

The Boarding of the Takasago Maru

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Transcription of original report by Barbara Westlake Walker

As medical officer of a destroyer which stopped, boarded and inspected a Japanese hospital ship off Wake Island on the third and fifth of July, 1945, it was my privilege to view enemy medical facilities and to examine patients evacuated from that island. The pressure of time, unfamiliarity with the language, and the tension of the situation reduced the efficiency of the inspection, especially of medical facilities.

This ship, the Takasago Maru, was built in 1935 as a passenger ship for Asiatic coast routes. Conversion in 1942 was accomplished with a minimum of alteration. The chief modification consisted of conversion of the main deck cabins to laboratories, operating room, dental office and treatment rooms. Otherwise only the simplest of installations had been made.

Conversion of lounges and smoking rooms into wards had been accomplished by the simple expedient of laying mats on the deck, and placing small pillows indicating the space allotted each patient. Only in the wards of the SOQ had individual bunks been constructed. In every case, the space allotted each patient was a rectangular area, measuring roughly 18 by 65 inches. Pillows in the SOQ were about 2/3 the size of USN shipboard pillows. Otherwise pillows were handkerchief size resting on wooden blocks. Blankets seemed plentiful and were similar to our own.

Laboratories seemed well-equipped. The bacteriology lab contained six incubators, four monocular microscopes and an impressive array of petri dishes, agar tubes and boullion flasks. The standard stains were present. The microscopes were similar in many ways to the Bausch and Lomb 'scope which is issued to USN labs. They were equipped with a mechanical stage which seemed quite flimsy compared to American types. These 'scopes were marked in Roman characters: "Temple Tokyo". They were equipped with three heads; high power, low power and oil immersion lenses. Incubators were similar to American types and had electrical thermostatic control.

There were three or four compartments converted into bio- chemistry labs which, except for the Japanese labels, could have been part of one of our own hospitals. One of the Japanese doctors demonstrated a small centrifuge to the party with obvious pride. It too was similar to our own.

There was a one chair dental office, and a chest of drawers filled with all the instruments of torture seen in our own dentist's offices. None of the officers was identified as a dentist; we didn't ask if there was one aboard.

The single operating room, amidships on the port side, was about 25 by 15 feet in size. It had a tile floor with a drain in the center toward which the floor was slanted. There was a fixed operating room light in the center of the overhead, of the simplest construction. It consisted of a hemisphere lined with mirrors with a single bulb in the center. There were three scrub sinks at one end of the room. There was no separate scrub-up room. Only green soap and alcohol were available for the scrub. No anesthesia machines were noted. Instruments in cabinets and lockers along the bulkheads were of standard type. There were two operating tables of the three section type, allowing the standard surgical positions. No extra spotlights were seen. No

plates, screws, pins or other apparatus for the fixation of fractures was seen and the Jap doctors were not questioned on this point.

In a compartment adjoining the operating room, there was a single xray machine, mounted on a lazy tongs so that it could either be swung over a table or directed toward a vertical cassette on the bulkhead. Two portable viewing boxes were noted in the same compartment.

One of the main deck compartments on the port side was equipped with several infra red and ultra violet lamps which the Jap doctors said were used in skin diseases.

Medical stores were divided among four holds. Not more than ten percent of the space assigned to this material was occupied. Antiseptics made up the bulk of the stores. There were large quantities of antiseptic dyes, cresol type disinfectants and acids. There were also vitamin preparations, among which were combined A and D extracts, B complex and fish liver oils. No wheat germ oil or Vitamin K in any form was seen. No Ascorbic Acid was seen, and food supplies did not include fruits or vegetables rich in Vitamin C. There was a large amount of glucose in normal saline, but this was the only preparation approaching a blood substitute seen aboard. There was no plasma, dried or frozen, and one Jap doctor when questioned denied knowledge of its use. There were no chemotherapeutic specifics noted. The Jap doctors said that the sulfonamides and penicillin were in experimental production in Japan but that they had none aboard. There were ample supplies of alcohol, chloroform and ether. Fifty cans of ether bore the Squibb label; they were the same ½ lb. cans which are furnished to the USN. There were also Latex rubber gloves made by an American firm in Manila, P.I. Great stores of incense, which the Japs said was used as an insect repellent were noted. No biologicals were seen in either laboratory or food refrigerators. There were large stores of paper surgical sponges.

