When the war started on December 8, 1941, it was at once obvious that more hospital beds than were then available would be needed for the Philippine Department. For some time hospital expansion had been going on at Sternberg, McKinley, etc., and the Philippine Army was building several station hospitals of 250 bed capacity but these were not yet available. As a result of this acute need for hospital expansion the Manila Hospital Center was activated on December 12, 1941. Colonel Percy J. Carroll, M.C., was in charge of the Center with headquarters at the Jai Alai Building. Various annexes were begun to be established in Manila and by December 25th, there were patients, in addition to Sternberg, in the following annexes: Estada Mayor, Philippine Women's University, San Escultista School, Normal College, Holy Ghost College and Jai Alai. Jai Alai was prepared to do a large volume of surgery and accommodate several patients. In addition, Hospital No. 1 at Limay had been established at Limay on December 23, 1941. The Station Hospital at Ft. McKinley had closed December 12th as had the Station Hospital at Ft. Stotsenburg.

On December 25th it had been decided to abandon further development on the Manila Hospital Center and to enlarge the hospital facilities in Bataan. On December 25th, as a result of the above decision, a group of Doctors, Nurses, and Enlisted Men who had been with the Manila Hospital Center were sent to Bataan. The undersigned was in charge of the group with instructions to report to Colonel A. L. Vanderboeght, M.C., upon arrival in Bataan and Colonel Vanderboeght would assign the group to duty. Certain hospital equipment, as beds, mattresses, etc., were sent with the group.

The hospital group left Manila on the S.S. McHyde during the night of December 25th and spent the night in the main Corregidor post. During the transit from Manila to Corregidor, there was excellent undesired illumination because of a large fire at Cavite.

About sunup on December 26, 1941, the McHyde left Corregidor for Bataan and docked at Lampa, Bataan about 9:00 AM. The trip was uneventful. Due to communication difficulties, no knowledge of the arrival of the party was imparted to the Bataan authorities so the hospital party found itself stranded in Bataan not knowing where to go or where any installations were. There was no transportation. We found one stranded company of the 31st Infantry at Lampa and from them secured some coffee. (We had taken no food and water in canteens only), but they could give no information as to where to go. /I got on the highway and soon located Colonel Canderboeght and Major Manning and was instructed to have the hospital group temporarily quartered with the Collecting Company of the 12th Medical Regiment at Kilometer post 143.5. I accepted a passing truck for a ride to hospital No. 1 at Limay where another truck was
obtained to transfer the personnel from Lamao to Km Post 143.5 which was accomplished about 11:00 AM.

The S.S. McHyde was unable to go all the way in to dock at Lamao so that it was necessary to unload the passengers and hospital equipment on to smaller boats and then unload these on the Lamao dock. The personnel was readily unloaded and the equipment unloading was beginning as soon as possible. Several loads for the tugs were on the S.S. McHyde and the transfer of the equipment went on all day long. Beginning about 11:00 AM the enemy began bombing in Manila Bay. Ten enlisted men and I remained at Lamao to unload the equipment. When the bombing started the S.S. McHyde pulled out in the bay and returned to the dock only to reload the tugs. The McHyde had several narrow escapes during the day. Several mombing parties visited us during the day but no serious damage was done. However, about 4:00 P.M., we had a narrow escape from some high bombers and decided to abandon the unloading until after dark. The unloading was especially precarious in presence of bombing because, among other things, there was a large amount of ammunition and gasoline on the Lamao pier.

The unloading crew was taken to Km 143.5 and a new crew was sent down after dark and the equipment removed from the dock. However it is believed that much of the equipment loaded on the McHyde was never removed from it, since it was sunk shortly afterwards. Of the beds removed, head ends far exceeded the foot ends. It is also understood that the McHyde had considerable crew difficulties after a few bombings.

The hospital group which consisted of 17 officers, about 20 nurses and about 30 enlisted men remained at Km 143.5 until evening of December 26th when it was transferred to Km Post 162.5. We messed with the Philippine Medical Depot for one day; we camped on the banks of the Real River which site was to be the location of General Hospital No. 2. A description of this area follows:

The area located on the Real River approximately 2 kilometers west of Cababin and about the same distance south of the Cababin air field. The real is a good size stream with good swift flow of clear water. It was generally on the north side of the area. National Highway No. 6 was about 1 Km to the south. The soil was a sandy loam and drained well. The area was covered with bamboo or other trees of various kinds, some being very large. Two small streams flowed into the Real River within the hospital area from the south side. These two small streams were sluggish and muddy areas bordered them in some locations. One headed in the hospital area from a Carabao wallow. The trees, bamboo and vines afforded excellent cover. There was but one bare area near the lower end, which had been a rice patty. There were no roads; one carabao trail, ending blindly, extended into the area from the national highway at
Cabocabin, crossing the Real River near the lower end of the area. One foot path crossed the area from the south. Several Filipino houses were located to the north-east of the area. There were open fields to the south, west, north-west and north-east east of the area. The hospital area was approximately 2 Km x 1 Km in size.

Lt. Colonel North, MC, and Lt. Buckholtz had arrived on December 23rd and surveyed the area. The Sternberg group arrived about 4:00 P.M., December 27th. The following officers formed the group:

Lt. Colonel James M. Sullivan, MC, 1st Lt. Alton J. O'Donnell, DC
Major William R. Craig, MC 1st Lt. C. W. DeLong, DC
Major Jack W. Schwartz, MC 1st Lt. Ernest W. Bye, MAC
Major Michael A. Sult, DC 1st Lt. William D. Honan, Inf.
Capt. Martin W. Evans, DC 2nd Lt. Henry W. Sigrist, MAC
Capt. James G. Bruce, MC James A. Grider, USPH
Capt. John R. Bumgarner, MC Albert W. Sorewald, USPH
Capt. Harold F. Bertram, MC V. Jackson, Dorset, USPH
Capt. Robert K. Whiteley, MC

There were 23 Nurses, the senior being Miss Mueller; 30 enlisted men, the senior being Sgt. Patterson. A road from the national highway had been chopped thrugh the brush for about half the distance to the hospital area and trucks can go to this point where baggage and personnel were unloaded. From this point foot lockers and some bedding were carried into the area late December 27, 1941. The following day location for all personnel, one mess, one ward, operating room and headquarters was selected.

On December 28th, after a few hurried plans, it was decided that first of all we must have some thing to work with if a hospital was to be built in the jungle. These tasks must be accomplished. These were at once outlined and every officer and enlisted man given something to do; we had nothing. No supplies. We did not have as much as a hammer or saw. We had no transportation; no messing facilities for our personnel. We had no food. There were no roads into the area and certainly no utility service of any kind. To some, the construction of a hospital here was hopeless but others felt different and all worked hard and long at whatever task was assigned them. The three important tasks to accomplish on this day then, were:

1. There had to be a road into the hospital.
2. Tools to work with and transportation must be obtained, and
3. mess must be established to take care of our working people.

The Engineers were contacted by Major Manning and they came to us at once. On December 29th a road was plotted into the area and on the 30th actual grading began. It had seemed at first that it would be impossible to build a road in so short a time but one bull dozer accomplished the task in 2 days and by January 1st, 1942 ambulances could bring patients to the hospital with ease over a one way road. In all fairness it must be admitted that if the weather gods were on our side for even a light rain would make the road impassible. All the time that
Hospital No. 2 was in operation, there was not a single day of inclement weather.

As previously stated the group messed with the Philippine Medical Depot for dinner Dec. 27th and all day the 28th. This mess was located at the end of the cut out road above referred to which was about midway between the hospital area and the Philippine Medical Depot moved its mess to a nearer location and let the hospital have the equipment of the old depot mess. This equipment was moved to hospital area after dinner Dec. 28th and the hospital mess No. 1 opened for breakfast Dec. 29th. In this connection it is appropriate to mention that the Depot turned over sufficient food to operate for a few days as yet the group had received no supplies from the quartermaster. It is also to be noted that only two meals per day were served throughout the operation of Hospital No. 2. There was neither time nor available personnel to prepare more. Breakfast was served at 6:30 AM and dinner at 4:30 PM. Two meals a day was common throughout Bataan. There were some exceptions.

