

## APPENDIX 2

### LOGBOOK OF THE WARSHIP H.M.S. *YAHAGI*

[cover]

*Yahagi*, Secret No. 143-2

25 January 1919, at Sasebo

From: Yamaguchi Den'ichi, commander of the *Yahagi*

To: Baron Shimamura Hayao, Chief of the Naval General Staff

I hereby submit this report on the influenza outbreak on-board the warship *Yahagi*

#### Report on the Influenza Outbreak on-board the Warship *Yahagi*

##### 1. Situation Prior to the Outbreak and Measures Taken

Receiving the order that we should go back to Singapore, where the H.M.S. *Chitose* would take over our duties, our ship [*Yahagi*] returned there from Sydney on 9 November [1918]. This was not long after our fellow ships H.M.S. *Tsushima*, H.M.S. *Mogami*, the 13th Destroyer Flotilla, etc., had suffered much due to the influenza epidemic in Singapore. By the time we arrived, the epidemic had greatly slowed on land, but we took the utmost care to prevent the influenza from spreading into our ship. I prohibited the noncommissioned officers and men from going ashore, and, for those who had to go ashore on official duty or for some other reason I had them take a preventive medicine beforehand and rinse their mouths [after returning to ship]. I also banned outside visitors to the ship. The Deputy Commander, the Chief Surgeon, and others gave the crew necessary advice and lectures at appropriate times. For about two weeks we waited to see if the situation would improve, and finally the influenza seemed to have almost passed. Other ships were permitting their crew members to go ashore, and their crew seemed to be perfectly all right, so on 21 and 22 November I gave our noncommissioned officers and men permission to go ashore for up to four hours; they were to remain at the officers' canteen, and on a "half watch ashore" basis, that is, I allowed half of the crew ashore on the 21st and the other half on the 22nd.

On 24 November, four of our men suddenly developed fevers. Although we had yet to confirm that they had contracted influenza, given the circumstances I immediately

ordered the first-division personnel room on the upper deck to be used as an isolation ward and put the entire ship on the alert. Each day I had the naval surgeons carefully examine each member of the crew, and by the 28th only about ten men had been found to have fevers; subsequently there were no more such cases and things seemed to be quite all right. The doctors said the men with a fever probably had caught cold from having slept on the deck, and so I believed there would be no further spread than that.

## 2. Influenza Infection Spreads on the Ship

On 30 November H.M.S. *Chitose* reached the port at Singapore and took over our duties, so we left port for Manila at 4 o'clock in the afternoon that day. I had all crew receive health checks after supper on the same day, at which time it was found that some 25 of them had a slight fever. On the following day, 1 December, health checks were conducted several times and each time revealed dozens of men newly down with a fever. By the afternoon of that day the number of patients had reached as many as 69—an alarming situation. Their cases were diagnosed as influenza, so I reported this to the flagship and we did our best to prevent the spread of the disease. Our ship was already nearly half way along on its voyage to Manila. I isolated the patients and suspected patients with fevers, had the others receive medical checkups over and over, and had the crew clean and disinfect the ship. By so doing, I was confident that we would be able to prevent the disease from spreading further on-board. Even if the disease was infectious, its progress since the beginning of the outbreak was extremely slow and the patients did not show symptoms of influenza even five or six days after they first developed a fever, so I decided the disease was very light in character. (A survey report also said that the influenza in Singapore was not as virulent as that raging in Penang, India, and elsewhere.)

Thus I believed that, if patients took turns resting in bed and did their duties by turns, then we would easily be able to continue and complete our voyage in a couple of days. I decided to continue moving on, thinking that instead of returning to Singapore it was better to keep heading toward Manila—where I believed a hospital and enough medicine would be available—while making efforts to prevent [spread of] the infection. (In the meantime, by wireless we had asked nearby cities about hospitalization and medical treatment, but been told they could not offer any help.) By the morning of 2 December, however, over 50 more new patients had appeared, and it was no longer possible to quarantine all of them. In the afternoon of the same day two of the nursing staff developed fevers and were confined to bed. The chief medical officer engaged in medical treatment, directing two nursing staff members, one of whom was starting to show symptoms. On the 3rd, that nurse was no longer able to get out of bed, and by the 4th, except for a few officers and 30 or 40 noncommissioned officers and men, almost the entire crew had fallen ill; the chief medical officer also succumbed. I asked the medical lieutenant Kan [Minoru], who was a passenger, to take over the examination of

patients, and he along with the few [healthy] officers and men were tending to the sick. The above being the case, no sufficient examination, medication, or care was given, and patients lay all over the ship, moaning and groaning, and nothing could be done—an almost indescribable sight.

