anterior surface, of the right lobe which is fluctuant. This measures approximately 10 cm. in diameter. Cut section reveals large abscess approximately 30 cm. in diameter which contains thick, greyish-yellow pus. Edges of abscess are ragged. Remainder of liver is negative.

GASTRO-INTESTINAL TRACT: Mucosa of stomach and small intestine are grossly negative. In the colon, are many healed amebic ulcers, averaging 1.5 cm. in diameter, throughout its entire mucosa. They are more numerous in the descending colon; in that area being placed approximately 2.5 cm. apart. Also in the descending colon and rectum, are many scattered, new ulcers, with punched-out appearance, containing mucus and blood in their bases. Mesenteric lymph nodes enlarged and soft; cut section, negative.

G.U. SYSTEM: Ureters negative. Prostate gland within normal limits. Mucosa of bladder smooth and glistening.

EXTREMITIES: Essentially negative.

ANATOMICAL DIAGNOSES: 1. Amebic dysentery. (2) Amebic abscess of liver. (3) Malnutrition. (4) Beriberi. (5) Healed pleurisy, bilateral. (6) Chronic passive congestion of lungs, liver, kidneys and spleen.

DATE	PROGRESS NOTES	DIET AND TRANSPORTATION
	MILITARY PRISON CAMP NO. 2 OF P.I. MANILA, P.I.	✓ <i>jc</i>
	January 29, 1945	
	AUTOPSY REPORT IN THE CASE OF: ENGBLOM, Edward Howard, 328-62-35, MM2c, USS Canopus, U.S. Navy	
	FINDINGS: The body is that of an emaciated, white male of 23 years. Hair brown; eyes grey; pupils dilated.	Hair
	INCISION: Usual "Y" type. Subcutaneous fat negligible.	
	HEART: Pericardial cavity contains approximately 50cc of clear, straw-colored fluid. Valves and myocardium negative. Heart moderately dilated. Endocardium smooth and glistening.	
	LUNGS: Both pleural cavities contain approximately 60 cc. of clear, straw-colored fluid. Surfaces smooth and glistening. Bronchi filled with bloody froth. Surfaces hyperemic. Cut section dark red and large amount of fluid exudes on pressure, in posterior portions of all lobes.	
	ABDOMINAL CAVITY: Contains approximately 100 cc of clear, straw-colored fluid. Surfaces smooth and glistening.	
	SPLEEN: Small, reddish-blue, and firm. Cut section, dark red with normal splenic markings.	
	KIDNEYS: Capsules strip with ease, leaving smooth surface. Cut section shows increased cortices and otherwise normal kidney markings. Ureters negative.	
	GASTRO-INTESTINAL TRACT: Essentially negative.	
	LIVER: Small, edges rounded, surface smooth. Cut section, dark red and smooth.	Dark red
	ADRENALS: Essentially negative.	
	PANCREAS: Essentially negative	
	G.U. SYSTEM: Essentially negative.	
	EXTREMITIES: Negative.	
	ANATOMICAL DIAGNOSIS: 1. Malnutrition. 2. Chronic passive congestion of lungs, liver and kidneys. 3. Cardiac dilatation.	
	 T. WINSHIP Capt., M.C., U.S. Army.	

MILITARY PRISON CAMP NO. 2 OF P.I.
MANILA, P.I.

January 19, 1945 ✓
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AUTOPSY REPORT IN THE CASE OF:

MOLDENLAUER, Alvin Willie
#3261214, Pvt. 1st Str. "A", 89th C.A.

FINDINGS:

The body is that of an extremely emaciated, white male of about 34 years; eyes blue; hair brown. Scattered pellagrous lesions over body.

INCISION:

Usual "Y" type. Fat negligible.

HEART:

Pericardial cavity contains approximately 100 cc. of clear fluid. Small amount of gelatinous fat over the coronary arteries. Valves and muscle negative. Endocardium smooth and glistening.

LUNGS:

Pleural cavities contain approximately 300 cc. of clear yellowish fluid. Lungs mottled red and grey. Surfaces smooth. Pink, frothy material exudes from bronchi on pressure. Cut section, mottled pinkish-grey with small foci of pus being expressed on pressure. Bronchi chronically inflamed.

ABDOMINAL CAVITY:

Contains approximately 300 cc. of clear, yellowish fluid. Colonic vessels congested. Mesenteric lymph nodes enlarged. Mucosa of stomach and small intestine slightly hyperemic. Mucosa of colon moderately hyperemic and edematous. Large amount of pus and blood in the descending colon and rectum.

SPLEEN: Enlarged to approximately twice normal size. Bluish-red and smooth. Cut section, shows normal splenic markings. Surface scrapes off easily.

PANCREAS:

Essentially negative.

KIDNEYS: Slightly enlarged. Capsules strip easily leaving smooth surface. Cut section shows thickened cortex. Pelves negative.

ADRENALS:

Left adrenal fifty percent increased in size. Both are essentially negative.

LIVER:

Slightly decreased in size. Edges rounded. Cur section, negative.

GI SYSTEM:

Essentially negative.

EXTREMITIES:

Essentially negative.

ANATOMICAL DIAGNOSES:

1. Bacillary dysentery.
2. Malnutrition.
3. Beriberi.
4. Pellagra. 36 liver, kidneys,
5. Early bronchial pneumonia.
6. Chronic bronchitis.
7. Chronic passive congestion of lungs.
8. Acute splenic tumor. T. W. HENSHIP, Capt, MC, USA

MILITARY PRISON CAMP NO. 2 OF P.I.
Manila, P.I.

January 16, 1945

AUTOPSY FINDINGS IN THE CASE OF: GOAD, Curtis Marvin
13042236, Pvt., Btry "A", 60th C.A.

The body is that of an emaciated, young, white male. Hair brown, eyes grey. Skin wrinkled, especially that of face. Scattered skin lesions on hands and feet, pellagrous in type.

INCISION: Usual "Y" type. Subcutaneous fat negligible.

HEART: Pericardial cavity contains approximately 100 cc. of clear fluid. On anterior surface of heart are scattered milk spots averaging 2 cm. in diameter. Heart moderately dilated. Myocardium light red and flabby. Valves and endocardium negative.

LUNGS: Mottled reddish-grey and smooth. Cut section, dark red with red, frothy fluid exuding on pressure. Bronchi negative. Each pleural cavity contains approximately 300 cc. of clear fluid.

ABDOMINAL CAVITY: Contains approximately 3000 cc. of clear fluid.

SPLEEN: Small, bluish-red. Cut section, dark red with characteristic splenic markings.

LIVER: Dark red and smooth. Edges rounded. Cut section, negative.

GALL BLADDER: Distended with clear bile. Ducts patent.

KIDNEYS: Essentially negative.

GASTRO-INTESTINAL TRACT: Fat in mesentery is light yellow and gelatinous. Mesenteric lymph nodes enlarged and soft. Mucosa of stomach and small intestine, negative. That in the colon is hyperemic throughout. There are scattered areas of necrosis in the cecum which do not go below the muscularis. In the transverse colon, and the descending and rectum, approximately ninety percent of the mucosa is necrotic and has been sloughed out, leaving a smooth hyperemic layer over the muscularis.

GU: Negative.

EXTREMITIES: Negative, except for two plus edema of ankles and feet.

ANATOMICAL DIAGNOSES:

1. Bacillary dysentery.
2. Malnutrition.
3. Pellagra.
4. Beriberi.
5. Passive congestion of lungs, liver and kidneys.

MILITARY PRISON CAMP NO. 2 OF P.I.
MANILA, P.I.

January 14, 1945

AUTOPSY REPORT IN THE CASE OF: WIATKOWSKI, Joseph Stanley
20600414, Pvt 1cl, 192nd Tank Bn.

FINDINGS:

The body is that of an emaciated, white male of about 25 years.
Eyes, grey. Pupils dilated. Hair brown.

INCISION: Usual "Y" type. Subcutaneous fat negligible.

HEART: Pericardial cavity contains about 50 cc. of clear fluid.
Heart moderately dilated. Myocardium and valves negative. Endo-
cardium smooth and glistening.

LUNGS: Both pleural cavities contain about 100-cc of clear fluid.
Surfaces mottled red and grey. Cut section; spongy, reddish fluid
exudes on pressure. Bronchi negative.

ABDOMINAL CAVITY: Contains about 1000 cc. of clear fluid.

SPLEEN: Essentially negative.

LIVER: Small and dark red. Edges rounded. Cut section, negative.

GALL BLADDER: Distended. Mucosa negative.

KIDNEYS: Essentially negative.

ADRENALS: Essentially negative.

GASTRO-INTESTINAL TRACT: Mucosa of stomach and small intestine are
negative. In the cecum there are scattered areas, highly inflamed
with necrotic centers. In the transverse colon, these areas are
more numerous and confluent. In the descending colon and rectum
this process has proceeded until nearly all the mucosa is sloughed
out leaving shreds of mucosa, much pus and blood.

GU: Negative.

EXTREMITIES: Negative except for two plus edema.

ANATOMICAL DIAGNOSES:

1. Bacillary dysentery.
- (2) Malnutrition
- (3) Beriberi
- (4) Chronic passive congestion of lungs, liver and kidneys.

MILITARY PRISON CAMP NO. 2 OF P.I.
MANILA, P.I.

January 14, 1945

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AUTOPSY REPORT IN THE CASE OF:

WAGNER, John J.
6953591, S/Sgt., Hqs & Hqs, 24th
Pursuit Sq., US Army.

FINDINGS:

The body is that of an extremely emaciated, white male of about 30 years. Eyes brown. Hair brown. No marks, scars or deformities.

INCISION: Usual "Y" type. Subcutaneous fat negligible.

HEART: Pericardial cavity contains about 50 cc of clear fluid. Heart moderately dilated. Myocardium and valves negative. Endocardium smooth and glistening.

LUNGS: Both pleural cavities contain approximately 100 cc of clear fluid. Surfaces mottled red and grey. Cut section; spongy, reddish fluid exudes on pressure. Bronchi negative.

ABDOMINAL CAVITY: Contains about 1000 cc. of clear fluid.

SPLEEN: Essentially negative.

LIVER: Small, and dark red. Edges rounded. Cut section, negative.

GALL BLADDER: Distended. Mucosa negative.

KIDNEYS: Essentially negative.

ADRENALS: Negative.

GASTRO-INTESTINAL TRACT: Mucosa of stomach and small intestine negative, as is that in cecum. Beginning with the splenic flexure down to rectum the mucosa is inflamed progressively. In the descending portion and rectum the mucosa, inflammation is generalized and severe with signs of early degeneration. Small amounts of pus and blood are seen in these areas.

GI: Negative.

EXTREMITIES: Negative except for two plus edema of legs, ankles and feet.

ANATOMICAL DIAGNOSES:

1. Bacillary dysentery.
2. Passive congestion of lungs, spleen, kidneys and liver.
3. Beriberi. 4. Malnutrition.

MILITARY PRISON CAMP NO. 2 OF P.I.
MANILA, P.I.

January 13, 1945

AUTOPSY REPORT IN THE CASE OF:

WILLIS S. PIRKLE, 267-76-10
Cm1c, 16th Naval District, US Navy

FINDINGS:

The body is that of an emaciated, elderly, white male. Partially bald, remaining hair brown. Eyes blue. Pupils dilated.

INCISION: Usual "Y" type. Subcutaneous fat negligible.

HEART: Pericardial cavity contains approximately 300 cc. clear fluid. Heart dilated one-half normal size, partially covered by gelatinous type of fat. Valves ~~xxxxxxxxxxxx~~ negative. Myocardial walls thin and flabby. Endocardium smooth and glistening. Few atheromatous plaques found on aorta.

LUNGS: Both pleural cavities contain approximately 500 cc. clear fluid. Surfaces smooth and glistening. Lungs mottled grey and pink. Cut section; red, frothy fluid exudes on pressure. Bronchi inflamed.

ABDOMINAL CAVITY: Contains approximately 2500cc of clear fluid. Surfaces smooth and glistening.

LIVER: Small, firm and dark red. Surface smooth except for star-shaped white scar approximately 12 cm. in diameter on anterior surface of right lobe. Edges rounded. Cut section; dark reddish-brown with normal liver markings.

GALL BLADDER: Small, contracted with scar tissue, and thickened. Contains four large, dark grey stones, one of which is in the common duct.

SPLEEN: Slightly enlarged, soft, and bluish-red. Cut section; dark red. Surface scrapes off easily.

KIDNEYS: Capsules strip with ease, showing faintly marked fetal obulations. Cut section; cortex thickened, normal kidney markings. Pelvis negative.

GASTRO-INTESTINAL TRACE: Stomach contains small amount of rice. Mucosa slightly inflamed. Small intestine, negative. In the descending colon and rectum mucosa is highly inflamed with early, shallow ulcer formation. Ulcers contain small amount of greyish exudate and pus.

G.U.: Moderate inflammation in the trigonal area, bladder; prostate within normal limits.

AUTOPSY REPORT, PIRKLE

EXTREMITIES: Three plus edema of ankles and feet. Numerous large areas, averaging 8 cm. in diameter, on ankles and feet where the skin has sloughed away leaving secondarily infected ulcers. The toes and dorsum of feet show advanced signs of dry gangrene. Arteries and veins of feet and lower legs appear grossly normal.

ANATOMICAL DIAGNOSIS:

1. Bacillary dysentery.
2. Cholecystitis, chronic.
3. Cholelithiasis, chronic.
4. Malnutrition.
5. Beriberi
6. Dry gangrene of feet and ankles.
7. Passive congestion of lungs, liver and kidneys, and spleen.
8. Chronic bronchitis.
9. Chronic cystitis.

I. Wainship
I. WAINSHIP,
Capt., M.C.,
U.S. Army.

MILITARY PRISON CAMP NO. 2 OF P.I.
MANILA, P.I.

January 9, 1945

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AUTOPSY REPORT IN THE CASE OF:

LANGBECKER, Herbert E.
18008579, Pvt., Stry "L", 60th C.A.

FINDINGS:

The body is that of an extremely emaciated, white male of about 24 years. Hair brown, Eyes brown. Pupils dilated.

INCISIONS: "Usual" type. Subcutaneous fat negligible.

HEART: Pericardial contains approximately 50 cc clear fluid. Heart moderately dilated, covered by gelatinous type of fat. Otherwise essentially negative.

LUNGS: Pleural cavities each contain approximately 200 cc. of clear fluid. Lungs essentially negative except for increased amount of frothy, bloody fluid.