On December 29th construction began in earnest. We had obtained a few tools from the Medical Depot. In addition to establish Mess No. 1, one group was assigned to clearing out for a ward, another for headquarters and operating room, a third group prepared an area for supplies. We were visited by a representative of the Department Surgeon and advised to prepare to accommodate as many as 1,000 patients. A request was made to the engineers for a water and light plant and Captain Huffman of that corps reported to us and a site for each was selected and the water plant was brought in. Lt. Colonel Albert Field, D.C., reported as the Commanding Officer. Colonel C. L. Vanderboeg, M.C., senior medical officer in Bataan was present for breakfast and made some helpful suggestions. A staff was appointed by Lt. Col. Fields, as follows:

- Executive Officer, Major W. R. Craig, M.C.
- Adjutant Captain Michael Sult, D.C.
- Chief of Professional Services, Lt. Col. Sullivan, M.C.
- Chief of Surgical Service, Major J. W. Schwartz, M.C.
- Det. Commander and Medical Supply, 1st Lt. E. W. Byr, M.C.
- Mess Officer, 2nd Lt. Horan, Inf.
- Subsistence and transportation, Captain Evans, D.C.
- Chief Nurse Miss Mueller. First Sgt Tech Sgt. Patterson.

While breakfast was being served we were visited by another individual who proved to be of inestimable value throughout our stay in Bataan and was of untold assistance to us. This was Mr. Calimbas, a Filipino, who lived nearby. This man is one of the most remarkable men I have ever met and a history of Hospital No. 2 would be incomplete without his inclusion therein. Without his assistance, advice, information, loyalty and cooperation the problems of constructing and operation of the hospital would have been made more difficult. He was the leader of the community and a farmer by occupation. He knew Bataan as well as a rancher knew his ranch. He knew all the people living in Bataan and he knew what type of work each could do
and he knew whether or not the people were dependable. He was a rare judge of humanity and all the other Filipinos accepted him as their leader. To this man we looked for civilian help as well as advice in many other ways and he never once failed us. If we needed extra help for any type of skilled or unskilled labor we merely had to tell Calamba our needs. He never failed to get what we wanted. If a man did not work, he fired him. He rarely fired a woman worker. He said they worked harder, had more endurance and were more dependable than Filipino men and I found he was correct. As a matter of fact I never found him wrong about anything. He was truly a remarkable man. His personal sacrifice during the war has had no official sanction, but this much I know: He had large banana plantations destroyed; his coconut grove near Cab- cabin was practically ruined; he lost 20 odd carabao and barbed wire which he said cost him $1,000.00 was removed from his plantation. For this he received no reimbursement. In addition, many hundred bamboo poles were cut from his farm but for this he was at least partially paid.

Early December 28th it was realized that we needed operating room supplies, so 4 trucks were obtained from the Medical Depot and Captain Bye went to Manila for that purpose. Captain Bye made the round trip, returning late at night with 4 trucks loaded with supplies - two loads for the Depot, the other two containing largely operating room supplies of various kinds. On Dec. 29th he again returned to Manila with two trucks. On this trip more difficulties were encountered. He was bomb ed and coming. He obtained supplies at Sternberg and made several purchases in Manila. He was given two power trucks by Colonel Carroll and returned about 11:00 PM Dec. 30th. The bridges were destroyed just behind him. He obtained surgical supplies, medicines, all kinds of utilities tools and supplies, a safe and some food. One large truck broke down on the way back but was pulled in by the other. This was our last trip to Manila.

On December 28, 1941, Captain Evans obtained a 2½ ton truck from the Philippine Medical Depot and went to Manila with 5 drivers. He obtained from Colonel Carroll a 4XX4 truck and two panel trucks and returned on Dec. 29th with all trucks loaded largely with supplies.

On Dec. 29th Major North secured a 2½ ton truck and went to Ft. Stotsenburg for surgical supplies but mainly for a field sterilizer. This trip was made with only semi-official consent since it was felt that considerable danger was involved, but Lt. Colonel North returned with the sterilizer in the late afternoon. This proved to be a wise thing to do for the sterilizer proved to be invaluable to the hospital since it operated perfectly and was the only sterilizer the hospital had during the existence of the hospital and was the only practical type sterilizer for such an installation. Lt. Col. North is entitled to a lot of credit for this foresight. Another day possibly would have been too late.
On December 30, 1941, Colonel C. L. Vanderboget came to Hospital No. 2 as the Commanding Officer. There was no immediate change in any other position. By this time work was well under way. On Jan. 1, 1942 the first ward was opened up. This was later designated as Ward No. 3. Some patients were received from a bombing in the region of Cabacabin. There were no soldiers in the group. On Jan. 2nd one of the civilians died, this being our first death. He was buried in the rice paddy near the lower end of the area but was later removed to an established cemetery. At this time there was no Graves Registration Service but this service was soon established.

On January 5, 1942 the first major operation was performed. The patient was Colonel Eddie Mock. He had a shrapnel wound of the left chest and abdomen with a laceration of the liver. This patient recovered. The fact that within 6 days time this small group of doctors, nurses and enlisted men had cut a hospital from the jungles so that major surgery could be performed indicated that every one was working. On December 28, 1941, there was an area designated as hospital No. 2, and now on Jan. 5, 1942, roads had been built, mess opened up, supplies and transportation established, a light plant put in, a water plant put in operation, a ward opened up, operating room built and major operations successfully performed; Headquarters and quarters for all personnel had been established. On Dec. 26th there was not an aspirin, or saw or an axe in the hospital but on January 3, 1942 a hospital was in operation capable of doing anything except certain laboratory work. As was noted by January 3, the hospital had been developed to the point of performance of successful major surgery. From this time on it was a question of expansion and improvement. Some new installations were made but the main problem was that of growth to care for the ever, and at times, rapid increase of patients. This hospital group had but one thing in mind and that object was: Whenever a patient or patients, without regard to number, were to be admitted, there must be a bed for him, something to eat and professional attention available. To this end all worked and since it was never known how many patients were to be received we endeavored to keep on hand a few hundred beds. At times this was very difficult and on several occasions we felt our hands were above water we would suddenly receive enough patients to practically fill all available beds. But in so far as I know at no time were we caught short except on the morning of the capitulation, when during the night between 1,500 and 2,000 patients were received; there was not enough beds to go around, but professional attention and some nourishment were available.

As stated previously, the hospital area bordered the beautiful Real River. This provided ample water for all hospital needs. When Capt. Hoffman of the Engineer Corps reported to us on December 29th a site was selected for the
water purification plant. No convenient central location was apparent but this was solved by diverting about half of the river through a new channel and on the diversions was an ideal place for the plant. We agreed to have water in the new channel by the time Capt. Hoffman could get the plant established. A dam of large, loose stones and brush was constructed that day and the water came through during the night - and there was more than enough water for all our needs. (By this diversion an island of about 2 Km was formed and on this island the nurses were quartered). On December 30th the plant was put in operation. The plant was high pressure filtration - chlorination type with 3,000 gallon capacity. It supplied all the water needed for drinking purposes for the hospital and worked perfectly. The water was hauled in a panel truck to all the wards and emptied in Lyster bags. The boiling required the services of a three man crew working at least 16 hours per day.