Meanwhile, as the number of patients increased, the passage of the ship itself began to suffer. The Engine Department revised the usual five shifts a day of its crew to four shifts, and then to three shifts, but we kept the engines going even with a reduced number working there, but finally the ship's speed had to be slowed. Some crew in important positions had no one capable of taking over, and so even if they were in serious condition they continued working, enduring fever and pain. Some members of the Sailor Department were called in to help the Engine Department, which was able to get only a few more people who could help. The crew in charge of preparing meals decreased one by one and substitutes were brought in, but sometimes the crew of the ship had to satisfy their hunger with rice and salt alone. After all these difficulties, the ship managed to reach Manila at noon on the 5th. The usual crewmen who handled the anchor mechanism were incapacitated, but the crew managed to drop anchor. They had great difficulty letting down the gangway. We had to rely on several passengers and a small number of noncommissioned officers and men from H.M.S. *Akashi*, who happened to be on-board our ship (they had already had the flu on their ship and therefore did not fall ill this time), in helping care for the sick. In the meantime, regrettably, an engine seaman 1st class named Tanihiro Kazuo died from illness [influenza] at 8:15 p.m. on the 4th, although we had taken all possible means to save him.

### **3. Situation after Arrival at Manila**

In advance of our arrival in port at Manila, I had contacted the Japanese consulate there, requesting adequate arrangements for hospitalization of patients as well as for doctors and nurses. Upon arriving in port, the serious patients on the ship—11 men of warrant officer rank and higher and 35 noncommissioned officers and men—were immediately taken ashore and transferred to St. Paul's Hospital. I also had four Japanese doctors as well as nurses—plus medicine, ice, etc.—sent to the ship to take care of the patients remaining on-board. Between the 7th and 14th, a total of 22 men of warrant officer rank and higher, and a total of 161 noncommissioned officers and men were hospitalized at St. Paul's and at the General Hospital. Meanwhile, Medical Lieutenant Kan and the doctors sent from land tended the patients on the ship, and starting on the 6th the chief medical officer, who had recovered, joined them. All the doctors involved did their utmost to treat our patients, but by the 11th 25 had died. Meanwhile, one patient after another recovered each day, and by the 14th only the seriously ill remained in hospital. While almost all the patients on the ship recovered, those in the hospital died one after another. Between the time we entered port and the 20th, Commander Fumon and War-

rant Officer Okamoto died, along with 46 noncommissioned officers and men. From 20 December onward, the situation improved and more and more patients fully recovered and left the hospital. By 10 January 1919, almost all were out of the hospital except five patients who had developed complications. On the 13th we were able to have the patients in hospital moved back to the ship.

The reports I sent by telegram from 5 December onward are given here together as follows:

*To the Minister [of the Navy], the Commander in Chief of Kure Naval Station, the Chief of the Naval General Staff, and the Commander of the First Special Fleet (5 December from Manila)*

Beginning on 1 December, almost all the personnel of the ship have succumbed to the *ryūkōsei kanbō* (influenza), making it difficult for us to move. Some are beginning to recover, but it will still take another ten days to two weeks for the ship to leave here.

*To the Minister of the Navy, the Commander in Chief of Kure Naval Station, and the Commander of the First Special Fleet (6 December from Manila)*

After departure from Singapore, there was an outbreak of influenza among the crew; the number of patients increased each day. By the afternoon of 4 December almost all the crew had been infected. With great difficulty we kept going, and just barely managed to reach Manila at noon on the 5th. Tanihiro Kazuo, engine seaman first class, died at 8 o'clock p.m. on the 4th. [Upon reaching Manila] I immediately sent the serious patients—11 officers from warrant officer rank up and 35 noncommissioned officers and men—to be hospitalized. A few more are likely to need hospitalization. As of this writing three are in critical condition. The [ship's] doctors and nursing staff have all fallen ill, so no sooner had we reached port than I hired doctors and nurses and applied to the Minister [of the Navy] for approval . . . [remainder omitted here]

*To the Minister of the Navy, the Commander in Chief of Kure Naval Station, and the Commander of the First Special Fleet (7 December from Manila)*

#### 1. Subsequent developments

With virtually all the crew down, there are only two or three who are not sick in bed. Having sent the most seriously ill patients to the hospital on the 5th, I had more patients in serious condition hospitalized today—one commissioned officer and nine noncommissioned officers and men. Some 40 crew members have high fevers, including the five most seriously ill noncommissioned officers and men. Although other patients are very slow in recovery, the number of those who are able to go back to work is gradually increasing.