ABDOMINAL CAVITY: Contains approximately 2000 cc of clear fluid. Surface smooth and glistening.

SPLEEN: Average size. Cut section essentially negative.

LIVER: Reddish-brown and smooth. Edges rounded. Cut sections show normal liver markings.

KIDNEYS: Capsules strip with ease showing smooth surfaces. Cut section shows increase in cortex, otherwise negative. Falloves negative.

ADRENALS: Essentially negative.

GASTRO-INTESTINAL TRACT: Serosa smooth and glistening. Mucosa of stomach and small intestine essentially negative. In colon there is generalized inflammation and edema beginning in the cecum and increasing in severity to the rectum, where there are areas of shallow ulcers beginning.

G.U. Essentially negative.

EXTREMITIES: "egative except for two plus edema of ankles and feet.

ANATOMICAL DIAGNOSES:

1. Bacillary dysentery.
2. Malnutrition.
3. Beriberi.
4. Passive congestion of lungs, liver and kidneys.

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T. WINSHIP,
Capt., Med. Corps, U.S. Army.

MILITARY PRISON CAMP NO. 2 OF P.I.
MANILA, P.I.

January 9, 1945

AUTOPSY REPORT IN THE CASE OF:

MILLER, Lawrence F.,
16008535, Corp., 60th C.A., U.S. Army

FINDINGS:

The body is that of an emaciated, white male of about 24 years. Hair brown. Eyes grey. Entire body is edematous, especially dependent parts.

INCISION: Usual "Y" type. Subcutaneous fat measuring approximately 1 cm. in thickness.

HEART: Pericardial cavity contains approximately 200 cc. of clear fluid. Heart dilated to about twice normal size. Muscle, valves and endocardium normal in appearance.

LUNGS: Pleural cavities both contain approximately 500 cc of clear fluid. Both lungs filled with increased amount of bloody, frothy fluid.

ABDOMINAL CAVITY: Contains approximately 2000 cc. of clear fluid. Surfaces smooth and glistening.

LIVER: Surface brownish-red and smooth. Edges rounded. Cut section shows normal liver markings.

GALL BLADDER: Distended with light brown fluid. Ducts normal.

KIDNEYS: Capsules strip with ease revealing smooth surface. Cut section negative. Pelvis normal.

ADRENALS: Essentially normal.

SPLEEN: Bluish-red, semi-solid and smooth. Cut section shows normal splenic markings.

G.I. TRACT: Essentially negative.

G.U. TRACT: Essentially negative.

EXTREMITIES: Essentially negative except for extreme edema.

ANATOMICAL DIAGNOSES:

1. Periberi
2. Malnutrition.
3. Passive congestion of lungs, liver and kidneys.

T. WINSHIP,
Capt., M.C., U.S. Army,

MILITARY PRISON CAMP NO. 2 OF THE P.I.
MANILA, P.I.

January 3, 1945

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Autopsy Report in the Case of:

BALAM, Harold (-)
Pvt., 2nd Cambr., British Army

FINDINGS:

The body is that of an emaciated, white male of about 24 years. Eyes blue. Hair brown. Legs edematous.

INCISIONS: Usual "1" type. Subcutaneous fat negligible.

HEART: Pericardial cavity contains approximately 50 cc. of clear fluid. Heart muscle and valves normal. Endocardium smooth and glistening.

LUNGS: Pleural cavities contain approximately 50 cc. of clear fluid. Both lungs contain a large amount of frothy fluid. In posterior portions of middle and lower lobes small amounts of thin pus exude from bronchioles on pressure. Bronchi inflated.

ABDOMINAL CAVITY: Contains approximately 1000 cc of clear fluid. Surfaces smooth and glistening. In the lower part of the descending colon and rectum there is a large amount of hemorrhage in the subserous layer.

SPLEEN: Average size; dark, bluish-red and soft. Cut section, dark red and soft. Surface scrapes off easily.

KIDNEYS: Capsules strip with ease leaving smooth surface. Cut sections show normal cortices. Pelves normal.

ADRENALS: Essentially negative.

GASTRO-INTESTINAL TRACT: Stomach and small intestine essentially negative. In cecum and the ascending and transverse colon the mucous membrane is generally inflamed. In the descending portion and rectum wall is thickened and scarred. The mucous membrane is generally inflamed and there are numerous punched out ulcers averaging 2 cm. in diameter. There are many other scarred areas in this mucosa.

G.U. SYSTEM: Essentially negative.

EXTREMITIES: Two plus pitting edema of feet.

ANATOMICAL DIAGNOSIS: 1. Amoebic dysentery. 2. Bacillary dysentery. 3. Broncho pneumonia. 4. Chronic bronchitis. 5. Passive congestion of lungs, liver and kidneys.

T. Mervin
LAWSHIP, Capt., M.C., U.S. Army

MILITARY PRISON CAMP NO. 2 OF THE P.I.
MANILA, P.I.

January 6, 1945

AUTOPSY REPORT IN THE CASE OF:

WOOD, Fletcher Hageman
Civilian, American

The body is that of an emaciated, white male of about 50 years. Eyes brown, Pupils dilated. Hair grey. Two Plus Pitting edema of ankles and feet.

FINDINGS:

INCISIONS: Usual "1" Type. Subcutaneous fat, nil.

HEART: Pericardial sac contains approximately 50 cc clear fluid. Heart moderately dilated and covered by gelatinous type of fat. Few atheromatous plaques on surface of aorta. Valves and muscle normal. Endocardium appears smooth and glistening.

LUNGS: Both pleural cavities contain about 50 cc. of clear fluid. Lungs mottled grey and red with increased amount of fluid in posterior areas. Bronchi inflamed and covered by a tenacious type of mucous.

ABDOMEN: Contains about 1000 cc. of clear fluid. Surfaces smooth and glistening.

LIVER: Surface reddish-brown and smooth. Edges rounded. Cut section shows normal liver markings.

KIDNEYS: Capsules strip with ease leaving smooth surface. Cut section shows in thickness of cortex and otherwise normal kidney tissue. Pelves normal.

ADRENALS: Appear normal.

SPLEEN: Small, soft, bluish-red. Cut section shows normal spleen.

GASTRO-INTESTINAL TRACT: Serosa normal. Mucosa of stomach and small intestine appears normal. That of colon is highly inflamed throughout, especially in the descending portion and rectum with many small areas, about two (2) mm. in diameter of adherent, thick mucous. These areas are most numerous in the descending colon and rectum.

G.U. Bladder normal. Prostate with normal limits.

EXTREMITIES: Negative.

ANATOMICAL DIAGNOSIS:

1. Bacillary dysentery.
2. Beriberi, wet.
3. Chronic passive congestion of lungs, liver and kidneys.
4. Chronic bronchitis.

T. Winship
T. WINSHIP,
Capt., M.C., U.S. Army.

THE BILIBID HOSPITAL
FOR MILITARY PRISONCAMPS OF P.I.

December 28, 1944

AUTOPSY REPORT IN THE CASE OF: HICKMAN, Benjamin Carroll,
R-822277, Bgrs; 60th C.A.

The body is that of an undernourished, white male of about 40 years, approximate weight 115 pounds. Abdomen greatly distended and tympanic; ankles moderately edematous. Hair brown. Eyes grey. Pupils dilated.

FINDINGS:

Usual "Y" type incision. Subcutaneous fat about 1 cm. in thickness.

HEART: No fluid in pericardial sac. Sac completely obliterated by incompletely healed, easily separated adhesions covering all surfaces of the pericardium. Heart moderately dilated and filled with post-mortem clots. Muscle and valves appear normal. Endocardium smooth and glistening.

LUNGS: Fairly dense adhesions in both apices. Both pleural cavities contain about 100 cc clear yellowish fluid. Cut sections show increased fluid and all bronchi are red and inflated. Blood vessels normal.

ABDOMINAL CAVITY: Large amount of foul gas escapes on opening this cavity. The omentum is spread out fan-like over anterior surface of intestines and attached to their loops by many fine, fresh adhesions. When torn off, the cavity is seen to contain about 1500 cc of green, foul-smelling fecal material generally spread throughout the entire cavity. This fluid arises from a perforated ulcer measuring approximately 3 cm. in diameter located approximately 15 cm. inferior to the splenic flexure. All surfaces are covered by exudate and many fine adhesions.

SPLEEN: Small, firm and dark blue. Cut section shows normal splenic markings. Surface does not scrape off easily.

GASTRO INTESTINAL TRACT: In addition to the above described perforation there are three equally large areas of dark, bluish-red discolorations on the surface of the descending colon and one in the cecum which measures approximately 4 cm. in diameter. Mucous lining of stomach and small intestine are slightly inflamed; that of the colon shows many large, deep, ragged, punched out ulcers, most of which are covered with yellowish mucous and blood. The bluish areas seen on the serosa are so thin that the least pressure causes perforation. The ucosa not immediately involved by the ulcers appears somewhat normal.

THE BILIBID HOSPITAL
FOR MILITARY PRISON CAMPS OF P.I.

December 20, 1944

REPORT OF AUTOPSY: ANDERSON, Ernest Charles, 2347218, Pvt., 2nd Co.,
Royal Corps of Signals, British Army.

The body is that of a well-developed, poorly nourished, white male of about 24 years of age. Eyes, blue; pupils dilated. Mouth contains clotted blood. Tattoos on both forearms, anterior surfaces.

FINDINGS:

Usual "Y" incision. Subcutaneous fat measures about one-fourth inch.

HEART: Pericardial cavity contains about 40 cc clear fluid. Moderate amount of fat covering heart. Chambers, normal. Valves normal in appearance. Endocardium smooth and glistening. Muscle normal in appearance.

LUNGS: Left lung densely adherent in apex and laterally down to diaphragm. Cut section shows increased amount of fluid throughout. Right lung densely adherent on all surfaces. In medial aspect of middle lobe is a hard mass roughly 7x4x3 cm. with the long axis parallel to that of the sternum. Upper and lower lobes similar to those on the left. Cut section of middle lobe shows mottled grey surface on firm nodular mass. In approximate center is a partly organized blood clot about 1.5 cm. in diameter. One bronchiol empties into this area.

SPLEEN: Large, bluish-red and soft. Cut section, pulp scrapes off easily.

KIDNEYS: Both about normal in size. Capsules strip easily. Cut section shows normal kidney markings, edges evert. Pelves normal.

GASTRO-INTESTINAL: Essentially normal.

EXTREMITIES: Essentially normal.

ANATOMICAL DIAGNOSIS:

- (1) Primary alveolar carcinoma.
- (2) Chronic passive congestion of lungs, liver, kidneys, and spleen.

T. Winship
T. WINSHIP,
Capt., M.C., U.S. Army.

AUTOPSY FINDINGS OF M/Sgt HICKMAN CONTD.

LIVER: Surface covered by grey exudate, fecal material and fine adhesions. Cut section shows normal liver markings.

GALL BLADDER: Filled with about 75 cc. of clear, thin bile.

Ducts patent.

KIDNEYS: Surfaces smooth and dark red. Capsule strips easily showing smooth surface. Cut section shows thickened cortices and normal kidney markings. Pelves normal.

ADRENALS: Essentially negative.

PANCREAS: Essentially negative.

G.U. : Essentially normal.

EXTREMITIES: Essentially negative.

ANATOMICAL DIAGNOSIS:

1. Peritonitis, acute, generalized.
2. Perforated amoebic ulcer of descending colon.
3. Amoebic dysentery.
4. Chronic passive congestion of lungs, liver and kidneys.
5. Adhesion pericarditis incompletely healed.
6. Pleural adhesions, healed, bilateral.

T. Winship
T. WINSHIP,
Capt., M.C.,
U.S. Army.

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Authority 883078

PHILIPPINE GENERAL HOSPITAL

HISTOPATHOLOGICAL EXAMINATION

Name Robert A. Bull Service D.S. Dept Date Nov. 28, 1947

Unit { Bed Room } Clinic 2nd Bilibid Hospital { Case No. Disp. No. }

Specimen: Lymph node

X 201

Gross appearance: An irregular piece of lymph node measuring about 1.5 x 1 cm. It is hard as it is fixed in formalin. On section it is resistant to cutting and presents a somewhat caseous material.

Histological findings:

M. Akashi report
PPH sent this to
to Dr. Castillo

Diagnosis: Caseous lymphadenitis, tuberculous or syphilitic

REMARKS: Wassermann reaction is suggested to eliminate syphilis.

J. J. ...

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THE BILIBID HOSPITAL
FOR MILITARY PRISON CAMPS OF P.I.

TH/it

December 7, 1944

AUTOPSY REPORT IN THE CASE OF: SHIPMAN, Lee Howard, 34026547,
Private, 803rd Engineer Bn.

The body is that of a well developed, very poorly nourished male of about 38 years of age. Hair, grey. Eyes, gray. Pupils, moderately dilated.

FINDINGS:

Usual "Y" type incision. No subcutaneous fat.

- HEART:** Pericardial cavity contains about 150 cc. of clear fluid. Old, dense adhesions posteriorly between pericardium and ascending aorta and between the pulmonary artery and the pericardium. Heart moderately dilated. Muscle pale and flabby. Valves and endocardium negative.
- LUNGS:** Left pleural cavity contains about 400 cc. of clear fluid. Right lung is densely adherent on all surfaces to parietal pleura. Large bronchi are inflamed and covered with tenaceous mucus. Cut section shows increased fluid posteriorly.
- ABDOMINAL CAVITY:** Contains about 2000 cc. clear, yellowish fluid. All surfaces smooth and glistening.
- LIVER:** Small. Surface smooth and dark bluish-red. Edges rounded. Cut section dark red with normal liver markings.
- SPLEEN:** Small. Dark reddish-blue. Cut section, dark red. Surface scrapes off easily.
- KIDNEYS:** Surrounded by gelatinous fat. Capsules strip with ease. Cut section shows normal kidney markings. Pelves negative.
- ADRENALS:** Essentially negative.
- GASTRO-INTESTINAL TRACT:** Stomach empty. Mucosa negative. Small intestine partially filled with soft feces. Colon partially filled with unformed feces. Mucosa normal in the ascending transverse colon. That in the lower 12 inches of rectum is highly inflamed with superficial ulcers, confluent and very numerous. Degenerated mucosa covering these areas is dark grey and partially sloughed off. Remainder is easily rubbed off. Mesenteric lymph nodes normal.
- GENITO URINARY:** Bladder mucosa smooth. Prostate within normal limits.
- EXTREMITIES:** Negative except for 2 plus edema of feet.
- BRAIN:** Dura smooth and glistening. Fra and arachnoid negative. Fluid in ventricles clear. All other structures negative. No areas of hemorrhage or degeneration in either gray or white matter in cerebrum, cerebellum or upper 6 inches of cord.