The medical staff consisted of nine doctors, ranging in rank from the skipper, who was a regular Navy medical Captain, to several Lieutenants. All were graduates of Japanese medical schools; none had studied abroad. All spoke a little English but more German. One LT. Comdr. had lived in New York City for seven years as a small child. In addition there were 189 hospital corpsman aboard. These, and a few radio personnel were the only Navy men aboard. The navigator and his assistants, as well as the deck and engineering forces, were merchant mariners, and wore the uniform of civilian government employees.

The second boarding took place after the Takasago Maru had called at Wake Island. It stayed there about 8 hours, lying from one to two thousand yards off shore. The patients were brought aboard, it was later learned, by bringing them out to the ship in small boats and assisting or carrying them depending on how sick they were, up an accommodation ladder to the main deck.

Considering the fact that we boarded the ship only three hours after about a thousand patients had been brought aboard there was a remarkable degree of order. The patients had been classified as mild, moderate or severe and had been assigned places in the previously described wards. They had been issued clean, half length hospital gowns if bedridden, clean uniforms if ambulatory. Examination of each patient by medical officers had been begun, but had not progressed very far. The more serious cases were receiving treatment. Mild cases were in the cabins and wards of the upper superstructure deck; as one descended from deck to deck the patients were more gravely ill. As one might suspect, the less severe cases were, for the most part, officers and petty officers. These men were able to move about, though with some difficulty; they were slim even for naturally slender Japanese; the outline of arm and leg muscles were plainly seen. Their ribs were prominent. Faces were hollow, drawn, anxious. Some eyes were noticeably sunken. among these mild cases there were few objective signs of avitaminosis. A few hyperkeratotic forearms and shins, and a few spongy gums were seen. All

showed pale mucous membranes. Almost every patient questioned (through the interpreter) complained of sharp pain substernally and of muscle cramps throughout his body.

It should be emphasized at this point that every patient aboard was not examined -- time did not allow it. Nor did it seem necessary. To give the maximum of validity to our "spot-checking", the patients examined were selected from the far side of the spaces, or in some cases because they were covered while the others in a space were not. The patients found below the top deck hardly noticed us as we walked through the spaces. While those above had appeared frightened by the inspection party and had had to be reassured by their own doctors, the more severe cases accepted our presence and my examination as only very ill patients do -- as though they hated to be bothered and just wanted to be left alone.

Fully twenty-five percent of the patients found on the main deck and first platform deck could not be aroused either by my efforts or those of the accompanying Jap doctors. These patients were in extremis; emaciated, dehydrated, and feverish. They had dry, scaling skin, especially over the shins and extensor surfaces of the forearms. Absence of normal fat deposits caused sunken cheeks and eyeballs, scaphoid abdomens, prominent suprascapular depressions and umbilicated buttocks. They had slow, weak, irregular pulses, distant heart sounds, and occasionally a blowing systolic murmur. Heart size did not seem increased to percussion. Somewhat less hair was noted on the head and face than on the healthy Japs of the ship's staff. They had carious teeth; soft, pale gums, which bled easily when touched with a tongue depressor.

In several treatment rooms on the main and first platform decks, patients were receiving intravenous glucose and vitamins (according to the Jap doctors) by the laborious method of repeatedly filling and emptying a 50 cc syringe, using a needle which was left in the antecubital vein. Nowhere was there a continuous infusion apparatus seen.

There was no activity in the laboratories, the operating room or the autopsy room.

Re-examination of the medical stores showed that no appreciable amount had been left on Wake Island.

As medical consultant to the inspecting party, I assured its leader, and he in turn, our skipper, that as far as I could tell, all the men taken aboard at Wake Island were legitimate hospital patients. Since we found no violation of international law, the ship was allowed to proceed to Japan.