2. Medical Lieutenant Kan, who happened to be on-board our ship, has been working hard night and day since the 4th, and we have also been receiving heartfelt assistance from the Japanese consul and fellow Japanese residents here.

*To the Commander in Chief of Kure Naval Station, the Chief of the Bureau of Naval Affairs, and the Commander of the First Special Fleet (10 December from Manila)*

Developments since the 7th

During the ten days after arrival here on the 5th, thanks to the sympathy extended by American officials and private persons, and the heartfelt assistance of fellow Japanese residents, we were able to hospitalize at St. Paul's Hospital a total of 15 of warrant officer rank and higher and 101 noncommissioned officers and men. Despite the best possible medical treatment a total of 17 [sic] died: one among noncommissioned officers and men on the 7th, another six among them on the 8th, the ship's vice commander and three among the noncommissioned officers and men on the 9th, another four among them on the 10th, who all died at the hospital, and on the ship five noncommissioned officers and men and one hired person died on the 10th. There are still 50 who are in serious condition, but the symptoms of the disease can change suddenly and are very unpredictable, causing us intense concern. Meanwhile, we have made arrangements so that we can rent a nursing home for the patients who are recovering and for St. Paul's Hospital to take 30 to 40 more patients. By so doing, we can expect the number of patients on the ship to be reduced to 100. As to nursing of the patients, we have been receiving assistance from local people, both public and private, not to mention our fellow countrymen residing here. Recovery of the patients is extremely slow. Currently only four officers and 40 or 50 noncommissioned officers and men, in addition to the chief medical officer, have recovered enough to work on the ship. We are deeply concerned about the grave situation. Given what already happened on the *Mogami* and other ships, I think that, depending on subsequent developments, there might arise the need to replenish our personnel, but what we should do for now is to treat the patients.

*To the Commander of the First Special Fleet, the Commander in Chief of Kure Naval Station, and the Chief of the Bureau of Naval Affairs (12 December from Manila)*

Developments since the 10th. Thanks to the devoted service of fellow countrymen here and the kindness of American officials and private individuals, a total of 200 patients have been taken ashore and hospitalized at the St. Paul's Hospital and the General Hospital. Of those, one officer and 20 noncommissioned officers and men whose condition improved were transferred to a nursing home. The inside of the ship could finally be disinfected and cleaned all over. On the ship there are about 100 who have recovered enough to work, about 50 who are able to work somewhat, and 50 or 60 who have no problem working. We will likely be able to use one of the ship's launches in two or three

days. The number of those who have recovered each day is one or two among the patients of warrant officer rank and higher and about 20 noncommissioned officers and men. The situation has been gradually improving, but very slowly. The state of the epidemic apparently reached its peak on the 10th and 11th. Between the night of the 10th and the morning of the 12th, 17 noncommissioned officers and men died. Those who have died since the start are the ship's vice commander and 35 noncommissioned officers and men. Generally we can say that one of the reasons for such a high death rate is because the ship was abroad for so long that many of the crew had become physically weakened. There are currently more than ten serious patients among noncommissioned officers and men who have developed pneumonia and for whom there is little hope. There also are others who died after their fevers dropped temporarily and then rose all of a sudden. The longer a patient is ill the weaker he is likely to become. It is truly lamentable.

*To the Commander in Chief of Kure Naval Station, the Commander of the First Special Fleet, and the Chief of the Bureau of Naval Affairs (14 December from Manila)*

Developments since the 12th. Currently 110 patients are in the hospital and about 40 in the nursing home. Some ten noncommissioned officers and men in the process of recovering are daily transferred from the hospital to the nursing home, and when they get even better they will be sent back to the ship. The situation is improving. We cannot say, however, that the serious patients are showing signs of a turn for the better, and there are about ten of them. Of the officers in the hospital, 15 are commissioned officers, including Lieutenant Commander Amako, and four are warrant officers. Among them one commissioned officer has a high fever, but none of them is very serious. Six Japanese doctors, together with some American and Filipino doctors, are doing their best, but the conditions of patients can change suddenly and a patient may die quite unexpectedly. It is most grievous. Between the afternoon of the 12th and the morning of the 14th, one warrant officer and three of noncommissioned officers and men died. The number of deaths is gradually decreasing. The total number who have died as of today is one commissioned officer, one warrant officer, and 38 noncommissioned officers, men, and hired persons. On the ship are five or six noncommissioned officers and men who are not working and about 30 who are receiving treatment, but we expect them to be completely recovered before long. As to other noncommissioned officers and men on the ship, those fully recovered and those able to engage in light work total some 150. Among officers on-board the ship from warrant officer rank up, two are not working and the others are more or less engaged in ship duties. This disease is intensely infectious, but apparently it is not transmitted to those who were previously infected with it, even if lightly. I truly appreciate not only our fellow countrymen and American officials and private individuals for their assistance, as well as the three officers who happen to be on-board our ship—Engineering Captain Zen, Engineering Commander Nitta, and Medical