ANATOMICAL DIAGNOSIS:

1. Malnutrition.
2. Beriberi.
3. Bacillary dysentery.
4. Chronic bronchitis.
5. Chronic passive congestion of lungs, liver and kidneys.
6. Healed pleurisy, right.
7. Healed pericarditis.

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T. W. WINSHIP
T. WINSHIP,
Capt., Medical Corps, U.S. Army

THE BILIBID HOSPITAL
FOR MILITARY PRISON CAMPS OF P.I.

M/it

December 7, 1944

AUTOPSY REPORT IN THE CASE OF: SHIPMAN, Lee Howard, 34026547,
Private, 803rd Engineer Bn.

The body is that of a well developed, very poorly nourished male of about 38 years of age. Hair, grey. Eyes, gray. Pupils, moderately dilated.

FINDINGS:

Usual "Y" type incision. No subcutaneous fat.

HEART: Pericardial cavity contains about 150 cc. of clear fluid. Old, dense adhesions posteriorly between pericardium and ascending aorta and between the pulmonary artery and the pericardium. Heart moderately dilated. Muscle pale and flabby. Valves and endocardium negative.

LUNGS: Left pleural cavity contains about 400 cc. of clear fluid. Right lung is densely adherent on all surfaces to parietal pleura. Large bronchi are inflamed and covered with tenacious mucous. Cut section shows increased fluid posteriorly.

ABDOMINAL CAVITY: Contains about 2000 cc. clear, yellowish fluid. All surfaces smooth and glistening.

LIVER: Small. Surface smooth and dark bluish-red. Edges rounded. Cut section dark red with normal liver markings.

SPLEEN: Small. Dark reddish-blue. Cut section, dark red. Surface scrapes off easily.

KIDNEYS: Surrounded by gelatinous fat. Capsules strip with ease. Cut section shows normal kidney markings. Pelves negative.

ADRENALS: Essentially negative.

GASTRO-INTESTINAL TRACT: Stomach empty. Mucosa negative. Small intestine partially filled with soft feces. Colon partially filled with unformed feces. Mucosa normal in the ascending transverse colon. That in the lower 12 inches of rectum is highly inflamed with superficial ulcers, confluent and very numerous. Degenerated mucosa covering these areas is dark grey and partially sloughed off. Remainder is easily rubbed off. Mesenteric lymph nodes normal.

GENITO URINARY: Bladder mucosa smooth. Prostate within normal limits.

EXTREMITIES: Negative except for 2 plus edema of feet.

BRAIN: Dura smooth and glistening. Fra and arachnoid negative. Fluid in ventricles clear. All other structures negative. No areas of hemorrhage or degeneration in either gray or white matter in cerebrum, cerebellum or upper 6 inches of cord.

ANATOMICAL DIAGNOSIS:

1. Malnutrition.
2. Beriberi.
3. Bacillary dysentery.
4. Chronic bronchitis.
5. Chronic passive congestion of lungs, liver and kidneys.
6. Healed pleurisy, right.
7. Healed pericarditis.

T. W. WINSHIP
T. WINSHIP,

Capt., Medical Corps, U.S. Army

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THE BILIRIBI HOSPITAL
FOR MILITARY PRISON CAMPS OF P.I. TN/it

December 6, 1944

AUTOPSY REPORT IN THE CASE OF: LEWIS, Norman Lee, 316-24-99,
Ammunition Depot, Cavite Navy Yard,
U.S. Navy.

The body is that of a young, well-developed, very poorly nourished, white male of about 37 years of age. Hair, brown; eyes, brown; pupils, dilated.

FINDINGS:

Usual "Y" type incision. No subcutaneous fat.

- HEART:** Pericardial cavity contains about 200 cc. of clear fluid. Heart moderately dilated, flabby and slightly pale. Small amount of gelatinous, yellow fat covering the coronary arteries. Valves and endocardium normal.
- LUNGS:** About 50 cc. of clear fluid in each pleural cavity. Large bronchi inflated and contain small amount of mucous and pus. Anterior portions of both lungs clear. Posterior portions of all lobes are red and congested. Small amount of pus expressed from scattered areas. Smears on pus show chain streptococci.
- ABDOMINAL CAVITY:** Contains about 1500 cc. clear, yellowish fluid.
- LIVER:** Small and dark red. Edges, sharp. Cut section, negative.
- GALL BLADDER:** Negative. Ducts patent.
- SPLEEN:** Small, soft, and dark bluish-red. Cut section, negative.
- PANCREAS:** Essentially negative.
- KIDNEYS:** About normal size. Capsules strip easily leaving smooth surface. Cut section shows normal kidney markings. Pelvis normal.
- GASTRO-INTESTINAL TRACT:** Essentially negative.
- GENITO URINARY:** Essentially negative.
- EXTREMITIES:** Negative except for slight edema.
- ANATOMICAL DIAGNOSIS:**
1. Malnutrition.
 2. Beriberi.
 3. Bilateral hypostatic broncho-pneumonia.
 4. Passive congestion of kidneys.
 5. Chronic bronchitis, bilateral.

T. Winship
T. WINSHIP,
Capt., Medical Corps,
U.S. Army.

THE BILIBID HOSPITAL
FOR MILITARY PRISON CAMPS OF P.I.

December 4, 1944.

AUTOPSY REPORT IN THE CASE OF: MANUELITO, Leo Andy, 38012402,
Pvt., Btry "A", 615th C.A.
Died Dec. 4, 1944.

The body is that of an extremely emaciated, Mexican male of about 25 years of age. Hair black, eyes brown. Left rectus scar, lower abdomen, about 10 inches in length. In left flank is an open colostomy well healed.

FINDINGS:

Usual "Y" type incision. No subcutaneous fat.

HEART: About 50 cc. clear fluid in pericardial cavity. Heart stopped in diastole. Moderately dilated and flabby. Small amount of yellow, watery fat covering coronary arteries.

LUNGS: About 50 cc. of clear fluid in each pleural cavity. Moderate amount of congestion posteriorly bilaterally. No lymphadenopathy.

ABDOMINAL CAVITY: Contains about 2000 cc of clear, yellowish fluid. Omentum adherent to colostomy area.

LIVER: Small, dark bluish-brown. Edges rounded. Cut surface shows dark red and soft.

GALL BLADDER: Normal. Duets patent.

SPLEEN: Very small. Cut surface normal.

PANCREAS: Essentially normal.

KIDNEYS: Right, normal. Left kidney is very small and densely adherent to surrounding tissues. Capsule cannot be stripped. Cut surface shows completely homogenous light gray tissue with no normal kidney markings. Pelvis greatly enlarged. Left ureter enlarged 4 times and distended with fluid down to an area about 3 cm. above its entrance to the bladder where it is surrounded by a mass of dense tissue and adhesions.

GASTRO-INTESTINAL TRACT: Stomach and small intestine empty except for small amount of light yellow fluid. Large intestine similar except for very hard feces in the 10 cm. immediately below colostomy. Mucosa in these areas normal. Colostomy in inferior portion of the descending colon. No lymphadenopathy in the mesentery.

In the lower part of the rectum is a hard nodular mass completely closing the lumen of the bowel and extending over to include the prostate and neck of the

bladder. The lower border of this mass reaches almost to anus. This mass is densely adherent to the anterior surface of the coccyx and the posterior portion of the bladder, and laterally to the left obturator internus and levator ani. Cut section shows hard, nodular, pearly gray masses interspersed with softer areas. In a few areas there are spots of degenerated tissue.

GENITO URINARY: Left kidney and ureter as described above. Bladder wall:- Posterior surface as above. Anterior surface thickened. Bladder contains approximately 20cc. dark brown fluid and 60 small, hard, rough, light gray stones. Mucous membrane is inflamed, especially in the area of the trigonum vesicae extending down into the orifice of the urethra.

EXTREMITIES: Normal.

ANATOMICAL DIAGNOSIS:

- (1) Adeno carcinoma of rectum with extension to the prostate gland.
- (2) Chronic passive congestion of the lungs.
- (3) Calculi of bladder.
- (4) Cystitis, chronic.
- (5) Hydronephrosis, left.

T. Winship
T. WINSHIP
Capt., M.C., U.S. Army.

THE BILIBID HOSPITAL
FOR MILITARY PRISON CAMPS OF P.I.

TW/it

December 4, 1944

AUTOPSY REPORT IN THE CASE OF: WILSON, Joseph LeRoy, 19014631,
Corp., Btry. "I", 60th Coast Artillery
Died: Dec. 4, 1944. *dc*

The body was that of a young, well-developed, very poorly nourished, white male of about 25 years of age. Hair red, eyes brown, tattoo on right upper arm.

FINDINGS:

Usual "Y" incision. No subcutaneous fat.

HEART: Stopped in diastole, distended with postmortem clot. Entire heart dilated, flabby and pale. Small amount of yellow watery fat covering the areas of coronary arteries.

LUNGS: About 100 cc of clear fluid in each pleural cavity. Slight amount of pulmonary congestion in posterior portion of each lung.

ABDOMINAL CAVITY: About 2500cc of clear fluid in the cavity.

LIVER: Small and dark red. Edges sharp. Cut surface dark red and soft.

GALL BLADDER: Normal ducts patent.

SPLEEN: Soft, dark reddish-blue. Cut surface normal.

PANCREAS: Normal.

KIDNEYS: Horseshoe complete. Capsule strips with ease. Cortex normal. Pelves normal.

GASTRO-INTESTINAL TRACT: Essentially normal. Mesentery infiltrated with soft watery type of fat. Few enlarged nodes.

GENITO URINARY: Essentially normal.

EXTREMITIES: Normal except for 2 plus edema.

ANATOMICAL DIAGNOSIS:

- (1) Malnutrition.
- (2) Beriberi
- (3) Passive congestion of lungs.
- (4) Horseshoe kidney.

T. Winship
T. WINSHIP,
Capt., M.C., U.S. Army.

TE:ln

BILIRIBID HOSPITAL
FOR PRISON CAMPS OF P. I.

November 23, 1944.

AUTOPSY REPORT IN THE CASE OF: NULL, Robert Nelson S/Sgt., USMC.
Ser.No. 265034. Died: 11-23-44.

The body was that of an emaciated white male about 30 years of age. Estimated weight 110 pounds. Eye brown, pupils dilated. Healed right rectus scar six (6) inches in length. Ankles moderately edematous.

FINDINGS:

HEART: Normal in all respects.

LUNGS: Right lung: Posterior portions of lobes show chronic passive congestion. Bronchi inflamed.
Left lung: Many pleural adhesions. Pleural cavity contained 100 cc. bloody fluid. Around hilus are several enlarged lymph nodes. Most of these are fairly well encapsulated. Sections shows an almost complete caseous degeneration in some and partly degenerated mass in others. The remainder of the nodes show firm, yellowish translucent consistency. This lung also shows chronic passive congestion and chronic bronchitis.

AXILLAE: Numerous isolated lymph nodes seen enlarged and similar to those above.

LIVER: Pale reddish-yellow in color, edges rounded. Section shows pale reddish-yellow smooth surface. No nodules seen. Not noticeably enlarged.

GALL BLADDER: Completely surrounded by dense adhesions involving pyloric end of stomach, duodenum, transverse colon, and both surfaces of right lobe of liver.

SPLEEN: Not particularly enlarged. Normal in appearance and consistency. Cut section: Surface scrapes off easily. No nodules.

PANCREAS: Surrounded by dense adhesions. Surface not discernable. This organ enlarged almost twice normal size and consisting almost completely of nodules of tumor similar to those described above, but many are coalescent and measured up to 2 cm in diameter. Duct of Wirsung patent.

KIDNEYS: Essentially normal.

ADRENALS: Essentially normal.

GASTROINTESTINAL TRACT: Normal except for large numbers of massed coalescent and single lymph nodes in the mesentery and retroperitoneally extending from 1st lumbar to the 1st sacral. Cut sections of these show the same partly degenerated surface.

GENITO URINARY: Normal. Prostate normal in appearance and size.

EXTREMITIES: Normal.

ANATOMICAL DIAGNOSIS: (1) Adeno carcinoma of pancreas with metastases to lymph nodes.

- (2) Chronic passive congestion of lungs, liver, spleen & kidneys.
(3) Fatty degeneration of liver.
(4) Chronic bronchitis.

Theodore Winship
THEODORE WINSHIP
Captain, U.C., U.S. Army.

THE HILIBID HOSPITAL
MILITARY PRISON CAMPS OF P.

October 11, 1944.

AUTOPSY REPORT IN THE CASE OF MILLIKEN, Myron A., Sergeant, U. S. Army, died 10-11-44 at 0615, autopsy done 1000, 10-11-44.

The body is that of an emaciated 29 year old white male with moderate pitting edema of feet, legs and ankles. There are old healed cutaneous skin lesions on wrists and hands characteristic of old pellegra. There is no evidence of external violence. The pupils are equal and dilated. Estimated height 68 inches; estimated weight 110 pounds. The body is opened by a ventral incision. There is an absence of subcutaneous fat.

PERITONEAL CAVITY - Contains about 1500 c.c. of clear transudate fluid. Omentum practically free of fat. Gall bladder large and filled with bile. Appendix kinked.

PLEURAL CAVITY - Each cavity contains about 50 c.c. of clear yellow fluid. No adhesions. Lungs voluminous.

PERICARDIAL CAVITY - Contains about 60 c.c. clear yellow fluid.

HEART - The subepicardial fat is highly edematous, also the myocardium is somewhat edematous appearing. The right chambers are greatly dilated, the tricuspid valve easily admitting 4 fingers. The mitral valve opening admits 2 fingers. Left side of heart fairly firm, the right soft and flabby. Estimated weight 340 grams. Coronary arteries and great vessels are normal.

LUNGS - Greatly edematous and show acute vascular congestion. Blood tinged serum oozes from the cut surfaces. The bronchi are filled with thin frothy mucus. There is a recent hemorrhagic infarction involving the whole right middle lobe, which is firm, swollen and airless. Dissection reveals the main artery supplying this lobe blocked by a large blood embolism for about 2 inches of its length.

LIVER - Acutely congested, surface smooth, estimated weight 1900 grams. Gall bladder and gall ducts normal.

SPLEEN - Essentially normal, estimated weight 150 grams.

ADRENALS - Normal.

KIDNEYS - Acutely congested, show fetal lobulations, average size.