Our first operating room was located near the center of the area near the road. It consisted of a hospital ward tent on a frame 4 feet high at the sides. The floor was made of split bamboo. (There was no available lumber for flooring). With Filipino aid an excellent job of splitting the bamboo was done so the floor was reasonably smooth and easily washed. However, the heavy operating room furniture was too much for it and there was considerable wavering and some breakage on the strips. (This floor was replaced by a good wooden floor about a month later). The surgical tents were occupied and began functioning on January 2nd with Major Schwartz as the Chief of Surgical Service which position he held throughout the war. A light plant had been installed on December 30th and the surgical tent wired and camouflaged so surgery could be performed at night. The inadequacy of this tent would be seen by the time it was started. Only about two operating tables could be installed in it and we were dead certain that much more would be needed so a second was started on January 2. It was better planned, having 6 feet side walls, a substantial floor of 2'x6' and covered with black paper. This would accommodate 4 operating tables and was a great improvement over the first one which was converted into a dental clinic. It was completed about January 10th. These surgical tents were constructed as rapidly as possible as an emergency project. When conditions warranted and material could be secured an improved surgical setup was constructed in a new location. The first location was selected because it was accessible for inooment vehicles but as the hospital developed this location proved to be too accessible; there was much traffic, dust and noise. The third location was selected near the west end of the hospital area beneath several large trees which gave perfect concealment. It was off the road and only operating room traffic was allowed. This pavilion was 2'x60' with galvanized roof and covered with black paper. The windows and doors had black paper shutters for night work. There was room for 8 operating
tables, 4 of which were being used a large part of the time. There was ample lights and an abundance of surgical instruments and supplies. A store room was attached to one end and a dark room for X-Ray development at the other. The large field sterilizer on the outside was highly efficient and supplied all the necessary sterilization except for a medium sized electric instrument sterilizer in the operating room. A portable X-ray with its own power plant was located just outside the operating room. Three large wards were near the operating room, accommodating more than 600 patients. The operating room personnel, with Lt. Colonel J.W. Schwartz, MC in charge, were quartered just across the river from the operating room. This surgical setup was ample and complete and served the hospital well. The location was ideal and in order to make it available a hundred yard road and a heavy duty bridge had to be constructed. This can excellently be done by Colonel North. There were 5 complete operating tents and much splendid work was done here. During the latter part of February and most of March many new cases were received and this period was used for corrective operative procedure as reamputation and removal of foreign bodies. This operating setup was about 1200 yards from hospital headquarters and the original surgical tents. A small tent 50 yards from the main operating room pavilion was completely equipped for operating on gas gangrene cases and they were largely treated by multiple incision. There were but two deaths reported from this cause. A large tent (a large QMC tarpaulin) was erected for the care of these patients and it separated them from other patients. There was never more than 6 such cases in the hospital at one time. This was evidently due to extensive careful debridement of wounds as early as possible and packing same with sulfa powders or vaseline. The death rate too was very highly complimentary. While no specific statistical data are available, it is known that there was a total of only 303 deaths from all causes among more than 13,000 admissions to the hospital.

The Eye Ear Nose and Throat service was conducted in a small tent adjacent to the original surgical tent. This service was conducted by Major Harry Watrous, MC-Hes., in a highly satisfactory manner. The equipment was not as complete as the general surgical setup but was adequate. Major Watrous succeeded in constructing many pairs of glasses from a trial lense case. Several officers who had their glasses broken would have been greatly handicapped or completely incapacitated in their work had not Major Watrous' ingenuity resulted in the construction of a highly satisfactory, even though some were clumsy, pair of glasses from this trial lense case.

The Dental Laboratory, run by Lt. Colonel Albert Field, DC, was prepared to do any type of dental work. This clinic occupied all the hospital tent which served as the original operating room. Much reconstruction work had been done or was about to be done, when the war ended.
SUPPLY: Upon arrival in Bataan we had no supplies. However the Philippine Medical Depot had moved to Bataan prior to the arrival of the hospital group. This organization had a large quantity of supplies, general medical, and it gave the hospital wholehearted support and untried efforts to supply us. To this organization and its commanding officer, Major G. V. Kempf, M.A.C., the hospital gives credit and praise for these efforts. While its stock was large the hospital requirements proved in many instances to be larger and many articles were needed which the depot did not have, so that many supplies had to be obtained elsewhere, largely thru the depot, but in some instances independently.

The initial subsistence was given us by the depot. As previously stated transportation from the depot on Dec. 28th went to Manila and more food was obtained. Other subsistence was picked up at various food dumps until an issue Quartermaster dump was established and after January 6th all subsistence was obtained from this source, except bread which was obtained from the Quartermaster Bakery at Em 164 until the supply of flour was exhausted and carabao meat which was obtained from the Veterinary slaughter house near Lomao.

Much of our operating room supplies and surgical equipment was brought from Manila by Capt. Iye on Dec. 25th and 26th as well as our supply of utilities tools. Many carpenter tools were also brought along by Capt. Iye. From the medical depot we obtained 10,000 blankets, and equal number of sheets, 3,500 beds and mattresses, pajamas, pillows, medicines, etc., in quantities great enough for our needs generally. However a few items were more difficult to secure. For example, lyster bags were a rare item and it was necessary that we have at least one for each ward. There seemed to be none available. We had two or three. The depot or QMC had none; we found two or three at Calabacin. Commander Layman of the Navy brought us 6 or 8, a few more were obtained from Corregidor so that by the time ward was opened there generally was a lyster bag available. Another item we had difficulty in securing was stoves for cooking. Our messes were of necessity very large so that equipment had to be of such type as would turn out a large volume of food. We tried the new type gasoline field range but found it inadequate. Finally for 5 messes we had 6 stoves including 3 old type field ranges. This was supplemented by various devices such as oil drums, galvanized iron cans (which were also very scarce), etc. The hotel type ranges were obtained from Corregidor. Many more could have been used.

Hospital furniture proved to be a problem. We picked up about 2 chairs, found out in the brush and one of the Chaplains was given a chair by the QMC. We received 3 electric refrigerators. There were about 30 QMC and Medical Department mess and serving tables. There was no other furniture. There was however, a large grove of bamboo around the hospital area and Calabacin with his Filipino workers were able to make
almost anything we needed. We were also able to obtain some lumber and construct many things from it, but bamboo was our mainstay for furniture. Some of the equipment made from bamboo was, mess and dining tables, medicine cabinets and nurses' desks, chairs, beds, desk trays, brooms, fly swatters, laundry baskets, waste baskets, serving spoons, urinal troughs, storage cabinets, benches, linen closets, ward offices, ash trays, floor mats, etc. Beds were made of bamboo and mattress covers filled with rice straw are surprisingly comfortable. In the beginning the various articles of bamboo were made indiscriminately all over the hospital area but later an area was set aside as a furniture shop and all articles were made here and distributed throughout the hospital. Filipinos especially qualified for furniture construction were assigned to this shop.

On December 31, 1941, the remainder of our old Sternberg Hospital was directed to Batan and join Hospital No. 2. Some 17 trucks were loaded with various supplies but mostly food was started for Batan about midnight. Sgt. Fage was in charge of the convoy, which was hazardous due to the heavy traffic, lack of lights and wreckage along the way. This convoy never reached hospital No. 2, but was detained in Batan. Most of the personnel arrived on January 3. We needed the personnel more than we needed the supplies. To our great surprise, patients who had been left at Sternberg were also dispatched to Batan and arrived at hospital No. 2 January 1st. There were 152 of these patients. They came via boat through Mari-veles and 9 medical department officers from Corregidor and Sternberg arrived same day.

Another item which proved surprisingly scarce in Batan was the shelter half. In as much as a rain may occur most any time in Batan the hospital felt compelled to provide shelter of some kind for all bed patients. The shelter half seemed the simplest solution, if not the only one. They were hard to find. Each soldier was supposed to have one but when admitted to the hospital generally there was no shelter half, so we were compelled to find some. Our first allotment of 300 came from the casual camp; some were with the patients while a few more were obtained from the JMC and Medical Department, here and on Corregidor so that by April 1st we had about 3,000, but it hasn't rained yet. As a matter of record it never rained except for one light shower while the hospital was in operation and other climatic conditions were equally as favorable.

At a later date considerable second hand furniture was purchased for our use from Cabo cabin. Included in this conglomerate mess was several chairs, desks, cabinets, sewing machines, some mirrors and a motor boat. Much of this furniture was not used since the war ended before it was all repaired. Two of the sewing machines (Singer) were put to
constant use in repairing linens and operating room supplies.

The lighting system for the hospital at first was a 10 K.W. generator which was installed near the operating tent. Later a 50 K.W. generator was installed and proved very satisfactory. It supplied power for the ice boxes, lights for operating room and power for a medium sized instrument sterilizer, lights for headquarters and dental clinic tent and two radios. The radios were used only when the power was on for other reasons and the voice of Freedom at 12:30 PM daily and KRGB at 6:00 P.M., daily.