PANCREAS - No pathology noted.

GASTRO-INTESTINAL TRACT - Normal.

GENITO-URINARY TRACT - Normal.

ANATOMIC - PATHOLOGIC DIAGNOSES:

1. Acute dilatation, heart, beriberi type.
2. Infarction, lung, recent, entire right mid lobe.
3. Pulmonary congestion and edema, bilateral.
4. Acute vascular congestion, liver and kidneys.
5. Ascites.
6. Beriberi.
7. Pellegra.

W. M. SILLIPHANT,
Lieut. Comdr., Medical Corps, U. S. Navy,

October 11, 1944.

Autopsy report in the case of MILLIKEN, Myron A., Sergeant, U. S. Army, died 10-11-44 at 0615, autopsy done 1000, 10-11-44.

The body is that of an emaciated 29 year old white male with moderate pitting edema of feet, legs and ankles. There are old healed cutaneous skin lesions on wrists and hands characteristic of old pellegra. There is no evidence of external violence. The pupils are equal and dilated. Estimated height 68 inches, estimated weight 110 pounds. The body is opened by a ventral incision. There is an absence of subcutaneous fat.

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LIVER - Acutely congested, surface smooth, estimated weight 1900 grams. Gall bladder and gall ducts normal.

SPLEEN - Essentially normal, estimated weight 150 grams.

ADRENALS - Normal.

KIDNEYS - Acutely congested, show fetal lobulations, average size.

PANCREAS - No pathology noted.

GASTRO-INTESTINAL TRACT - Normal.

GENITO-URINARY TRACT - Normal.

ANATOMIC - PATHOLOGIC DIAGNOSES:

1. Acute dilatation, heart, beriberi type.
2. Infarction, lung, recent, entire right middle lobe.
3. Pulmonary congestion and edema, bilateral.
4. Acute vascular congestion, liver and kidneys.
5. Ascites.
6. Beriberi.
7. Pellegra.

WMS
W. M. SILLIPIANT,
Lieut. Comdr., Medical Corps, U. S. Navy,

THE BILIBID HOSPITAL
FOR MILITARY PRISON CAMPS OF P. I.

October 8, 1944.

REPORT OF AUTOPSY IN THE CASE OF MARSHALL, John Ralph, Private, U.S. Army, died 10-3-44 at 1520, autopsy done at 1600, 10-6-44.

The body is that of an emaciated white male, appearing older than stated chronological age of 39 years. The skin has a yellowish tinge. Several tattoos are present, recorded elsewhere. The feet and legs show advanced pitting edema, the hands and wrists moderately so. The pupils are dilated and equal. The abdomen is distended. There is a 5 inch right inguinal scar, said to be from an operation for undescended testicle.

PERITONEAL CAVITY - The abdominal wall is practically devoid of fat. The omentum is of parchment thickness. The abdomen contains about 5,000 c.c. of clear yellow transudate fluid. The liver appears at the costal margin. There are great numbers of intestinal adhesions, for the most part as follows: The splenic and hepatic flexures of the colon are adherent to the parietal peritoneum in the posterior half of the cavity, thus separating it into 2 chambers, cephalic and caudal. The ileum is adherent to the colon at these two points. The transverse colon is firm and tubelike to palpation and to it is firmly adherent portions of the ileum, jejunum and the fundus of the stomach. The ileum is adherent to the forward part of the caecum. All these adhesions are old and fibrous. The spleen is free. The bladder reaches half way to the umbilicus and contains about 300 c.c. clear urine. All the peritoneal tissues are highly edematous.

PLEURAL CAVITY - Lungs free. Each cavity contained a few c.c. of clear fluid.

PERICARDIAL CAVITY - Contains about 60 c.c. of clear fluid. Heart not enlarged, right ventricle moderately dilated.

LUNGS - Except for hypostatic congestion of bases, are normal.

HEART - Surface smooth. Right ventricle measures $1\frac{1}{2}$ cm., left $\frac{3}{4}$ cm. Both mitral and tricuspid valve show slight fibrous thickening. Other valves normal. Coronary vessels patent, show slight atheromatous changes. Aorta and other great vessels consistent with age of deceased.

LIVER - Estimated weight 1500 grams. Central veins prominent. No metastatic lesions noted. Gall bladder and bile ducts normal.

SPLEEN - Estimated weight 130 grams. No pathology.

PANCREAS - Estimated weight 70 grams. No pathology.

ADRENALS - Normal.

KIDNEYS - Early arteriosclerotic changes. The cortico-medullary line of demarcation is indistinct.

BLADDER, URETERS AND PROSTATE - Normal.

GASTRO-INTESTINAL TRACT - In the sigmoid and colon throughout, there are numbers of amoebic ulcers in all stages from active bleeding to healed and healing, and of sizes up to 2 cm. in diameter. The edges are ragged and undermined. The active ulcers are most numerous in the sigmoid, ascending colon and caecum. One large ulcer in the forward part of the caecum extends to the serosa to which the ileum is densely adherent. At both splenic and hepatic flexures of the colon are old healed ulcers, each the size of a silver dollar. To each of these places as noted above, there are various external adhesions.

REPORT OF AUTOPSY IN THE CASE OF MARSHALL, John Ralph, Private, U. S. Army,
CONTINUED:GASTRO-INTESTINAL TRACT; CONTINUED:

The transverse colon shows a constricting annular neoplasm extending for about 8 inches of its length and appearing to have its origin from the edges of an old large amoebic ulcer situated somewhat to right of center of the transverse colon. At this point, the lumen is duplicated as opposing walls of the organ had fused, leaving 2 small lumens, the largest 1 cm. in diameter, the other about 0.5 cm. The infiltrated colonic wall was up to 0.8 cm. thick and very firm. The mucosa here is very dark and hyperplastic, and the lumen narrowed throughout its length. The colon, proximal to the new growth, is dilated and filled with feces. A partial obstruction was the result. It is to this ulcerated area from which the neoplasm appeared to have its origin that the greater number of adhesions had occurred exteriorly. Presumably at one time it was on the verge of rupture.

The stomach contains about 300 c.c. of bile colored fluid. The mucosa shows a few petechial hemorrhages in the cardia. The small intestine is normal except for the adhesions.

The lymph nodes in the mesentery are numerous and hyperplastic throughout. At least a few appear to harbor metastatic lesions. No other metastases were noted.

Due to attending circumstances, examination of the brain was not feasible.

ANATOMICAL - PATHOLOGICAL DIAGNOSES:

1. Amoebiasis with extensive acute and chronic ulceration of colon.
2. Carcinoma, transverse colon with stenosis and partial intestinal obstruction.
3. Adhesions, intestinal, extensive.
4. Ascites.
5. Hypostatic congestion, bases both lungs.
6. Beriberi.

WMS
W. M. SILLIPHANT,
Lieut. Comdr., M. C., U. S. Navy,
Laboratory Officer.

THE ILLIHOI HOSPITAL
 FOR THE ARMY PRISON CAMPS OF P. I. I.

October 6, 1944.

REPORT OF AUTOPSY IN THE CASE OF CUNNINGHAM, Charles A., Sergeant, U.S. Army, died 10-6-44 at 1400, autopsy done at 1430, 10-6-44.

The body is that of a fairly well nourished 34 year old white male, estimated height 58 inches, estimated weight 140 pounds. Body is warm, rigor mortis has not yet developed. Skin clear. Pupils dilated, equal and regular. There is no evidence of external violence.

PERITONEAL CAVITY - There is a small amount of fat in the omentum. The liver extends three fingers below the left costal margin. No fluid. Appendix normal.

PLEURAL CAVITIES - Dry and no adhesions.

PERICARDIAL CAVITY - No increase of fluid. Surfaces glistening. Great vessels normal.

HEART - Enlarged 1 1/3 times normal, estimated weight 425 grams. The coronary arteries are tortuous, firm and "pipe stem" to palpation, in places "beaded". There is a large post mortem clot in the right auricle, which is considerably dilated. The cusps of the mitral valves are thickened and contain several discrete atheromatous plaques, up to 0.4 cm. in diameter. The margins are also thickened and fibrotic. All other valves are normal. The wall of the left ventricle measures 2 cm. in thickness, that of the right 0.5 cm. The cut surface of the myocardium shows a patchy fibrosis and areas of pale appearing and "anemic" tissue. The papillary muscles are hypertrophied. Examination of the coronary arteries show marked atheromatous changes throughout, more marked however in the left coronary and its branches. There has been progressive thickening of the intima, practically filling the entire lumen of the first 1 1/2 cm. of the left coronary. The remaining lumen would admit a pin point only. This remaining portion of the lumen apparently became completely occluded just prior to death. The lumen of the lower third of the left descending vessel admits only a needle point. The aorta throughout its length, the common iliac and the great vessels of the neck show atheromatous degenerative changes far in advance of what one would expect from the age of the individual.

LUNGS - Well aerated, surfaces glistening. Cut surface reveals an increase in density apparently due to fibrous tissue deposition, also a greenish brown pigmentation due to breaking down of red blood cells. The bronchi contain varying amounts of mucopurulent material. The picture is consistent with chronic passive congestion.

LIVER - Estimated weight 2500 grams. Surface smooth. Cut surface homogenous and glistens, having a somewhat amyloid appearance. Gall bladder and ducts normal.

SPLEEN - Estimated weight 250 grams. Surface smooth, gray, interior shows moderate fibrosis.

PANCREAS - Small and firm.

ADRENALS - No pathology noted.

KIDNEYS - Left pyramidal in shape and small (estimated weight 100 grams) due to congenital anomaly in fusion of lobes. Right - estimated weight 190 grams. Slight blood vascular congestion.

REPORT OF AUTOPSY IN THE CASE OF CUNNINGHAM, Charles A., Sergeant, U.S. Army,
CONTINUED:

THE GASTRO-INTESTINAL TRACT - Stomach empty, mucosa normal. Considerable fecal material in ascending colon and caecum.

URINARY BLADDER, URETERS AND PROSTATE - No pathology.

THYROID GLAND - Normal shape and consistency.

LARYNX - The anterior surface of the epiglottis is chronically injected. The vocal cords are smooth and glistening.

TONGUE - The lymphoid tissue surrounding the base of the tongue is hyperplastic. The lingual tonsils are prominent.

ANATOMICAL - PATHOLOGICAL DIAGNOSES:

1. Occlusion, coronary artery, left.
2. Coronary heart disease, arteriosclerotic.
3. Arteriosclerosis, generalized.
4. Myocardial hypertrophy and fibrosis.
5. Chronic passive congestion of lungs, liver, spleen and kidneys.

WML

W. M. SILLIMANT,
Lieut. Comdr. Medical Corps, U. S. Navy,

THE BILIBID HOSPITAL
FOR MILITARY PRISON CAMPS OF P. I.

October 3, 1944.

REPORT OF AUTOPSY IN THE CASE OF COX, Arthur Frogley, Private, British Army, died 10-3-44 at 0726, autopsy done 0800, 10-3-44.

The body is that of a poorly nourished white male about 28 years of age. There are several healing superficial abrasions over extremities, back and forehead. The skin of the back shows marked superficial desquamation apparently due to sunburn. There is old pigmentation over dorsum of both hands indicative of previous pellagra. Pupils dilated, regular. The body is warm, rigor mortis not yet developed. Estimated height 68 inches, estimated weight 110 pounds. The body was opened by a ventral Y shaped incision.

PERITONEAL CAVITY - Large intestine dilated. The greater omentum is delicate. The liver extends four fingers below right costal margin. No increase in fluid.

PLEURAL CAVITIES - The left side contains about 500 c.c. of thin greenish-gray purulent fluid. All lobes of both lungs are adherent to each other and to the adjacent parietal and diaphragmatic pleura by a thick plastic exudate, except where the presence of the fluid separated these surfaces. This plastic exudate is more marked on the left side.

PERICARDIAL CAVITY - Contains about 40 c.c. of straw colored fluid.

HEART - is small, musculature firm. There is clotted blood in the right chambers. Valves and coronary vessels normal. Aorta normal. The right branch of the pulmonary artery contains a large ante mortem blood clot completely occluding the lumen.

LUNGS - The right lung is compressed and the surface covered by a heavy plastic exudate. There is acute congestion and edema and a patchy consolidation throughout the lower lobe. In the anterior part of the lower lobe is a cavity 1 cm. in diameter, surrounded by gangrenous tissue. There is a similar cavity 3 cm. in diameter in the lower anterior peripheral part of the right upper lobe, surrounded by fetid gangrenous pulmonary tissue which can be seen on the surface but had not quite broken through the pleura. This right upper lobe shows acute congestion and edema. Both lower lobes on the right are fairly well aerated, though edematous.

SPLEEN - Not enlarged but soft, indicative of a mild toxic splenitis.

LIVER - Is enlarged, about $1\frac{1}{2}$ times normal size. Surface smooth. Cut surface shows cloudy swelling.

GALL BLADDER AND BILE DUCTS - Normal. There is about 35 c.c. of dark green viscous bile.

PANCREAS - Normal.

GASTRO-INTESTINAL TRACT - Except for moderate dilatation of the colon, is normal throughout. appendix small, caecum shows no ulceration. Stomach empty.

SUPRARENAL GLANDS - Normal size and consistency.

KIDNEYS - Slightly swollen and congested, otherwise normal. Ureters normal.

BLADDER AND PROSTATE - Normal. Bladder contained about 300 c.c. of clear urine.

Smears from the gangrenous lung cavities shows a preponderance of B. Vincenti among other organisms of septic flora.

REPORT OF AUTOPSY IN THE CASE OF COX, Arthur Frogley, Private, British Army,
CONTINUED:

ANATOMICAL DIAGNOSES:

1. Embolism, right pulmonary artery.
2. Broncho-pneumonia, bilateral, early.
3. Localized areas of pulmonary gangrene, probable sequel of aspiration pneumonia.
4. Pyothorax, left.
5. Parenchymatous degeneration, liver and kidneys. /
6. Splenitis, toxic, mild.
7. Pellagra.

WMS
W. M. SILLIPHANT,
Lieut. Comdr., Medical Corps, U. S. Navy,

THE BALTIMORE HOSPITAL,
FOR MILITARY PRISON CAMPS OF A. I.

DECLASSIFIED

Authority 883078

August 30, 1943. ✓
De

Autopsy report of, in the case of SALLENG, Raymond Gerald, Pfc., (1M), U.S. Army.
Diagnosis: Sarcoma, osteogenic, right femur.

The body was that of an emaciated white male about 25 years of age. The right leg was missing, having been amputated at the hip several months previously because of an osteogenic sarcoma of the lower end of the femur. The left leg and foot were swollen.

LUNGS: Both pleural cavities were obliterated. Both lungs were largely replaced by a nodular tumor growth which formed a solid mass in the lower portions of both lungs, leaving only the upper portion of each upper lobe partially aerated, and even though this area tumor nodules were present. The tumor mass on each side was larger than a normally expanded lung and displaced the diaphragm downwards, especially on the right side. The visceral and parietal surfaces had become adherent, also the visceral and diaphragmatic surfaces. The tumor had extended directly from the lower lobes through the diaphragm and nodules projected into the abdominal cavity suspended from the lower surface of the diaphragm, but none were detached, nor had they locally invaded any abdominal organ, except the outer layers of the esophagus as it passed through the diaphragm. The cut surface of the tumor was pearly white and of grossly nodular structure. There were localized areas of necrosis.

HEART: The pericardium was thickened and was compressed on all sides by tumor tissue which had not penetrated the pericardial sac. Anteriorly the pericardial and epicardial surfaces were adherent. Posteriorly there was a serosanguinous pericardial effusion of about 150 c.c. The epicardium was covered with fibrin. The heart was of average size. The valves were normal. The great vessels were normal.

LIVER: Average size. Showed moderate chronic passive congestion. No tumor present.

The gall bladder and bile ducts were normal.

SPLEEN: Moderate chronic passive congestion.

ADRENALS: Hyperemic, cortex and medulla not well demarcated. Only remnants of the cortex of the left one could be seen.

PANCREAS, URINARY BLADDER, PROSTATE and G.I. TRACT normal.

LYMPH NODES: Mediastinal and hilar lymph nodes considerably enlarged and filled with tumor tissues. The retroperitoneal lymph nodes were enlarged and many harbored tumor tissue. There was slight generalized enlargement of the mesenteric lymph nodes throughout, but this appeared to be lymphoid hyperplasia rather than neoplastic infiltration. These nodes were soft and edematous, and showed no evidence of tumor tissue within. The pelvic and inguinal glands were not involved.

ANATOMICAL DIAGNOSIS:

1. Osteogenic sarcoma, metastatic to lungs, diaphragm (by direct extension) and to hilar, mediastinal and retroperitoneal lymph nodes.
2. Pericarditis fibrinous, acute, secondary.
3. Chronic passive congestion of liver and spleen.
4. Parenchymatous degeneration of adrenals.

NOTE: Tissue saved for microscopic study when facilities become available.

58
W.M. SILLIMANT,
Lieut. Comdr., M.C., U.S. Navy
Laboratory Officer.

THE BILIBID HOSPITAL
FOR MILITARY PRISON CAMPS OF P. I.

DECLASSIFIED

Authority 883079

August 9, 1944.

REPORT OF AUTOPSY IN CASE OF HANKINS, Walter Christopher, Cpl., U.S. Army, Died 1330, August 9, 1944. Autopsy performed 1400, August 9, 1944.

The body is that of an emaciated white male, 30 years of age. The estimated weight of body is 100 pounds, the estimated height 70 inches. There is a necrotic decubitus ulcer 5 cm. in diameter over the sacrum. There is no rigidity or edema present. There is a sub-icteric tint tinge to skin. The right pupil measures 1 cm. in diameter.. The left pupil 6 mm. The body is devoid of subcutaneous fat.

On opening the abdomen there are flecks of fibrin scattered over the liver and in the pelvis. The omentum is adherent to the spleen. The epiploic foramen is open. The duodenal folds are present. The diaphragm arch reaches to the 5th rib on both sides. There is no free fluid present.

On opening the thorax, there is no fluid present on either side. There are no adhesions. On opening the pericardium, there is 120 c.c. of pale yellow fluid and fibrin.

THE HEART appears pale. Its estimated weight is 375 grams. The pericardial fat is normal. The walls and septum are fibrous greyish brown. The mitral valve is thickened and congested. Attached to the posterior valve, there is a large vegetation measuring 3 cm. in diameter. It is pinkish grey and friable, irregular in shape and calcified at the base. There are strands of recent thrombi on the outer surface. The corda tendinae are shortened and thickened. The other valves appear normal. The aorta shows athero sclerosis with calcification grade 2. The coronary arteries show sclerosis grade 2.

LUNGS - Both lower lobes show early consolidated areas measuring 2 cm. in diameter and there is one recent infarct in the center of the right lower lobe measuring 3 cm. in diameter.

LIVER - Estimated weight 1600 grams. The capsule is slightly thickened and covered with flecks of fibrin. The capsule cuts with increased resistance grade 1. The cut surface appears normal.

GALL BLADDER - contains 10 c.c. black bile. It appears grossly normal.

SPLEEN - Its estimated weight is 350 grams. The lienal artery is completely occluded distal to its bifurcation. The spleen is largely replaced by pinkish grey fibrous tissue which projects 1 cm. above the surface. It measures 6 cm. in diameter by 4 cm. thick. Other areas are reddish grey and of softer consistency.

THE GASTRO-INTESTINAL TRACT appears grossly normal.

THE PANCREAS weights about 150 grams. It appears grossly normal.

THE ADRENALS appear grossly normal.

REPORT OF AUTOPSY IN CASE OF HANKINS, Walter Christopher, CONTINUED:

THE RIGHT KIDNEY weighs about 140 grams. It is normal except for an old retracted infarct pyramidal in shape measuring 3 cm. across the base and 3 1/2 cm. to the apex. The capsule strips with difficulty grade 2.

THE LEFT KIDNEY weighs 140 grams. It has two old retracted infarcts in the cortex of more recent duration.

THE URETERS appear grossly normal.

THE BLADDER contains 50 c.c. pale urine. Appears grossly normal.

THE PROSTATE appears grossly normal.

THE BRAIN weighs approximately 1300 grams. There is a small amount of sub arachnoid blood and clots over both hemispheres. Both middle cerebral arteries are occluded by recent thrombi. There is an area of necrosis and softening in both hemispheres in the tissue surrounding the basal ganglia and involving the greater part of both temporal and parietal lobes. The soft areas measure 7 cm. in diameter.

ANATOMICAL DIAGNOSES:

1. Chronic ulcerative endocarditis of mitral valve with recent exacerbation and formation of vegetation.
2. Embolism of both middle cerebral arteries with massive infarcts of brain (temporal and parietal lobes).
3. Embolism lienal artery with massive infarcts of spleen.
4. Infarction of right lower lobe of lungs and kidneys.
5. Broncho-pneumonia of both lower lobes.
6. Aortic sclerosis grade 2 plus.
7. Coronary sclerosis grade 2.

J. L. ZUNDEL,
Lieut. Comdr., Medical Corps, U. S. Navy,
Laboratory Officer.

59A

August 6, 1944. ✓

REPORT OF AUTOPSY IN THE CASE OF HARRELL, Roland Eugene, G.E.M., U.S.N.,
died 8-6-44 at 0920, Autopsy done at 0930, 8-6-44.

The body is that of a malnourished poorly developed white male, 35 years of age. Jaundice grade 4 is present. There is no rigidity or edema present. There is a healed linear scar about 25 cm. long across the left scapula. There is a healed curved scar on the right side of the chin. There is a tattoo, wreath and dagger, on the flexor surface of the left forearm just below the ante cubital fossa. The estimated height of the body is 70 in. estimated weight 115 pounds.

There is a small subcutaneous nodule in the right temporal fossa 2 cm. in diameter. The cut surface is yellow gray with fibrous trabeculations. There is a recent transverse surgical incision 8 cm. long over the gall bladder region.

On opening the abdomen there is 300 c.c. of sero sanguinous fluid in the abdominal cavity. The intestinal coils are smooth, moist and glistening. The omentum is adherent to the anterior border of the liver. There is a large nodular mass surrounding the pancreas and extending from the pelvic brim to the diaphragm. The distal half of the transverse colon is infiltrated by neoplastic tissue for 18 cm. The lumen is reduced and the wall thickened up to 2.5 cm.

THE LIVER is slightly enlarged, and most of the right lobe and part of the left lobe is replaced by scirrhous yellowish friable tissue resembling that found in the transverse colon and in the subcutaneous nodule of the right temporal fossa.

On opening the thorax there is a fibrinous exudate over both lungs. The mediastinal lymph nodes are enlarged and infiltrated with tumor tissue as described above. Both lower lobes are solid with numerous tumor nodules surrounded by consolidation in grey hepatization stage. The upper lobes and right middle lobe are involved to a lesser degree.

THE HEART is normal size, estimated to weight 275 gms. and is flabby. The valves are normal. The musculature is thin but otherwise normal.

THE STOMACH is normal and empty. The common bile duct is occluded by tumor tissue. The epiploic foramen is closed.

THE GALL BLADDER contains 2 c.c. of bile. There is one small tumor nodule on the ampulla.

THE GASTRO-INTESTINAL TRACT is normal except for the transverse colon as described.

THE PANCREAS is surrounded and partially replaced by tumor tissue.

THE PERIAORTIC nodes are enlarged and infiltrated by tumor tissue.

THE SPLEEN is normal except for increased trabeculations. Fetal lobulations persist and there is one accessory spleen 1 cm. in diameter.

THE KIDNEYS appear grossly normal.

THE ADRENALS appear grossly normal.

THE BLADDER, prostate and ureters appear grossly normal.

REPORT OF AUTOPSY IN THE CASE OF HARRELL, Roland Eugene, C.O.M., U.S.N.,
CONTINUED:ANATOMICAL DIAGNOSES:

1. Adenocarcinoma of the transverse colon, with metastasizes to the pancreas, the liver, the lungs and the periaortic and mediastinal lymph nodes and the right temporal region.
2. Occlusion of the common bile duct.
3. Broncho-pneumonia, bilateral (grey hepatization stage).
4. Myocardial degeneration.
5. Fibrous pleuritis, bilateral.
6. Accessory spleen.
7. Aortic sclerosis, grade 1.

J. L. ZUNDELL,
Lieut. Comdr. Medical Corps, U. S. Navy,
Laboratory Officer.

THE DILLIBED HOSPITAL
FOR MILITARY PRISON CAMPS OF P. I.

July 17, 1944. ✓

REPORT OF AUTOPSY IN CASE OF LONG, JOHN HENRY, CIVILIAN. BORN, JANUARY, 9, 1898. DIED 1630, JULY 17, 1944. AUTOPSY DONE 1700, JULY 17, 1944.

Body is that of a poorly developed cachectic white male forty-six years old. There is marked edema of entire left arm, face, and both feet and scrotum. The mucosa is extremely pale. The pupils measure one and two-tenths cm. in diameter and are equal. There is an old healed linear scar in right inguinal region. The left clavicle is deformed and shortened with marked inward displacement of left shoulder. There are palpable nodes in the left axilla.

On opening the body there is marked edema of subcutaneous tissue over the thorax and abdomen. On opening the abdomen the intestines are smooth moist and glistening. There is fifteen hundred c.c. of straw colored fluid in the peritoneal cavity. The omentum is free. The epiploic foramen is closed. The omentum and mesentery are edematous. The appendix is normal. Duodenal folds are present. The liver margin is two cm. above costal margin. The diaphragm reaches to fifth rib on each side.

On opening thorax there is eighteen hundred c.c. of *clear straw colored* fluid on right and fifty c.c. on the left side.

On opening pericardium there is twenty-five c.c. of pink fluid with a chicken fat clot.

THYMUS replaced by fat.

HEART - Estimated weight, two hundred seventy-five grams. Musculature flabby. The valves are normal. There is coronary sclerosis grade number two.

LUNGS show atelectasis grade number three. Hilum nodes are normal.

AORTA shows sclerosis grade number two.

LIVER - Estimated weight thirteen hundred grams. Cut surface pale, markings normal. The capsule is smooth.

GALL BLADDER is twice normal size. It contains forty c.c. green, yellow bile. It appears normal.

SPLEEN - Estimated weight one hundred sixty grams. Fetal lobulations present. The capsule is smooth. Cut surface normal except it is depleted of blood.

PANCREAS - Estimated weight one hundred ten grams. Appears normal.

STOMACH contains twenty c.c. bile stained fluid. It appears pale but otherwise normal. The rest of gastro-intestinal tract normal.

ADRENALS are normal.

KIDNEYS - Right kidney weighs about one forty grams. It is normal except for edema of the peripelvic tissue.

Left kidney weighs about one hundred fifty grams. Fetal lobulation is present. Appearance same as right kidney.

BLADDER contains three hundred fifty c.c. of pale urine. It appears pale but otherwise normal. The ureters are normal.

PROSTATE appears normal.

REPORT OF AUTOPSY IN CASE OF LONG, JOHN HENRY, CIVILIAN, CONTINUED:

LEFT SHOULDER - There is an old ununited fracture of left clavicle at junction of middle and medial thirds with over riding of lateral fragment. The bone is covered with old scar tissue. There are several large left axillary lymph nodes measuring two by three by five cm. The cut surface is mottled, yellowish white fibrous tissue of rubbery consistency. This same tissue has extended around entire head of left humerus infiltrating left deloid muscle and extending over distal end of left clavicle. This tissue has the same appearance as axillary nodes. There are several smaller similar lymph nodes in the left anterior cervical chain.

ANATOMICAL DIAGNOSES:

1. Malignant lymphoma. (Hodgkin's Sarcoma) left axilla with extension to left shoulder and left cervical lymph nodes.)
2. Wet Beriberi with generalized anasarca.
3. Right heart failure with pleural effusion (Beriberi).
4. Old ununited fracture, left clavicle.
5. Pulmonary atelectasis, grade number three.
6. Marked anemia.
7. Marked lymphatic obstruction left arm.
8. Coronary sclerosis, grade number two.
9. Aortic sclerosis, grade number two.

J. L. ZUMBELL,
Lieut. Condr., Medical Corps, U. S. Navy,
Laboratory Officer.

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THE BILIRID HOSPITAL
 FORT MILITARY PRISON CAMP OF P. I.

July 14, 1944. ✓

REPORT OF AUTOPSY IN CASE OF OWENS, DAVID THOMAS, STAFF SERGEANT,
 U. S. ARMY. DIED AT O410, 7-14-44. AUTOPSY DONE 0830, 7-14-44. *Ju*

Body is that of a poorly developed emaciated adult male about 45 years of age. There is no jaundice, marks or scars. There is marked cyanosis of head and shoulders. There is slight postmortem rigidity. Pes Cavus present. Both pupils are about 10 mm. in diameter. There is no distention of abdominal wall. The omentum is depleted of fat and is adherent to sigmoid and urinary bladder. No fluids present. The epiploic foramen is open. The liver margin is flush with costal margin. The diaphragm reaches to fifth rib on each side.