MESES: Our first mess opened for breakfast December 29, 1941. At this time there were no patients and all personnel ate at this mess. The organization at first was poor and so was the service. However this smoothed out rather rapidly and by January 1st was going very well. However, there was one factor connected with the mess line which was never corrected as long as we were in Bataan. The hospital was trying to remain convoluted and when 200 - 400 people lined up for mess it is difficult to conceal then this number increased to 1,000 or more, concealment was about impossible and we always feared strafing by the enemy. Since no virus were allowed at night the line up for all meals was of necessity in daylight. The mess line was never strained to our great joy.

Mess No. 1 soon became overcrowded and mess No. 2 was opened on January 5th. The duty was patient officers and nurses were served in this mess, it being located between hospital headquarters and the officers ward (No.6). The detachment continued to eat in Mess No. 1 all during the war. Shortly after this mess No. 2 was too crowded and mess No. 3 was opened in the upper area of the camp. On January 27th Mess No. 4 was opened; this mess then being utilized to serve the duty officers and nurses. Up to this time we had messed with patients. About March 10 the convalescent officer, patients were allowed to eat in this mess to which I objected. About this time mess No. 5 was opened, it being our final mess.

Messing equipment was one type of supplies we never had enough of. When it became evident that a new mess would need to be opened we never had equipment on hand to work with and it was acquired with difficulty, generally coming from Corregidor after considerable effort. As a rule when a mess was to be opened we robbed the messes already established of part of their equipment, most of which was never replaced. The shortage of mess equipment was difficult to understand since there seemed to have been plenty in the department. There was also a shortage of mess sergeants and cooks. At no time did we have enough of them. Mess No. 1 was rather typical of the messes. It had for a mess sergeant, Pvt. Ross, who was a trained X-Ray technician at Stornberg and a good soldier. He had had some experience in a mess as a cook and had executive ability; was made mess sergeant because no one else seemed better qualified to do it.
His equipment for cooking was one large and one small hotel type range, supplemented by two oil drums for cooking rice. He had approximately 25 m hips helping him. This mess had as many as 2,400 patients in each day. The lineup for this mess resembles a regimental pay day assembly. Sgt Ross managed to have something for everyone to eat twice daily. The dining area of this mess, like all others, was bamboo benches or wooden benches beneath the trees. This constituted no discomfort particularly. There was one mess officer for all of the messes. Food for bed patients was carried from the various messes to the wards where it was served to the patients by the nurses. This was quite a problem and it appeared that the bed patients, at times, did not get as well fed as the ambulant patients which brought down the wrath of the ward nurses on all concerned. The diet in the hospital left much to be desired. Two meals per day was about the limit. Serving for breakfast was rarely finished before 10:00 AM. The evening meal had to be finished in time to clean up the equipment before dark since lights were not allowed. The equipment and personnel were always inadequate and for special diet there was not much to offer. A good supply of fruit juice, especially pineapple and canned milk was available after a few weeks and this was used to great advantage. The diet at the front, I have been reliably informed, was far inferior to that which was available at the hospital and rear areas, while I never had an opportunity to make any personal observation, I do know that by April 9th (and before), there were food deficiency diseases being admitted to the hospital. After April 9th all of our fruit juice and canned milk as well as meat were no more. The diet from April 9th to May 13th was very largely rice and by this time there were many cases of leg and facial edema and the diagnosis of deficiency diseases was being made.

Mess No. 5 in Ward 19 deserves special mention. By February 15th it became evident that soon be well but not fit for duty, as those with impaired vision, one arm or leg off, etc. There was no place to which these incapacitated soldiers could be sent. (Later, Feb. 13/42, 50 were sent to the southern islands) and it was obvious that they would constitute a problem. It was decided to open a large area for them. This area was to be self contained except probably one of our own officers who would act as a supervisor. A site on the south side of the hospital area was selected. It was well covered sloped rather abruptly and was large enough for up to 2,000 men, depending on how much was developed. Bamboo beds 7' x 4' were built in rows, up and down the hillside after the underbrush had been cleared. It was estimated that each bed would accommodate 6 filipinos but it was found that 7 or 8 could sleep comfortably on them. It was originally planned to construct 167 of these beds to accommodate 1,000 disabled patients but only 100 were finished when the war ended. This ward was opened up about March 1, 1942 with 100 patients. Major James Rishmin was in charge with a Scout Corporal assisting him. All cooks
kitchen police and other ward help was obtained from the
group. Most of the help was scouts and a swell job was
performed under the guidance of Major Rinamin. This re-
lieved the wards of many patients who no longer needed to
be treated. Almost daily more patients were sent to Ward
19 so that on April 9 there were 539 patients in this ward.
The wisdom of establishing such a ward was generally ad-
mitted and the smooth manner in which it functioned is
worthy a personal tribute to Major Rinamin since the entire
administration was entrusted to him. The original idea of
a disabled ward was converted to that of a convalescing
and disabled ward. The scouts were enthusiastic about the
idea and brought about many improvements about the area and
many were preparing covers for the rainy season. By April
9 the mess they operated was efficient and its appearance
was a standard for the other messes to hope to attain. The
equipment supplied them was little more than an ice box, a
large stove, hotel type, and 1 blanket for each man, and
several oil drums.

A description of some of the various installations and
equipment is necessary to get a clear picture of the hospi-
tal and its problems. From the beginning it was the
intention of the hospital administration to camouflage the
hospital. As was previously stated the hospital area was
covered with bamboo, vines and trees. This enabled us to
put everything under cover except the roads and many
paths that were soon made throughout the area and it is
surprising how many such paths will develop in such a
short time and how impossible it is to prevent people from
walking in the same place between two given points. Within a
fortnight the open areas are criss-crossed in every direction
with paths which showed plainly and unmistakably from the
air. This was of some concern to us at first but I learned from
the American pilots that all of Bataan flatlands were just
as much marked and the area in the hospital was no more
conspicuous than many other areas. I asked these pilots to
check our area for installations and was told that nothing
but roads and paths could be seen from the air. However,
the commanding officer was soon convinced that the enemy
was respecting hospitals and camouflage became more and more
questionable due to the great increase of activity within the
hospital so about the middle of January 1942 a large white
cross was placed in the field at the east end of the hospital
area. At a later date a new one was constructed of metal
roofing to the south end of sheets to the west. The American
pilots advised me that all of these crosses could be seen
from the air. They were examined almost daily and kept in
good condition. At no time during the existence of the hospi-
tal did the enemy bomb dangerously close to the hospital.
It will be recalled however that army installations in
general included most places in Bataan so that some of
these were closer to the hospital than was desirable and the
bombing of these areas were very unpleasant and disconcerting to the hospital staff and patients but the Japanese respected our crosses at all times. With the display of crosses the attempt to camouflage did not cease however.

The wards were without buildings. A convenient and suitable area was selected and the underbrush was cut away, being careful not to destroy the vines and brush which afforded cover. The idea of conservation of cover was a little difficult to control and often a vine with no leaves near the ground but with beautiful foliage high up in the trees would be clipped. As soon as the leaves dried the cover was destroyed and the installation bared. Those in charge of this work had to watch for such acts constantly. This underbrush was very heavy, tough and resistant so the efforts of men to remove it but it did yield to the constant attack of Filipinos and their bolos. The size of the ward was generally limited by the amount of suitable terrain and cover. An area was selected usually that would accommodate about 200 beds. Few were smaller. The brush would be cleared away and beds moved and arranged to the best advantage and a ward office established. In a short time we had shelter for the ward office which was within a bamboo hut or tent. A storage area was also prepared for each ward but these were not generally covered. Not only the size but the shape of the wards was controlled by the cover available. Some were more or less rectangular, some oval, some long and narrow and others very irregular with arms jutting off into a clump of trees or bamboo at various points. They ranged in size from 100 to 700 beds with most of them well over 200 beds. On April 7th 14 wards had 200 patients; 1,300, 1,500 and one 100 patients with a total of 682 patients for that day. They were really hospital within a hospital group and each ward would contain a variety of cases, many having more patients then Sternberg had before the war. This unusual condition resulted from the fact that we were putting up beds for men who were already sick or wounded somewhere up front and when these men came to us they occupied the bed available. As far as possible these patients were segregated according to disease or injury as soon as possible but no real segregation was possible until some time in late February or early March when activities were much less hurried.