On opening chest there is no fluid on either side. There are fibrous adhesions to right lung posteriorly and to left lung anteriorly and laterally.

On opening pericardium there is five c.c. of clear straw colored fluid

THYMUS is replaced by fat.

HEART - A few "soldier plaques" on epicardium. Size is normal, valves are normal. There is decreased tonus of the ventricular muscle. There are some cholesterol deposits on the mitral valve. The root of aorta shows sclerosis grade number two. There is slight distention of the coronary vessel orifices. Coronary sclerosis grade number two.

AORTA - Athero sclerosis grade number two.

LYMPS - Show nothing remarkable. Hilar nodes are calcified.

ESOPHAGUS is normal. Small superficial erosion at cardia. Rest of esophagus normal. Stomach contains fifty c.c. of bile stained fluid. The rest of the gastro-intestinal tract is normal. Appendix normal.

PANCREAS - Estimated weight one hundred grams. Appears grossly normal.

SPLEEN - Approximate weight two hundred grams. Capsule thickened and fibrous. Pulp cuts with increased resistance, grade number two. Small calcified nodule in pulp five mm. in diameter. Cut surface shows increased trabeculation.

LIVER - Capsule thickened. The liver is a mottled, lighter color than usual. It cuts with increased resistance, grade number three. Estimated weight, sixteen hundred grams. The cut surface is reddish tan and is scarred throughout. The markings are obliterated on cut surface by uniform scarring.

GALL BLADDER contains fifteen c.c. black bile.

RIGHT KIDNEY - Estimated weight one hundred fifty grams. There is slight thickening of capsule. The capsule strips with difficulty, grade one. The cut surface is red brown and appears normal. The cortex measures one cm., the medulla two and two-tenths cm.

LEFT KIDNEY - Estimated weight one hundred sixty grams. It is slightly more congested than right. The cortex measures one and two-tenths cm., the medulla two and seven-tenths cm.

REPORT OF AUTOPSY IN CASE OF OWENS, DAVID THOMAS, STAFF SERGEANT,
U. S. ARMY, CONTINUED:

ADRENALS are grossly normal.

BLADDER contains three hundred c.c. clear pale urine. It appears normal except for grade number two trabeculations.

PROSTATE - There is an enlarged irregular yellowish nodule in left lateral lobe, one cm. in diameter.

BB is normal in size. There is no increase in fluid. The optic nerves are one half normal diameter. There is a softened area in the right occipital lobe, superiorly with flattening of convolutions in that area. A section of this area shows a rounded nodule of rubbery consistency, three cm. in diameter, surrounded by edematous degenerated brain tissue. A section of nodule shows haemorrhage and irregular yellowish friable tissue. No capsule is present. Rest of brain is grossly normal. Lower four inches of spinal cord removed and appeared grossly normal.

ANATOMICAL DIAGNOSES:

1. Tumor, right occipital lobe, brain, with surrounding degenerative change. (Type unknown).
2. Cirrhosis of liver.
3. Fibrous splenitis.
4. Myocardial degeneration.
5. Carcinoma?, prostate, left lateral lobe.
6. Superficial ulceration stomach.
7. Healed pulmonary tuberculosis.
8. Aortic sclerosis, grade number two.
9. Atrophy optic nerves.

J. L. ZUNELL,
Lieut. Comdr., Medical Corps, U.S. Navy,
Laboratory Officer.

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PATHOLOGICAL REPORT

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HART, Wanda Amos, Pvt., USA Died at 2005, (3-4-44) Ward # 6, Bilibid Hospital

The body is that of a 30 year-old, white male showing marked pallor and emaciation. Left leg shows old amputation scar at junction of middle and lower third. There is a decubitus ulcer 3cms. in diameter on lateral surface of right ankle and a similar one over the sacrum. There is scattered ecchymosis over trunk and extremities. There is an old, circular scar on medial surface of left knee and an old powder burn scar under right eye.

Head- Grossly normal except for alveolar abscess near angle of mandible on left side where socket of tooth #32 is open and shows erosion of bone and soft tissue. There is a fistulous tract through the bone into the submaxillary gland which shows necrosis. The bone shows typical changes of acute osteomyelitis with sequestrum formation. Aspicule of bone 2cms. long sequestered itself on exploration. The infectious process extended posteriorly toward the anterior tonsillar pillar and the tissue easily ruptured through to slight pressure of exploring probe. Anteriorly the process extended along the margin of the mandible to the midline. The necrosis of soft tissue seemed limited to the submaxillary space and did not extend down the fascial planes of the neck. No lymphadenitis of neck was noted.

CHEST- Surface and structure normal. Opened by U-shaped incision extending from lt. axilla beneath mammae to right axilla, and midline incision down to pubis. Mediastinum is normal, shows no induration or glandular enlargement.

LUNGS- Upper lobes are normally aerated. Right lower lobe shows fibrinous adhesion over ventral surface; the lobe shows marked hypostatic congestion. There is an area of abscess formation 2 cms. in diameter at middle of lateral surface of lower lobe showing numerous vacuoles of pus without complete necrosis and liquefaction. Cut-surface of lower lobe shows collapsed alveoli without appreciable exudate. The left lower lobe shows a patch of hypostatic congestion at the middle of the lower margin about 5 cms. in greatest dimension extending centrally but not having signs of atelectasis.

HEART- Midline incision of the pericardium revealed two ecchymotic spots 2 and 3 mm in diameter on the anterior surface of the heart just below the auriculo-ventricular junction. The pericardial fluid was clear amber yellow, app. 20cc. The heart was small in size weighing approximately 125gms. The right auricle was normal in gross appearance. The tricuspid valve showed slight marginal thickening. The right ventricle was normal in appearance; the musculature showed slight flabbiness. The pulmonic valve was normal. The left auricle was normal. The mitral valve showed moderate scarring and thickening with marginal verrucae of an apparently healed rheumatic process. The left ventricle was normal except for comparative hypertrophy, measured app. 1cm. in thickness. The aortic valve was normal. The ascending aorta and coronary vessels were normal. In the middle of the posterior surface of the left ventricle there was a small abscess just beneath the pericardium measuring 3 mm in diameter.

ABDOMEN- Opened by midline incision from xyphoid process to pubis showed normal peritoneal surfaces without evidence of inflammation. Concomitant with marked cachexia the mesentery showed a minimum of adipose tissue.

Liver- showed a normal surface. Cut surface and serial section showed only chronic passive congestion and no evidence of abscess-formation. The gall bladder contained app. 35cc of normal yellow, viscid bile, with normal mucosa.

Proceedings of the Board of
Special Inquiry, at the Port of Ma-
nila, appointed by the Insular Col-
lector of Customs, to determine in
accordance with law the right of
alien to land in the Philippine Is-
lands.

C. B. R.

Case No.

2668
188

Board session of Nov. 5, 1924.

Examination of Sy Qui, male, 19 yrs.,
ex s/s warren, 5-11-23.

Present: Messrs. Abella, Collantes and
Flores, members of the Board, the detained,
Mr. Valenzuela, representing, and Mr. Ian Lip,
official interpreter.

The Detained is Called and is JULY SUCAN.
QUESTIONS BY MEMBERS PRESENT.

DECLASSIFIED
Authority 883028

- Q. Name, age and occupation? A. Sy Qui, 20 yrs., no occupation.
- Q. Are you married? A. No.
- Q. What is the name of your father and mother? A. Sy So, father, Co Hong, mother.
- Q. Who accompanied you in coming to this country? A. My brother Sy Ian.
- Q. Name your brothers and give their ages? A. Sy Pau, 22; Sy Chao, 21; Sy Qui, 19; Sy Ching, 18; Sy Suan, 17; Sy Ian, 15; Sy Aioh, 12.
- Q. How many of your brothers are in this country? A. We are five.
- Q. Name your four brothers that are in this country? A. Sy Pau, Sy Chao, Sy Suan and Sy Ian.
- Q. How many brothers have you in China? A. Two.
- Q. Name those two? A. Sy Ching and Sy Aioh.
- Q. When did you see your father in China the last time? A. About ten years ago.
- Q. State the order of the arrival of your brothers in this country? A. Sy Pau, Sy Ian and my self followed, and Sy Chao and Sy Suan came the last.
- Q. Where was your father when you arrived in this country? A. He was here.
- Q. Any of your brother came with your father from China? A. None.
- Q. Name your home town? A. Say Su.
- Q. Name the brothers and sisters of your father? A. He has none.
- Q. Have you seen the parents of your father? A. No.
- Q. When did your grandparents die by your father's side? A. I do not know.
- Q. Surround your house in China? A. Yard in front, hill on the back, hill on the right and hill on the left.

Answered Father is Called and is JULY SUCAN.

- Q. Name, age and occupation? A. Sy So, 40 yrs., merchant. (Present M. A. No. 26640, duly endorsed.)
- Q. Do you know this applicant? A. Yes.
- Q. What is he to you? A. My son.

Suprarenal Gland- is grossly normal superficially and in cut section.

KIDNEYS- grossly normal in size and shape, weighing app. 200gms. each. Capsule strips normally and cut surface shows normal architecture.

G-I TRACT- Oesophagus, ~~xx~~ stomach, and intestines normal throughout except for ecchymotic patch on anterior surface of upper ileum about 1 cm. in diameter. There was a large amount of dark-green, watery mixture filling the stomach and small intestine.

BLADDER- contained app. 100cc light amber fluid, mucosa and musculature normal.

Prostate- normal in size and consistency.

BRAIN & SPINAL CORD- not examined.

Pathological Summary of Diagnoses:

- 1.) Abscess, alveolar, mandible at site of socket #32, involving submaxillary gland ~~xxx~~
- 2.) Bacteremia
- 3.) Metastatic abscesses-
 - a.) Lung, right lower lobe, lateral surface
 - b.) Heart, left ventricle, posterior surface
- 4.) Hypostatic pneumonia, lower lobes, bilateral, early
- 5.) Liver, chronic passive congestion.
- 6.) Cachexia

Signed: Gordon K. Lambert
GORDON K. LAMBERT, Lieutenant
(Medical Corps) US Navy

note: this applicant looks to be a man of not less than 27 years of age, wrinkles on forehead, muscle well developed and body fully grown.

D E C I S I O N .

Sy Qui is seeking admission into this country as minor son of one Sy So, a resident Chinese merchant, but after examining the person or this applicant the Board finds and decides that he looks to be a man of not less than 27 years of age, wrinkles on forehead, muscle well developed and body fully grown.

In view of the above facts he is not a minor but a Chinese person coming to this country contrary to law. He is, therefore, refused landing.

Chairman of the Board.

W. M. ...
member of the Board.

Samuel ...
member & Secretary.

DECLASSIFIED
Authority 883079

January 29, 1944

AUTOPSY REPORT IN THE CASE OF:

DAVENPORT, Richard Homer, Cpl., U.S. Army,
ASN: 15017285.

Autopsy performed at 0315, January 29, 1944 (four hours after death).

The body was that of a poorly developed, and severely malnourished white male, about twenty years of age.

No edema, wounds, scars, or jaundice noted. Marked pallor of skin, mucosa, and sclerae. Pupils were 1 cm. in diameter. The tongue is atrophic and pale. There is slight discoloration of skin below the knees.

"Y" shaped incision was made—on opening abdomen no free fluid was present. Coils are smooth, moist, glistening, and very pale. The epiploic foramen is open and duodenal folds are present. Diaphragm arched to the fourth interspace on each side. The liver margin is 2.5 cm. below the costal margin. On opening of chest no free fluid was present in either pleural cavity, both lungs are pale, atelectic - grade III. Pericardium contains approximately 25 c.c. of clear, straw colored fluid. All the chambers of the heart are dilated.

HEART: The heart is normal in size, shape and consistency; full of liquid blood. (Blood showed little tendency to clot.) The valves are normal but dilated. The aorta roots shows early atherosclerosis.

LUNGS: The lungs are normal except for atelectasis, grade III.

THYROID: Entirely replaced by fat.

SPLEEN: The spleen is four times normal size with swollen rounded edges, consistency increased, grade II. The cut surface shows hypertrophic follicles.

LIVER: The liver is slightly enlarged, pale tan in color, consistency increased grade II. The markings appear normal.

GALL BLADDER: The gall bladder contains approximately 10 c.c. of black bile, which appears normal.

PANCREAS: The pancreas appears normal.

THE ADRENALS: The adrenals appear atrophic but otherwise are not remarkable.

GASTROINTESTINAL TRACT: (1) Esophagus: The esophagus appears normal.
(2) Stomach: The stomach shows atrophy, grade III with occasional sub-mucosal petechiae.

AUTOPSY REPORT (Continued):

GASTROINTESTINAL TRACT (Cont'd.):

- (3) Duodenum: Duodenum shows mucosal atrophy, grade II, with occasional hemorrhages and a few hookworms adherent. There are numerous hookworms, varying from .5 to 1.5 cm. in lengths, adherent to the mucosa of the jejunum for the first 15 feet. Remainder of small bowel not remarkable except for mucosal atrophy.
- (4) Caecum: :Show numerous superficial ulcers with congestion and Descending:petechial hemorrhages. (Direct smears did not show colon; and: causative organisms.) The contents of the colon are sigmoid :a bright green, granular, amorphous, semi-solid material.

KIDNEYS: The kidneys appear normal.

URETERS, BLADDER, PROSTATE & GENITALS: Normal.

ANATOMICAL DIAGNOSES:

1. Acute ulcerative colitis, caecum and descending colon.
2. Hookworm infestation, duodenum and jejunum.
3. Chronic fibrous hepatitis. (Chronic malaria)
4. Early fibrosis, liver.
5. Marked Secondary anemia.
6. Acute dilatation, heart.
7. Atelectasis, both lungs, grade III.
8. Atrophy, both adrenals.
9. Atherosclerosis, aorta
10. Pellagra.

J.L. ZUNDELL,
Lieut. Commander, M.C., U.S. Navy,
Laboratory Officer.

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DECLASSIFIED
Authority 883078

THE BILIBID HOSPITAL
ARMY PRISON CAMPS OF P.I.
MANILA P.I.

December 29, 1943.

Subject: Autopsy performed in the case of GUY, Grover Cleveland
Staff Sgt. U.S.A. Autopsy performed 1000'12-28-43.