There was, as a rule, considerable space left between wards. This separated the wards from one another and left space in trees and bamboo for a latrine. Each ward had from 1 to 3 latrines which were at first open pit but later were changed to box latrines, more or less fly proof. The ward installations and equipment consisted of a medic cabinet, a ward office, a storage place, a first aid kit, a dressing tent and from 1 to 4 tents for patients. The patient-tents were for the more serious patients. In the event of rain there were sufficient tents in all wards to accommodate approximately 300 patients. There was a total of 19 wards with No. 13
omitted. The ward personnel was 1 to 3 doctors, 2 to 4 nurses and 2 to 4 enlisted men. In the latter days two civilians were assigned to each ward, as it happened that from 3 to 11 ward personnel were caring for 200 to 250 sick and wounded large enough for a good-sized hospital which would certainly have a much more impressive staff. When a ward was occupied, it was by no means complete; we could not wait generally the ward was occupied when the area was cleared away and beds put up it was occupied. After the ward was expanded to twice its original size, Ward officers, storage facilities, medicine cabinets, desks, etc., were usually constructed after the ward had been occupied.

The number of patients increased rapidly and it was necessary to open up new wards to accommodate them. By January 1st three wards were prepared for occupancy. There were 277 patients including 152 from Sternberg, on January 17 there were ten wards ready with a capacity for about 1,500 patients. There were 1,000 patients in the hospital with patients in 7 wards. On January 26th there were 2,106 patients in the hospital with 11 wards occupied and on February 5th, 2,411 patients. About January 20th the construction crew began to feel that they were far enough ahead with beds to have a safe margin. We had probably 500 beds unoccupied. A period for a much needed relaxation seemed to be in the offing. But to our great surprise and disappointment just after dinner on January 23rd, while enjoying the cool of the day, we were informed that all the patients from Hospital No. 1 would be sent to us during the night. There was no time to be wasted. The incoming patients must have a bed. Consequently Corporal Stuart and a crew of privates worked practically all night long and managed to keep abreast of the incoming patients, but next day there were but few empty beds and 662 patients had been received in the last 24 hours.

Originally patients were received at the surgical tent where an area was prepared for the temporary keeping of them. Here they were examined and those who did not need surgery were transferred to the various wards. This plan was cumbersome but worked very well when there were 25 to 50 patients daily, but when patients were admitted in larger numbers this system was more than cumbersome. In addition it created too much confusion, activity, noise and dust in the operating area. It was decided to move the operating and receiving activities to new and more appropriate locations. The surgical change has been described previously. It was decided to open a receiving ward at a site selected near the road entry to the hospital. The site was convenient and well covered. This was opened on Jan. 25th with Lt. Colonel W.D. M.C., in charge, assisted by Captain Comstock. The ward had 150 cots; it also had a receiving section which was equipped to do minor surgery and dressings. It was lighter for night work, equipped with an ice box and served hot drinks. More of the patients were received at night and
those who did not need immediate surgery were kept in the receiving ward during the night and then sent to the proper wards in the morning. Colonel North was kept advised of the number of empty beds in each ward and therefore knew which wards to send the patients to. Patients who required immediate surgery were sent to the operating area where both waiting and operating facilities were available. During the day the receiving ward was cleared of all patients ready for the reception of more patients at night. Some days it was cleared 2, 3 or 4 times.

A new one way road was constructed into the receiving ward and it was well marked with signs and arrows but it was not possible to keep the traffic out of the area so a guard was posted at the entrance to keep out all unauthorized traffic. In addition to the two medical officers, 2 or 3 nurses and 5 enlisted men were assigned to duty here. Staff Sgt. Pulsam was in charge of the enlisted men and his work was superior. This receiving ward operated in a highly efficient manner from its inception. Its location on the opposite side of the hospital from the operating room permitted the operating room to escape all the noise and crowd which is an undesirable but necessary part of a receiving ward of this size. The arrangement of the ward was in accordance with Colonel North's idea and its high operating efficiency was due, more than to any other factor or factors, to this officer's energy and enthusiasm for any task assigned him in Bataan.

The records department of the hospital grew out of a state of confusion into an orderly institution. 2nd Lt. Henry A. Sigrist, M.A.C., was the Registrar from the beginning to the end. His office like the receiving office was transferred from the original operating tent area to a site adjacent to the receiving ward and on the same date. He was assigned a staff of typists including Miss Betty Broadfield, civilian employee of the ordnance corps who proved to be of great value to Lt. Sigrist. The location of the Registrar's office was correct since it obtained the records as the patient was admitted and in a short time the office was well organized and the records in good order. The fact that these fine records were lost does not in any way detract from the excellent work performed by Lt. Sigrist and his staff. Lt. Sigrist was also custodian of the Patient Trust Fund; he was able to return the money and valuables to patients after the capitulation of Bataan on April 9th.

When patients were received they were divested of all government property and given hospital clothing. This was in accordance with instructions from higher authority and caused a few arguments especially in the earlier part of the war. Many patients were lost to give up their equipment. All this equipment was collected and daily turned over to the quartermaster or ordnance. When patients were discharged they were taken to the casual center where they were equipped again and taken to their respective organization. The casual center would return our hospital convalescent clothes to us.
Some patients were incensed about leaving the hospital in convalescent clothing but the hospital had no choice and no equipment. I personally believe it was handled in the best way. The requirement by a casual center I believe to be correct. Some patients were allowed to get to the front in hospital clothing and the hospital was criticized by front line commanders for it but this was not our responsibility.

In early April a great change was noted in the attitude of the incoming patients and he had no hesitation in departing with his trusted rifle. A large accumulating.

Our suspicions were confirmed on April 9th when a large ammunition dump was turned over to the enemy.

From about February 15 to the 10th of March the hospital population remained fairly constant. This period gave us an opportunity to improve the area and to settle our personnel in some fashion of comfort. Up to Feb. 21st no one had an opportunity to take leaves from around his bunk or adjust his living conditions. Personal comfort and needs had been entirely ignored for the simple reason that there was no opportunity to indulge in such trivials. We all slept in a bed beneath the trees with our scout personnel belonging placed beneath it or hung on trees nearby. This was no hardship during this time several people provided themselves with some type of chair; beds were made more comfortable, electric wires were put up to the offices again nurses areas for radio installation and some officers even put some kind of improvised cover over their beds.

A need for some way to wash hospital linens developed almost immediately. With the large number of operations and dressings which soiled bed linens, a large amount of soiled linen convalescent clothes and towels accumulated almost overnight. There were two wives of marine enlisted men who had been sent to the hospital from Corregidor and they, seeing the need for laundry service, volunteered their services for this purpose. This was the beginning of the hospital laundry. They offered to work without pay and for a few days Mrs. Hedges and Mrs. Cudd were out sole dependence for clean laundry except for a few articles which the operating room personnel found time to wash. In the mean time laundry needs became pressing.

We were about to employ Filippina women to do laundry when 12 Chinese from Corregidor reported to the hospital on January 9th and wanted to do any kind of work without compensation. Immediately they were employed to do laundry. An area 2 km below the hospital was selected; several oil drums installed for boiling, brush cleared away beneath good cover and several hundred feet of wire strung up for clothes line and the laundry begun. These men turned out a large amount of laundry daily and it dried very rapidly. It

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was then folded and hauled back to the hospital area for distribution. Shortly 16 more Chinese reported and we had a laundry staff of 28. The manager, John, saw that everyone did a fair amount of work. With the rapid increase of patients the 28 Chinese could not keep up with the laundry so about February 1st a Filipino laundry was established and 23 Filipinos, mostly women, because of Calimbas's instructions, were employed. This laundry was just above the Chinese and was also well covered. There developed a healthy competitive spirit between these two laundries. A daily comparison by bundles was made by a medical department corporal who was in charge of both laundries. A bundle constituted a day's soiling of linen and filled a small panel truck. When the Filipino laundry started we were about 20 days behind but this was gradually cleared up so that by March 15th the laundry was all cleaned up. About this time the supply of soap was exhausted for laundry purposes which again complicated the situation. After this time hospital linen was boiled and washed without soap. It was not too repulsive in appearance but of course was unsatisfactory.