The body was that of an emaciated white male approximately 50 years of age. Height 66 inches. Estimated weight 110 lbs. Pupils are round and equal, measure 8 mm. each. Marked dental caries. There is a healed recent scar 1 inch long in left axilla. Edema grade 2 left arm. Decubitus ulcer over sacrum 6 cm. in diameter with necrotic pellicle. Cervical veins are engorged.

A U-shaped incision of chest was made revealing a matted mass of tumor tissue at the upper end of sternum and both sterno-clavicular joints. There is a large mass of tumor tissue in the left axilla. There are a few fibrous adhesions over right lung laterally and there is 50 cc of brownish clear fluid. Left lung has numerous fibrous adhesions and 150 cc of hemorrhagic fluid. Pericardial sac contains about 30 cc of yellowish clear fluid. No adhesions.

On opening abdomen there is 40 cc of yellowish opaque fluid. ~~MESENTERIC~~ Bowels are dilated. Veins are markedly dilated. There are old adhesions of gall bladder and colon. Mesenteric veins engorged. Epiploic foramen open. Liver is down 4 cm. below costal margin. Appendix normal. Diaphragm reaches the 5th rib on right side and the 5th interspace on left. Prostate is normal in size and shape and nodular.

LUNG right: Edema grade 3 with partial atelectasis of upper lobe. There are areas of congestion. Healed tubercular lymphnodes on right side. No tumor tissue.

LUNG left: Collapsed to 1/3 normal size. Surface covered with fibrin at upper part but attached to the Hilus there is an irregular nodular mass about 12 cm. in diameter, involving all structures of upper mediastinum. The Aorta does not seem to be constricted but all other great vessels show marked involvement of lumen. The Trachea is encroached upon grade 2. Cut surface of tumor mass is mottled pinkish gray with many areas of necrosis and hemorrhage. The tumor extends into the Hilus and involves both lobes including the diaphragmatic surface. Left diaphragm is covered with adhesions and thickened.

HEART: Normal in size shape and consistency. Valves normal. Coronary vessels show sclerosis grade 2. Root of Aorta shows stellate striations and slight thickening.

LIVER: 1 1/2 normal size. Numerous small white areas beneath the capsule. Shows passive congestion grade 3 with early fibrosis. Gall bladder contains 30 cc of greenish bile.

ADRENALS: Both infiltrated by tumor tissue which apparently involves the lymphatics only. Nodule on right side is eggshaped, measures 5 cm X 2.5 cm. One on left side is slightly larger.

SPLEEN: Is normal in size, shape. Scrapings are increased grade 2. Fibrosis grade 2. There is a small subcapsular mass 1 cm. in diameter cut surface seems to be a tumor.

Subject: GUY, O., Report of Autopsy, continued.

PERICREAS: Normal except for small nodule of tumor tissue beneath the capsule near the head.

KIDNEYS: Grossly normal. Capsule strips easily. Pelvis normal. Shows congestion grade 3.

GASTRO-INTESTINAL TRACT: Is otherwise normal.

ANATOMICAL DIAGNOSES:

1. HODGKIN'S SARCOMA, mediastinal lymphnodes with extension to left lung, left axilla and sternum and metastasis to adrenals, pancreas and spleen.
2. Congestion Edema right lung.
3. Atelectasis left lung.
4. Fibronous pleurisy, bilateral with hemorrhagic effusion, left.
5. Partial obstruction of Trachea and great vessels except Aorta.
6. Chronic passive congestion of Liver, Spleen and Kidneys.
7. Marked Mesenteric Congestion.
8. Healed tuberculosis, right hilar lymphnode.
9. Spleenitis, acute.
10. Decubitus ulcer over Sacrum.
11. Syphilitic Aortitis.

J. L. Zundell,
Lieut. Comdr., (MC), U. S. Navy.

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DECLASSIFIED
Authority 883078

December 1, 1943.

Subject: Autopsy performed in the case of BRUCE, Jack Vernon, Pvt., U.S. ARMY.
Report of. Autopsy performed at O840 12/1/43.

The body was that of a white male, age 21, well developed and well nourished. The chest and face show slight jaundice. Rigor mortis is well developed. Scar over appendix 12 cm. long. The pupils are 8 mm. in diameter and are equal. There is bloody exudate from the mouth and nose. Wide healed linear scar over lateral surface of the right elbow 7 cm. long. Round scar over radius at upper 1/3 of the right forearm. On opening the peritoneal cavity there is no free fluid. The intestines are dilated, smooth and glistening. There are a few adhesions around the caecum. The appendix is absent. The epiploic foramen is open. The liver is flush with the costal margin. The diaphragm reaches to the 4th. interspace on the left and the 4th. rib on the right. The duodenal folds are present.

On opening of the chest no free fluid is found. There are many dense fibrous adhesions over entire right lung and over left lung laterally, posteriorly and over diaphragm. The left apex is free. On opening of the pericardial sac there is about 7 cc. of clear straw colored fluid. There are a few petechial hemorrhages on anterior surface near the apex of the heart.

LUNGS: The lungs are about twice the normal weight. A section from the left apex floated, all others sank. All lobes were non-crepitant except the left apex. Cut surface is mottled and solid, black red in color. There is no pus present. The hilar lymph nodes are enlarged. Agram and an AFB. stain from blood of lungs negative.

AOERTA: The aorta is normal.

THYMUS: The thymus is atrophic, not entirely replaced by fat.

HEART: The heart is normal in size, shape and color except for petechia as noted above. Right chamber is slightly dilated. The valves, walls, ventricles normal.

STOMACH: The stomach is normal.

INTESTINES: The intestines are normal.

LIVER: The liver is slightly enlarged and pale. The cut surface shows yellowish pink color. The estimated weight is 1800 grams.

GALL BLADDER: The gall bladder is dilated and contains about 75 cc. of black bile.

SPLEEN: The spleen is about normal in size, shape and consistency. The color is slate grey. There are fibrous adhesions of the lateral and part of the upper surface. The cut surface shows increased prominence of the follicles. There is one accessory spleen.

PANCREAS: The pancreas is normal in size, shape and color.

KIDNEYS: The capsules strip normally. The estimated weight is 160 grams. Surface is mottled and congested. The stellate veins are prominent.

ADRENALS: The adrenals are normal.

BLADDER: The bladder is normal and contains about 200 cc. of clear urine.

URETERS: The ureters are normal.

PROSTATE: The prostate is normal in size, shape and consistency.

Gross Anatomical Diagnosis.

1. Severe lobar pneumonia (red stage). All lobes except the left upper lobe.
2. Acute splenitis.
3. Congestion of liver, spleen and kidneys.
4. Old adhesive pleuritis both lungs.
5. Accessory spleen.

HART, Marvin Martin Marion

Pvt., U.S. ARMY

17014297

Died June 25, 1943 at 1830.

The body was that of an emaciated white male, ~~approximately~~ age 24
estimated weight 125 pounds. Right cornea slightly opaque.
Cranium and body cavities opened in the usual manner.

- BRAIN:** Mildly edematous. Marked congestion of blood vessels. One small grayish, solid pea sized tumor on each choroid plexus, posteriorly.
- HEART:** Average size, very firm. Patch of thickened fibrotic pericardium 1 cm. in diameter. Mitral valve had thickened edges and some firm fibrous verrucae, indicative of old endocarditis of rheumatic origin. Tricuspid valve similar, but in lesser degree. Other valves and coronaries normal. Aorta showed very slight degree of longitudinal thickening. Approximately 150 cc. of clear, straw colored fluid was present in the pericardial cavity.
- LUNGS:** Both markedly edematous with patchy areas of congestion, no consolidation. Hilar lymph nodes were enlarged. No free fluid in pleural cavities.
- LIVER:** Slightly enlarged, mild fatty infiltration.
- SPLEEN:** Slightly enlarged, (about 20g), firm with thickened capsule and areas of perisplenitis. The malpighian corpuscles were prominent.
- KIDNEYS:** Normal
- ADRENALS:** Showed cloudy swelling, and *narrowing of cortex.*
- G.I. TRACT:** Proximal 6 inches of duodenum contained blood mixed with contents. No blood elsewhere in tract. Mucous membranes of gut normal throughout.
- BLADDER:** Normal.

MICROSCOPIC:

Smears taken from brain, liver, spleen and lungs revealed no malarial parasites.

ANATOMICAL DIAGNOSIS:

1. Malaria, Malignant Tertian, Cerebral type.
2. Pulmonary Edema.
3. Endocarditis, chronic, Rheumatic type.
4. Malnutrition.

W.M. SILLIPHANT
Lieut. Comdr., (MC), USN.
Laboratory Officer.

THE BILIBID PRISON HOSPITAL
FOR MILITARY PRISON CAMPS OF P. I.
MANILA, P. I.

June 25, 1943

SUBJECT: Autopsy performed on the remains of the below named man.
HART, Marvin Martin Marion, Pvt., USA RMY. 17014297 (died at 1830)

The body was that of an emaciated white male, age 24, estimated weight 125 pounds. Right cornea slightly opaque. Cranium and body cavities opened in the usual manner.

BRAIN: Was mildly edematous. Marked congestion of blood vessels. One small grayish, solid, pea sized tumor on each choroid plexus, posteriorly.

HEART: Was average size, very firm. Patch of thickened fibrotic pericardium 1 cm. in diameter anteriorly. Mitral valve had thickened edges and some firm fibrous verrucae, indicative of old endocarditis of rheumatic origin. Tricuspid valve similar, but in lesser degree. Other valves and coronaries were normal. Aorta showed very slight degree of longitudinal wrinkling. Approximately 150 cc. of clear, straw colored fluid were present in the pericardial cavity.

LUNGS: Both were markedly edematous with patchy areas of congestion, no consolidation. Hilar lymph nodes were enlarged. No free fluid in pleural cavities.

LIVER: Was slightly enlarged, mild fatty infiltration.

SPLEEN: Was slightly enlarged (about 20%) firm with thickened capsule and areas of perisplenitis. The malpighian corpuscles were prominent.

KIDNEYS: Normal.

ADRENALS: Showed cloudy swelling, and narrowing of cortex.

G.I. TRACT: Proximal 6 inches of duodenum contained blood mixed with contents. No blood elsewhere in the tract. Mucous membranes of gut normal throughout.

BLADDER: Normal.

MICROSCOPY:

Smears taken from the brain, liver, spleen and lungs revealed no malarial parasites.

ANATOMICAL DIAGNOSES:

1. Malaria, Malignant Tertian, Cerebral type.
2. Pulmonary edema.
3. Endocarditis, chronic, Rheumatic type.
4. Malnutrition.

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CHAJKOWSKI, Demetri John Corporal, U.S. ARMY. 17000591

Died June 24, 1943 at OSHO. ✓

The body was that of a thin white male, age about 25 years.

The cranium and body was opened in the usual manner. *Jm*

BRAIN: Was markedly congested and edematous.

HEART: Normal. Approximately 150 cc. of clear straw colored fluid was present in the pericardial cavity.

LUNGS: Few ^{patchy} ~~peripheral~~ areas of congestion. Adhesions of left lung to parietal pleura posteriorly.

LIVER: Was enlarged about 50 %, deeply congested, nutmeg appearance.

SPLEEN: Was enlarged about 250%, moderately firm. Malpighian corpuscles prominent. Capsule thickened, adherent laterally to parietal peritoneum.

ADRENALS: Cloudy swelling and congestion.

KIDNEYS: Deeply congested.

G.I. TRACT: Normal.

BLADDER: Normal.

MICROSCOPIC:

Smears taken from brain, liver, spleen, and lungs revealed no malarial parasites. (48 hours before death the peripheral blood showed heavy infection with *P. falciparum*, 24 hours before death no parasites were found.)

ANATOMICAL DIAGNOSIS:

1. Malaria, Malignant Tertian, Cerebral type.
2. Splenohepatomegaly.

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Authority 883078

THE BILIBID PRISON HOSPITAL
FOR MILITARY PRISON CAMPS OF P. I.
MANILA, P. I.

June 1, 1943

SUBJECT: AUTOPSY IN THE CASE OF LAWRENCE, Joseph Cullen, Corporal, U.S. ARMY:
Report of.

The body was that of an emaciated white male, about twenty-four (24) years of age, estimated weight 115 pounds. There was a fresh thoracotomy wound, right chest, where a section of the 7th. rib had been removed. Both feet and ankles were edematous. The body and cranium were opened in the usual manner.

FINDINGS

LIVER:

The liver was enlarged four (4) fingers below the right costal margin and was about one and a half ($1\frac{1}{2}$) times normal size. In the right lobe, just under the right diaphragm there was a solitary abscess three (3) cm. in diameter containing thick greenish brown colored pus. The surrounding liver tissue was adherent to the under surface of the diaphragm, through which was a perforation two (2) cm. in diameter. This connected with a huge cavity involving most of the lower two lobes of the right lung, which was filled with pus and necrotic tissue. The lower surface of the lung was densely adherent to the diaphragm.

LUNGS:

The right lung was greatly enlarged and heavy. The pleura was thickened, and a shaggy appearance, and was covered with thick greyish brown pus, about six hundred (600) cc. of which were present in the right pleural cavity. The upper right lobe was edematous and was sharply delineated from the lower two lobes, both of which were necrotic except for some inflammatory pulmonary tissue proximal to the outside pleural surfaces, which formed the walls of the large cavity, also some tissue strand in the middle lobe which was not completely broken down. The lung cavity connected with the pleural cavity by means of a rupture posteriorly along the diaphragm. The left lung was emphysematous but otherwise normal. The mediastinum and heart were displaced to the left.

HEART:

The pericardium contained about one hundred fifty (150) cc. of clear straw colored fluid. The heart was flabby, the size normal. Valves and vessels were normal. There was an antemortem clot in the right ventricle which had extended up and shut off the pulmonary artery at the bifurcation of the right and left branches.

ABDOMEN:

There were five hundred (500) cc. of straw colored fluid free in the abdomen. All the peritoneal tissues were mildly edematous.

SPLEEN:

The spleen was enlarged one and a half ($1\frac{1}{2}$) times normal size and was friable.

KIDNEYS:

The kidneys were pale, otherwise normal.

ADRENALS: Normal.

PANCREAS: Normal.

BLADDER: Normal (contained 400 cc. of urine.)

(concluded)

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AUTOPSY IN THE CASE OF LAWRENCE, J.C., Corp. U.S. ARMY.

G.I. TRACT:

The caecum and ascending colon was thickened. The mucosal surface showed multiple amoebic ulcers, most numerous in caecum and ascending colon. A few were present in the upper descending colon, none in the sigmoid. The stomach and small intestines were normal.