A third laundry was put in operation in February. This was located nearer the river from the nurses quarters and was for the sole use of the nurses. Up to this time the nurses were doing their own laundry when they could find time to do so.

A standard rate of 1.00 per day for all people working in the laundry was established so that the hospital laundry cost 51.00 per day. The officers and enlisted men either did their own laundry or employed civilians to do it by the piece. Some of the local people who performed laundry services for the officers wanted to charge 1.00 for a black suit of khaki but the hospital believed this rate to be excessive and ruled that no more than 50 centavos could be charged for this service and other articles in proportion.

PERSONNEL: Almost from the beginning hospital No. 2 was understaffed. When the group left Manila it consisted of 17 officers about 20 nurses and 30 enlisted men. Upon arrival in Batan most of them were assigned to the Philippine Medical Depot. During the first day one nurse and 4 officers were called for by hospital No. 1. (The Officers returned to us on January 24th.) So when the group arrived at hospital No. 2 it consisted of 12 officers, 15 nurses and 4 non commissioned officers (1 of which was appointed 1st Lt. M.A.S., Dec. 27/41). For the time being the nurses were in excess but on Dec. 29th they were assigned to the mess to supervise and to wash dishes etc. This activity for them was of very short duration and they followed their usual work. Lt. Colonel (Major) North and Lt. Buckholz and 30 enlisted men were already on location when we arrived.

On December 27th we had 15 officers; one enlisted man
was promoted and one officer joined us on Dec. 29th and 3
more joined Dec. 30th, including Colonel Vanderbogert to be
the commanding officer. On January 1st nine officers represen-
ting most of the officers left at Sternberg joined. There
was an addition on Jan. 2nd and two
joined on Jan 3rd and on Jan 24th 8 officers joined including
4 officers originally attached to hospital No. 1. On Jan.
24th there were 43 officers including 2 chaplains, 7 dental
officers, 4 MAC officers, 1 infantry officer and 1 red cross
worker and there were 1205 patients in the hospital. From
Jan. 29,1; Feb. 16, 1; Feb. 20, 1; March 2, 2; March 3, 1; March
8, 1; April 1, 1; April 6, 4; April 9, 18. In addition there
were about 16 Filipino Army Medical Officers assigned to hospi-
tal No. 2 and in the meantime 8 officers had been trans-
ferred away so that on April 6th, 1942 there were in the
hospital approximately 47 American and 30 Filipino officers.
The surgeon's morning report on April 7th showed 5129 patients.

Approximately 20 nurses were in the original hospital
group. This was augmented from time to time by American,
civilian and Filipino nurses so that on April 6, 1942 there
were approximately 53 American and 30 Filipino nurses.

Of the 30 original enlisted men who left Sternberg,
Sergeants Watts, Bostrom, Gaylin and Patrick arrived. Col-
nel North had about 30 already there. This number was in-
creased by small numbers from time to time, including the
remnants of the Sternberg group on Jan. 3rd. Several scouts
were assigned so that there were about 250 enlisted men on
duty at the hospital. Upon the departure of the scouts on
April 10 there were 187 American enlisted men remaining.

Civilian employees (Filipino) began working at the hospital
on December 29 and continued to work there until April 8
when all contacts with Filipinos was ceased. During this
period up to 200 Filipinos were employed. Their foremen,
Calimbas, has been referred to previously. Their work con-
sisted of laundry work, kitchen police, clearing brush,
building furniture, making roads, paths and bridges and ward
care. One seamstress was employed in the operating room and
several were employed as barbers.

The Filipinos worked at first employed from the population
and the barrio. As the war progressed and the normal living
in Catean became non-existent, the army established certain
refugee camps for civilians. The refugees were largely Filipinos
but an occasional American was among them. One such camp
was established near the hospital and from this camp most of
the civilian help was obtained. Shortly the hospital was
allowed to maintain a refugee camp just outside of the hos-
pital area. This camp was called the hospital work camp and
all civilians who worked at the hospital lived in the camp.
The hospital was charged with the sanitation of the camp and of the food rations for all the refugees in it. There were about 840 people living in the camp. Calimba was the natural leader of the camp. It was established on his plantation. A board of 3 appointed by Calimba distributed the food which the hospital obtained for the camp. The refugees lived in temporary huts, all well covered. There were no disorders in the camp and it benefitted the hospital considerably by enabling us to secure sufficient civilian help. It also acted as a counter between the man's refugee camp, with several thousand inhabitants, and the hospital. Prior to the establishment of the work camp, the refugee camp had begun to encroach on the hospital area considerably and had begun to be an considerable sanitary problem. Fortunately the refugee camp and work camp were below the hospital.

Picture, if you can, a hospital of from 3,000 to 5,000 patients with a maximum of 67 officers, 33 nurses, 250 enlisted men and 400 civilian employees and it will be readily understood that many problems were involved. This personnel performed practically all the hospital functions, including professional and administrative both general and medical, supply, securing of rations and fuel, laundry, sewing, road and bridge building, hospital and furniture construction and all hospital utilities. Of the 600 people employed in the hospital 230 Filipinos were employed in construction and laundry functions that a hospital is not ordinarily concerned with requiring more than 35% of the hospital employees. Fuel for the hospital and laundry was obtained locally. None was provided for the hospital. Wood and charcoal were used. Charcoal was more satisfactory and was burned by the hospital. It was obtained about 12.50 from the hospital and hauled 40 - 60 sacks at a time. It produced much heat and smoke but little smoke that could be observed by the enemy. Sufficient charcoal could not be obtained for the hospital and was supplemented by wood. Considerable dense bamboo was in the hospital area and this was used up. It could not be used alone, however, because it created too much smoke and was short lived as our main fuel supply was wood which was cut some distance from the hospital and hauled in by truck. Trees within the hospital area could not be used for this purpose because of the destruction of shade and cover. A constant wood detail was kept busy. On one occasion the hospital was highly indignant when another organization had hauled away some of our wood. The nearest organization was accused but pleaded not guilty. After this incident the wood was hauled then cut. After the capitulation, we were confined to the hospital area and had to use what ever was available for fuel, as lumber, furniture, etc.

The sanitation of hospital No. 2 was a serious problem. When 4,000 - 6,000 people live in one small community in which there is no sewer system a problem is encountered which is difficult, especially when you are dealing with people
many of whom have no personal or general interest or knowledge of sanitation as applied to groups.

As previously stated the original sanitary installation was the open pit latrine, which is everything except a sanitary device. The soil was that of a sandy loam and naturally would be well suited for latrine drainage but here the water level was not very deep and when the latrines were over 4 feet deep water came in. There was in the beginning nothing to spray them with so that our only means of treatment was by throwing in leaves and burning them which was quite unsatisfactory. We were also handicapped by not having an officer trained in sanitation who could be spared from other duties long enough to do justice to the important problem of sanitation. Consequently the one greatest defect of the hospital function soon was that of poor sanitation and flies became numerous.

Beginning in February the open pit began to be replaced by a box latrine provided by the 603rd Engineers. This brought about some improvements but the hospital was still without an energetic sanitary officer. On March 2 Major Wilbur Berry, M.C., was transferred to the hospital and made sanitary officer with no other duties. The improvement which he brought about was almost tangible. Very shortly the fly problem was under control, the open latrines were all covered with boxes provided by the Engineers or the hospital and diarrhea among the hospital personnel reduced from a moderately high rate to almost nothing. This satisfactory condition prevailed until after the capitulation when circumstances beyond our control again appeared with many flies which persisted until the hospital was abandoned. A Graves Registration Officer reported to the hospital for duty on January 2, 1942 and a cemetery was established on the hill south-east of the hospital. Other officers joined him later on. This service moved to their own location in early March. The cemetery was well planned and beautified and at the time of the capitulation was in excellent shape but during the Corregidor bombing the cemetery was struck with some shell and extreme damage was done. After the capitulation of Bataan the original cemetery was out of bounds for the hospital and we had no Graves Registration Service. A new cemetery was established within the hospital and 73 people are buried in this area. It is well worked and in good condition by May 13, 1942.

For the first time in our history during the war in Bataan female nurses were utilized to near the front lines. Hospital No. 1 was about 7 km from the front lines. Nurses were on duty at this hospital until January 23 when the hospital was evacuated. Hospital No. 2 was 24 km from the front lines. However, Hospital No. 2 was only 2 km from Sabakin and Cuscabin air field and 4 km from Bataan air field, all enemy objectives so that hospital No. 2 witnessed numerous bombings and some dog fights. Many planes bombing Corregidor were
clearly visible from No. 2 hospital as well as the anti air
craft fire from Corregidor so hospital No. 2 was very close,
too close to the front lines and other enemy objectives.

When hospital No. 2 group went to Bataan about 20 nurses
were included in this group. Miss Mueller was made Chief
Nurse for a few days when Miss J. Nesbit joined and was made
Chief Nurse which position she retained until the nurses were
evacuated to Corregidor on April 8, 1942. Under the guidance
of Miss Nesbit the nurses at hospital No. 2 did excellent and
heroic work during the battle of Bataan. In general their
moral was on a par with the officers. Their bravery was ex-
emplary and an expression of fear was rarely manifested.
There was notable harmony among the group. The filipina
nurses also performed their duties in a highly satisfactory
manner. The comfort of the nurses was similar to that of the
officers but there were exceptions but few complaints. The nurses at hospital No. 1 and Corregidor were far more comfortable than those at hospital No. 2 but requests for transfer to those hospitals were conscious by 2/2
being practically totally absent.

When on April 8, 1942 the end of the Bataan battle was
obviously near at hand and it was decided by higher author-
ity to transfer the nurses to Corregidor, they went with
considerable reluctance. Miss Nesbit expressed a very strong
desire to remain at her post of duty and expressed her inten-
tions to do so as long as any other nurse was left in Bataan.
They all left together about 9:00 PM on April 8th, arrived
at Corregidor at 7 AM of April 9th, after a harrowing
experience. Barring the necessary prolonged train due to
congestion of traffic there were no untoward incident.
smooth and all of them arrived safely at Corregidor.

There were several cases of dysentery and malaria among
the nurses and two of them were injured when bombs struck
hospital No. 1. There were no injuries at No. 2 hospital
although several slugs of shrapnel fell in their quarters.

Shortly after April 8th it was obvious to hospital No. 2
that all was not well and that something unpleasant may be
expected at any time. Patients received from the front were
discouraged out in a poor state of nourishment. Very ex-
pressed doubts that U.S.N. could hold out much longer and
had chronic ailments. They all looked tired and the number in-
creased daily. Very few objected to giving up their arms
but simply threw them on the pile at the receiving ward
which was rapidly growing larger.

On April 9th it was estimated that there were 7,000
patients in the hospital. We had heard that there was a
surrender. We were not able to contact any organization.
All night long we had heard constant traffic on the national
highway. However we had not seen any fighting soldiers.
American or Japanese, in the hospital although it was in the direct line of the withdrawal and to the end there was no soldiers who came into the hospital except as a patient. I believe this fact to be a high tribute to the fairmindedness of both the American and Japanese commanders. The commanding officer of the hospital, Colonel Gillespie, MC, had feared, due to the hospital location, that fighting may be a possibility and had discussed the situation with General King via telephone. General King assured Col. Gillespie that this would not happen and stated that he would make the locations of the hospitals known to the enemy. This he must have accomplished for the natural route for both the enemy and friendly troops would have been directly through the hospital and we were happy that it never occurred. About 9:00 AM April 9, 1942 we were convinced that fighting had ceased and there was a great display of enemy air activities, flying low but holding their fire.

No Japanese came to the hospital until about 9:00 PM April 9th when a detachment of 10 or 12 Japanese soldiers came to the hospital and remained during the night leaving next day when several Japanese Officers and men were seen, including a Japanese Medical Officer. Many questions were asked; reports called for beneficiaries occurred except all Filipino patients and doctors were advised to leave the hospital. All except about 100 Filipino bed patients left. Throughout the day there was a constant procession of Filipinos going thru the hospital. Many were from the refugee centers, others patients. There were thousands of them carrying almost every conceivable objects, furniture, food, small children, etc. Almost all patients who left the hospital took a blanket with him and most of them were hospital clothing.

On April 11 we had a personnel group of about 280 (officers and enlisted men) and about 1,400 patients. This status did not change except by deaths until the hospital was abandoned on May 15th. During this period our activity was considerably curtailed. Very few people left the hospital for any purpose and we had no contacts with any other group. We were confronted with considerable annoyances from various sources, including our own American personnel and patients. Obviously the food situation became acute with the loss of our milk and fruit juice, food supply. We had little to eat except rice, and there were many patients who were seriously ill. Some of the American officers insisted that the commanding officer demanded that the Japanese took and gave us more food but the commanding officer felt that we were in a position to be very demanding and also felt that the Japanese had problems of their own and that the supply of food was limited and therefore difficult to obtain. When the Japanese visited us they were told what we needed and asked that they get it for us if possible. The commanding officer felt that our problems could best be solved in this manner and I believe it to
be the wisest policy. Prisoners of war are not in a very favorable position for demanding. The Americans had never before been prisoners of war and had a little difficulty in adjusting themselves to this new state of affairs and several officer-patients felt that the officers of the hospital could be better served by their management and frankly told us so. The senior patient, it, Colonel Brady, commanding officer of the 31st Infantry (RA) felt different and the hospital staff felt that our commanding officer, Colonel J. O. Gillespie, MC handled the unpleasant affair well with the Japanese. To him they displayed many courtesies as would be expected in an occupied and even occupied.

Prior to the time when it became obvious that the battle of Batan was about over, serious consideration had been given to moving Hospital No. 2 to a new location. With the approach of the rainy season, our position on the banks of the river and with no cover to speak of, would soon be untenable. A new location had been selected to which I was very much opposed, at little Baguio and work had actually started when the area was bombed, in March. Construction abruptly ceased. After the capitulation we were again concerned with getting the seriously ill and wounded under cover before the rains appeared and this concern was imparted to the Japanese on the first and all subsequent visits to the hospital. We were assured that by the wet season we would be moved to a new location with shelter. However, the transfer was delayed and generally the reason given was the failure of Corregidor to surrender. This seemed to tie up transportation and caused road congestion both of which were not conducive to moving us.

On one occasion we were advised that all patients who had recovered would be removed to another location. Many patients had recovered and were anxious to get out of Batan. They did not know how things were with the prisoners of war who had left Batan. The hospital had many requests for permission to leave. These were always refused but of course we had no way of detaining any one who wanted to go and for about 2 weeks there were no Japanese guards around the hospital so any one could at least start to leave but the chances of getting very far would have been nil since there were many Japanese in Batan at this time. The patients seemed to think if they could get away and possibly to Manila that all would be well. We explained to them that there were no American troops in Manila and that a Japanese medical officer had told us that 40-50 Americans and many more Filipinos were dying daily at O'Donnell. I'm certain a few did leave, but most of them remained until they were officially transferred by the Japanese on May 26th. In so doing they escaped a terrible ordeal as any can tell who marched out of Batan and remained at O'Donnell for several weeks.

When we were told that we would move as above referred.
to we were also told that we would be compelled to provide our own transportation and gasoline. After April 9th we had lost several pieces of transportation - all we had - and all of our gasoline. However, in early March a plan had been framed whereby several busses to be brought into the nurses area and to be used as quarters for the nurses. The plan never fully materialized but 12 of the busses were brought. Most of them were not in too good a condition, there being several 1926 - 1928 Dovers in the group. These were well hidden in the woods and most of the trucks had gasoline in them - some were full - and had good tires. The plan was to move the busses and nurses living therein when the hospital moved - if it ever did - to a new location. There was also 3 drums of gasoline hidden in the brush which we knew about so we told the Japanese medical officer that we could provide the transportation for the move and how we could do it. He liked this plan and advised us to keep the busses and gasoline under cover which we did.