BRAIN:

There was an abscess two (2) cm. in diameter in the cortex of the frontal lobe, in the sagittal dorsal angle, five (5) cm. from the anterior extremity.

"NOTE"

Smears taken from the pus found in the abscesses of the brain, liver, lung, and the caecal ulcers, all showed vegetative motile amoeba histolytica.

ANATOMICAL DIAGNOSIS:

1. Amoebiasis.
2. Abscess, liver, amoebic, with perforation into pleural cavity.
3. Pulmonary abscess and empyema, secondary to #2.
4. Abscess, brain, amoebic, metastatic.
5. Ulcers, multiple, amoebic, large intestines.
6. Infarction, pulmonary, terminal.
7. Anasarca, generalized.

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THE BILLING HOSPITAL
FOR MILITARY PRISON CAMPS OF P. I.
MANILA, P. I.

May 25, 1945

SUBJECT: AUTOPSY HELD IN THE CASE OF KINNEY, Kenneth Harold, RMA/c. USN.
REPORT OF.

The body was that of a white male, age about 21 years, height about 70 inches., estimated weight 130 pounds. The skin and extremities showed no abnormalities.

LUNGS: The lungs showed an old bilateral pulmonary tuberculosis as evidenced by many calcified nodules throughout, and considerable surface scarring and adhesions of visceral and parietal pleurae. There was considerable thick mucus in the left mid bronchus and the lung tissue corresponding to this showed patches of atelectasis. There were many enlarged partially calcified caseous hilar and mediastinal lymph nodes.

SPLEEN: The spleen was about three (3) times the normal size, dark in color, firm and friable. The malpighian corpuscles were prominent.

LIVER: The liver was enlarged to about one and a half (1½) times the normal size. The cut surfaces showed cloudy swelling and had a rubbery consistency. The distinctive markings were lost. The gall bladder was adherent to the transverse colon.

BRAIN: The blood vessels were greatly congested both of the meninges and parenchyma. There were areas of petechial hemorrhages and perivascular blood extravation scattered throughout the cerebrum.

KIDNEYS: The kidneys showed acute vascular congestion.

OTHER ORGANS: The other organs were normal.

MICROSCOPIC: Slides taken from the spleen and brain stained for malaria failed to reveal the parasite.

ANATOMICAL DIAGNOSIS

1. MALARIA, chronic, recurrent.
2. MALARIA, cerebral, acute.
3. SPLENOHEGALY.
4. HEPATIC ENLARGEMENT WITH PARENCHYMATOUS DEGENERATION.
5. CEREBRAL VASCULAR CONGESTION WITH PETECHIAL HEMORRHAGES.
6. TUBERCULOSIS, pulmonary, chronic bilateral, probable inactive.

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January 22, 1943

SUBJECT: SWEENEY, Max Eunan, CWT., USN.
microscopical examination of tissue in the case of.

IN SECTIONS TAKEN FROM THE BASES:

LUNGS:

The alveolar vessels show congestion and the alveolá are filled with coagulated serum in which are scattered a few red cells.

HEART:

There is a slight degree of interstitial fibrosis with some round cells scattered about. The cross striations are quite distinct.

LIVER:

There is widespread granular and fatty degeneration of the liver parenchymal cells. The bile canaliculi show heavy deposits of yellowish brown pigment, more abundant in certain areas than others. The periportal areas show slight fibrous tissue proliferation and contain a moderate number of round cells. No focal necrosis is observed.

SPLEEN:

The splenic sinusoids are distended. The malpighian corpuscles are not unduly prominent, but many show focal spherical areas of lymphocytic regeneration. Pigment is abundant much of which is contained in the reticulo-endothelial cells. Erythrocytes are not numerous. The stroma is not unusual. No areas of necrosis are observed.

PANCREAS:

Shows no pathology.

ADRENALS:

Except for the possibility of slight reduction in fat lipid content with resultant atrophy, no pathological changes are noted.

KIDNEYS:

Many of the convoluted tubules are filled with granular eosinophil material forming casts. The lining epithelial in these areas show granular degeneration and contain varying amounts of pigment deposition. The straight and collecting tubules likewise harbor large numbers of casts similar to the above. No areas of free hemorrhage are noted.

LYMPH NODES:

Sections showed slight atrophy of germinal centres.

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THE BILIBID HOSPITAL
FOR MILITARY PRISON CAMPS, P. I.
MANILA, P. I.

DECLASSIFIED
Authority 883079

December 10, 1942

SUBJECT: WELLS, Forest Wellington, PFC., USA. (Age-22)
Clinical History in the case of.

Patient was admitted to this hospital from a Japanese Work Detail at Fort William McKinley, Rizal, P. I. with a diagnosis of malaria, malignant tertian and malnutrition. Physical examination revealed a greatly emaciated white male, acutely ill, suffering from malaria. Patient was placed on quinine therapy and responded to same but he was unable to eat and take available nourishment. He grew progressively worse, developing a chronic laryngeal type of cough, and died at 1140, December 10, 1942.

CLINICAL DIAGNOSIS:

- (1) Tuberculosis, Pulmonary, Chronic, Active, Far Advanced.
- (2) Malaria, Malignant tertian.
- (3) Malnutrition.

SUBJECT: WELLS, Forest Wellington, PFC., USA. (Age)-22
Autopsy report in the case of.

FINDINGS Severe malnutrition. Fluid was found in both pleural cavities. Bilateral tuberculosis with large cavity in the left lower lobe, no organisms found in smear obtained from this cavity. Spleen was slightly enlarged. Liver normal. Fetal lobulations of kidneys. Heart was small and flabby. No malarial parasites found.

ANATOMICAL DIAGNOSIS:

- (1) Tuberculosis, Pulmonary, Bilateral.
- (2) Malaria.
- (3) Malnutrition.

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THE BILIBID HOSPITAL
MILITARY PRISON CAMPS, P. I.
MANILA, P. I.

DECLASSIFIED
Authority 883079

December 10, 1942

SUBJECT: MARSTON, William Henry, CGM., USN. (Age-48)
Clinical History in the case of.

He was admitted acutely ill with low-grade fever complaining of sore legs and joints and pain in the left side of his chest of five weeks duration. He developed malaria in April 1942 while in Prison Camp #3, Cabanatuan, P. I. and received inadequate treatment with quinine. Thereafter he had frequent recurrences of chills and fever which were accompanied by syncope, the last attack on or about 11-7-42. Symptoms of Beri Beri developed thereafter. He gave history of "pneumonia" with pleurisy in 1933 and 1939 and had a productive cough ever since. There were signs of old pleurisy at the left base of the left lung and few moist rales scattered throughout both lungs. Legs were moderately swollen and tender. Anti-malarial treatment was started immediately after admission with quinine. His condition was unchanged until 1600 (12-9-42) when he had a syncopal attack. He was resuscitated with difficulty and had cessation of breathing about every three hours with four increased trouble in resuscitation. Intravenous quinine was given every four hours besides palliative treatment. He showed some improvement on the morning of 12-10-42 but syncopal attack occurred at 1055 and resuscitation was unsuccessful. He was pronounced dead at 1125, December 10, 1942.

CLINICAL DIAGNOSIS:

- (1) Malaria, Malignant tertian, Cerebral
- (2) Beri Beri
- (3) Tuberculosis, fibrocaceous, right lung
- (4) Carcinoma, bronchogenic, left lung.

SUBJECT: MARSTON, William Henry, CGM., USN. (Age)-48
Autopsy report in the case of.

Large cylindrical neoplasm surrounding the bronchus of the left lower lobe, did not obstruct the lumen. Growth extended into the lower lobe to the pleura. The right upper lobe showed an old chronic fibrocaceous Tuberculosis. The spleen was enlarged, gray and capsule thickened. The liver showed thickened capsule with evidence of scarring of the right lobe anteriorly. A few small metastatic nodules were present in the parenchyma. Adrenals were adherent to the kidney capsule. The brain surface was congested and edematous. Smears from right lung were positive for Acid fast bacilli. No malarial parasites were found.

ANATOMICAL DIAGNOSIS:

- (1) Carcinoma, bronchus, left.
- (2) Tuberculosis, right lung, upper lobe, with metastasis to liver.
- (3) Malaria.

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December 8, 1942

FREEMAN, John T., Sgt., U.S. Army, Clinical history in the case of.

Patient was admitted to the hospital on July 29, 1942 in a semicomatose condition due to cerebral malaria. He was markedly emaciated. His feet and ankles were edematous and there was a large decubal ulcer over his sacrum. A history of malaria having been obtained, quinine was administered at first intravenously later by mouth, to which he responded promptly. Maintenance quinine was continued, as nourishing a diet as was available was given, along with vitamin concentrates. For two months he seemed to convalesce satisfactorily. Early in October, however, he developed a septic temperature reaching 103 degrees to 104 degrees at irregular intervals. He showed no response to increased doses of quinine or to the administration of atabrine. During the next three weeks he became markedly edematous with fluid in the body cavities. Condition was critical. A blood transfusion of 300 cc. was given on November 12, 1942 and again about twelve hours prior to death. He gradually became stuporous and died at 2045 on November 24, 1942

CLINICAL DIAGNOSIS:

Beri Beri
Malnutrition
Malaria

FREEMAN, John T., Sgt., U.S. Army, Autopsy findings in the case of.

Body was markedly edematous. Slightly opaque yellow colored fluid filled the abdominal cavity. The left pleural cavity was filled with clear straw colored fluid. There were miliary tubercles scattered throughout the lungs, liver, spleen and kidneys both on the surface and throughout the interior of these organs. The left lung showed in addition a fibrocaseous tuberculosis in the upper lobe with a small cavity near the tip. Smears from the cavity were positive for acid fast bacilli. That lung was compressed and atelectatic due to pressure from the surrounding fluid. The liver was yellow in color, slightly enlarged, characteristic of fatty infiltration. The spleen was slightly enlarged and fairly firm. Kidneys normal except for evidence of tubercles. Other organs showed no pathological changes.

ANATOMICAL DIAGNOSIS:

Tuberculosis, general, miliary with primary involvement of left upper lobe.
Beri Beri.

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THE BILIBID HOSPITAL
FOR MILITARY PRISON CAMPS, P. I.
MANILA, P. I.

DECLASSIFIED
Authority 883078

November 23, 1942

SUBJECT: SWEENEY, Max Euhan, CWT., USN. (Age-43)
Autopsy report in the case of.

The body was that of a fairly well nourished white male, age about forty-five years, estimated weight about 145 pounds, height about 69 inches. The skin was of a lemon yellow color. The sclerae were icteric. Pupils dilated. Buccal mucous membranes were pale. There was no edema or any signs of skin lesions.

The body was opened by a Y shaped ventral incision. There was considerable subcutaneous abdominal fat, very yellow in color resembling chicken fat.

The pleural and abdominal cavity showed no abnormalities nor any increase of fluid.

LUNGS

There was slight scarring at the left apex with a few fine fibrous adhesions to the parietal pleura. Both lungs were well aerated. There was mild hypostatic congestion at the base of both lungs.

HEART

The heart was acutely dilated, involving largely the right side. The right auricle and ventricle being considerably dilated, and the walls thin. The musculature of the left chambers was of normal thickness. All valves were normal. The coronary arteries were firm with an occasional thickened area in the intima. The musculature throughout was flabby and of a dull brownish color. The pericardial sac showed no increase in fluid. Pericardium was normal.

AORTA AND GREAT VESSELS.

Normal throughout.

LIVER

The liver was greatly enlarged weighting 2180 grams. The surface was grossly nodular, resembling a cirrhosis. The cut surface showed areas of nodular hypertrophy and scarring throughout. The general color was yellow with multiple pin points areas of vascular congestion. The capsule glistened throughout. The gallbladder was distended with thick dark green bile, the bile ducts were patent.

SPLEEN

The spleen was enlarged, weight 930 grams. The capsule was smooth and the pulp soft but not mushy. The cut surface was dark red in color and the malpighian bodies were prominent.

PANCREAS

It was smooth and almost white in color. Weight 40 grams.

KIDNEYS

Large, combined weight 480 grams. They were of a reddish brown color and showed multiple pin point area of what appeared to be hemorrhages. The capsule stripped with ease leaving a smooth surface. The cortex was slightly narrowed and some evidence of old scarring was noted. The ureters were normal.

ADRENALS

Both were slightly below average in size. The cut surface was of a dull brown color. The medulla appeared congested.

BLADDER

Filled with about 400 cc. of port wine colored urine. The mucous membrane was normal.

REPORT OF AUTOPSY ON WALDMAN, A.J., PFC USMC

Body was that of an emaciated white male, age about 23, height 70 inches, estimated weight 90 lbs.

SKIN: Many scars over legs, showing recent healing. Marked dermatitis of scrotum.

TONGUE: Marked glossitis.

LUNGS: Left lower lobe consolidated and enlarged, red hepatization, surface frosted and covered with fibrin, adherent to diaphragm. Free fluid in left pleural cavity, approximately 300 c.c. Remaining lobes essentially normal.

HEART: Normal, great vessels normal.

LIVER: Enlarged, cloudy swelling.

SPLEEN: Engorged and acutely swollen.

KIDNEYS: Cloudy swelling, engorged, petechial hemorrhages scattered throughout.

PANCREAS: Showed vascular congestion.

G.I. TRACT: Areas of deep vascular congestion in ileum and colon. No ulceration or thickening of walls of intestines. Appearance consistent with gastroenteritis of pellagrinous origin.

URINARY BLADDER: Normal.

ANATOMICAL DIAGNOSIS:

1. PNEUMONIA, LOBAR, LEFT LOWER LOBE.
2. PELLAGRA.
3. MALNUTRITION.

WMS
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G.I. TRACT

Stomach greatly distended and contained greenish watery fluid. The intestines appeared normal throughout.

The blood was thin and watery, and the serum a deep red color. Smears from the rib marrow showed evidence of only slight erythrocytic regeneration. Only a few young erythrocytic cells could be found. The leukocytes appeared normal.

Smears from the spleen failed to reveal any malarial parasites. Considerable pigment and granular debris were present in the macrophages.

ANATOMICAL DIAGNOSIS:

- (1) Blackwater fever.
- (2) Cirrhosis of Liver.
- (3) Splenomegaly.
- (4) Acute swelling and congestion of kidneys.
- (5) Dilation, cardiac, acute.
- (6) Anemia, secondary, extreme.
- (7) Haemoglobinemia and haemoglobinuria.
- (8) Malaria, chronic, estive-autumnal????.

Microscopic - see other sheet.

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