Among the well patients we had some good mechanics (Alma Corps) and we put them to work on the motors and in a few days all were in good running order. Another crew began to double deck the busses. On each floor, a layer of good mattresses was placed with pillows, sheets and blankets and a bedpan in each bus. We could haul 300 patients in all the busses and in 2 trips we would haul all patients who could not walk and haul their baggage on top of the busses. By April 25th all was ready for the move but no authority came thru for the move. In the meantime there had been considerable exchange of artillery fire between Bataan and Corregidor. Daily this occurred and daily pieces of shell fell throughout the hospital. Large numbers of Japanese ammunition and other trucks were seen daily. We were constantly in fear that a shell or shells from Corregidor might fall into some of our wards but we were not certain that Corregidor knew the hospital was still in Bataan and shells were landing uncomfortably close to us. Finally on April 22nd several 155 shells from one of the islands landed in the hospital, killing 4, 1 died next day and injuring 12 others. On April 29th there was, we thought, a terrific artillery bombardment of Corregidor and we could hear the firing very easily. But this was nothing to what we were to hear on May 3rd and again on May 5th. It was almost like rifle fire and we were certain that everything on Corregidor had been destroyed. We were warned of the attack on May 3rd and 5th.

After the fall of Corregidor on May 6th we felt certain that we would soon move from Bataan. Shortly we were visited by Japanese Officers and were told that all our personnel and patients who were not well would be moved to Little Baguio and those who were well would remain at hospital No. 2 until arrangements could be made for their transfer elsewhere. Our busses, having prepared, and a loading schedule which showed exactly what bus each patient was to go in all having been
previously prepared, the move was easily organized. On May 11th some patients were sent to Hospital No. 1 at Little Baguio. We had been advised by the commanding officer of hospital No. 1 that the personnel at hospital No. 2 would not come to hospital No. 1, they would be quartered in the ordnance area near the hospital. We had been told by the Japanese that this move was temporary and that our group would be moved from Little Baguio to some other place to operate a hospital. On May 11th I went with the first group of patients to Little Baguio and never returned to Hospital No. 2 but remained at Little Baguio to prepare for the rest of the group. One man at the hospital was ill and was taken away. We were without medical supplies until a package arrived from the States.

The remainder of the patients were transferred to Hospital No. 1 on May 12th and 13th and on the latter day the remainder of Hospital No. 2 personnel came too Little Baguio. The patients who had recovered remained at the old hospital site and this area was converted into a prisoner of war camp from May 13th to May 26th when they were transferred to Billidit in Manila. 246 patients were left at hospital No. 2 and 450 patients transferred to hospital No. 1. Three medical officers, 1 dental officer and 3 enlisted men remained at hospital No. 2 to care for any one who became ill. One dental assistant, one foot locker filled with surgical instruments, enough dressing equipment to operate a mess for our personnel and all personal equipment was taken to Little Baguio. All other supplies remained at the old hospital site.

The medical personnel left at hospital No. 2 rejoined the group at Billidit on May 27th, arriving with the well patients on that day. At Little Baguio we were advised that our group was to be separate and distinct and no visiting was to be permitted between hospital No. 1 and hospital No. 2 groups. The patients received at No. 1 from No. 2 were given an opportunity to express grievances and complaints relative to their treatment at No. 2 before a board of officers.

With the final transfer to Little Baguio on May 11th, most of us turned our backs, with mixed emotions, on hospital No. 2 forever. Many of us felt that the best work of our lives had been done here. That this small group in less than 3% months had built and operated hospital facilities for 16,000 patients is a truly remarkable record. A total of only 307 deaths is also an enviable record. Probably 1/3 of those were dead upon arrival at the hospital. Here I desire to express my appreciation of the harmony and good feeling which existed among the hospital personnel. I have never seen the equal of it. The doctors, nurses and enlisted men all worked to accomplish as much as possible for those who needed our professional care. I heard not a single complaint about long hours and I cannot recall a single instance where there was any personal grievances among the officers, nurses or enlisted men. Chaplains Watson and Talbot administered to the spiritual needs of our people in a most satisfactory way. They were busy at all times helping some one.
Mr. Graybeal, the Red Cross Director, was of great assistance, but could not accomplish a great deal in his own particular field due to lack of supplies. He brought in a truck laden with him but of course this amount would not last long among so many needy people.

The hospital group moved into ordinance hogs on May 13th and for the first time since December 8th, relaxed. We were all under roof and had an extra bedages for mess by. We had no idea how long we would be here so preparations were begun for a short or long stay. We had a cover for everything except a mess hall and preparations were taken on May 15th for building one. Material plans and work began as soon as we were settled which required most of the 14th because of the large amount of dirt, trash, etc., in the bedages.

An operating room had been started but the proposed location of hospital No. 2. On this foundation a mess hall was begun. Number, rearing, nails and all kinds of carpenter tools were available. If a new tool was needed it could always be found around some previous installation and great numbers of various tools were carried in. The mess hall was not finished but by the time we were moved on May 26th we were about ready to put the roof on. We were happy to have a mess hall.

At Little Bagui we were not guarded. While we had no specific duties to perform every one was given work to do. Besides building a mess hall, there was a group cutting wood and storing it under large tents; another group was assigned as a sanitary squad. Some were repairing buildings, making new water connections. Another group under Colonel North was acting as a salvage group. This group searched for food, clothing, nails, carpenter tools, etc. No food had been given us but we did all right and found enough food with some to spare especially water which we turned over to hospital No. 1. Flour, bacon, field rations, canned milk, rice, etc., were among the items found. Some cigarettes (not American) were also found. We had a carabao permit and killed some of them. So by the time we left Little Bagui the pangs of hunger had been driven away (Temporarily) and every man had new clothes and new shoes. (Much clothing and shoes were among the items collected.)

On May 26, 1942, we were ordered to move. Each officer was allowed a barracks bag and a foot locker. In addition a dental chest and a foot locker filled with surgical instruments and some medicine, especially quinine, were also loaded. Many fine typewriters, much clothing, shoes, tools, etc., were left behind. (All hospital records had been left at No. 2 hospital with a large quantity of medical supplies.) We loaded in trucks along with several patients from hospital No. 1 and left Dapaan at 11:00 AM May 26th where we remained until May 30th.
On May 27th the well patients we had left at hospital No. 2 plus the medical personnel left there joined us at Bilibid. Upon my arrival at 1230, I was assailed by the odor of our hospital and it hit me like a ton of blue, everyday stuff comes to mind.

There was nothing particular happened at Bilibid. We were led to believe that we might run a hospital there but on May 30, 1942 we started for we knew not where. There was at this time 63 officers and 187 enlisted men. We rode in box cars to Cabanatuan where the night was spent the following day. We marched 16 km to what is now called Camp No. 2. Here we found 1,500-1,600 prisoners, including the group originally left at No. 2 hospital. This group was moved on the previous day. Food and water were both hauled into this camp. The following day we marched back 7 km to Camp No. 1 where on June 10th a hospital was established and called "The attached Hospital Camp No. 1".

While at Bilibid Colonel Gillespie was approached by a navy warrant officer Gooding. Warrant Officer Gooding had been in Manila during the time were were in Bataan and had been connected with the hospital operated in Manila by the Navy. He was with the Navy Medical Department I was informed. He assumed it had been given some measure of importance around the hospital. He told Colonel Gillespie that he had been informed that we had a dental chest, and that the Navy dental corps needed a chest and requested Colonel Gillespie to turn same over to him. Colonel Gillespie informed Mr. Gooding that we had been advised that we were to operate a hospital some where and that upon this advice the dental officers of our group had with great care packed the chest and that it would be badly needed wherever we went. In view of this, and in view of the fact that dental supplies would be much more easily obtained in Manila than where we would be, Colonel Gillespie told Mr. Gooding he felt he could not release the dental chest. Mr. Gooding was very much disappointed at the refusal and stated that he could probably make it pretty hard on us by reporting the incident to the Japanese, which he of course would not do. Colonel Gillespie insisted that we would keep our dental chest but when we arrived in Cabanatuan there was no dental chest and we had no dental supplies for several months.

During the time we were in Bataan and while enroute from Bataan to Cabanatuan we suffered no loss of personnel except Pvt. Frank Pigg who was killed by an anti-aircraft shell on January 14, 1941. When we left Bilibid our group was mostly all in excellent health. There was some chronic malaria and one officer had amebic dysentery and two were recovering from jaundice, so with 5 or 6 exceptions the group stood the march very well and all arrived at camp No. 2. Some had not thrown enough personal possessions and tried