Lieutenant Kan—and three or four other officers and four or five noncommissioned officers and men for their earnest endeavors. I am also deeply grateful to hear that the H.M.S. *Akitsushima* left on the 13th to help us.

*To the Commander in Chief of Kure Naval Station, the Commander of the First Special Fleet, and the Chief of the Bureau of Naval Affairs (18 December from Manila)*

Developments since the 14th. Among about 150 noncommissioned officers and men who are patients on land, all but seven or eight serious patients began getting better and 24 of them made full recovery and were returned to the ship on the 17th, and another 20 or so will leave hospital in two or three days. About one week on the average seems to be required to recover enough to be able to work. As to the seriously ill patients, the longer they are ill the weaker they become, making us very concerned. Of them, four are in especially bad condition. Among the patients from warrant officer rank up, two or three are fully recovered each day; all, except for Lieutenant Commander Amako and 16 others, are now well enough to work on the ship, and those in hospital are not very serious and are getting better. One of them is to get out of hospital tomorrow. Starting on the 16th, more thorough treatment has been provided, as the *Akitsushima*, with Medical Captain Tachikawa from the Makung Naval Base in Taiwan and other officials and people on land are now helping out, and I cannot be more thankful. Between the afternoon of the 14th and the afternoon of the 18th, six noncommissioned officers and men died, bringing the total number of deaths to 46. The inside of the ship has been disinfected with carbolic acid three or four times since the other day, and the hammocks are sun dried every day. Nearly 200 crew on the ship, except for the ten who are not working, are regaining vigor each day. They are well enough to care for the patients on land or perform routine tasks and light jobs on the ship.

*To the Commander in Chief of Kure Naval Station, the Commander of the First Special Fleet, and the Chief of the Bureau of Naval Affairs (23 December from Manila)*

Developments since the 18th. No patients have died since the 20th and the number of those who recover and leave the hospital increases every day. About 20 patients are receiving medical treatment, among whom eight are not working. All the others on the ship are recovered enough to be more or less able to perform their duties. One officer, one warrant officer, and 60 noncommissioned officers and men and hired persons remain in the hospital, and of them five or six are in serious condition but will most likely be saved. All except for the serious patients will leave the hospital within one week to ten days. Considering the time needed for rest after returning to the ship, I think things will have gotten settled by 10 January. I remain fearful that a few more cases might occur.

*To the Minister [of the Navy], Chief of the Naval General Staff, the Commander in Chief of Kure Naval Station, and the Commander of the First Special Fleet (23 December from Manila)*

Due to the influenza outbreak on-board, the ship cannot return to action until around 10 January. (23 December)

*To the Commander in Chief of Kure Naval Station, the Commander of the First Special Fleet, and the Chief of the Bureau of Naval Affairs (28 December from Manila)*

As of today, no officer of warrant officer rank or above remains in hospital, but 29 non-commissioned officers and men, of whom four are serious patients and the others getting better, remain in the hospital. On the ship things are finally being restored to normal.

*To the Commander in Chief of Kure Naval Station, the Commander of the First Special Fleet, and the Chief of the Bureau of Naval Affairs (10 January from Manila)*

1. In order of their degree of recovery, the patients in the hospital began being moved back to the ship. As of the 10th, the five somewhat serious patients remain in the hospital, but because they are doing better, all of them will be back on the ship by the 13th.

2. The patients on-board the ship are generally being restored to health, but once in a while some unexpectedly develop a high fever. We stay on alert. Fifty are still too weak from illness to perform their duties during passage, and so, if there are too many who will not be able to work we will have to wait for their recovery. Counting in the time needed for sufficient recovery, we have decided on the plan to leave port on the 20th of this month. I will report our plans for action later.

3. I have received instructions from the Vice Minister of the Navy that the ship will be thoroughly disinfected at Sasebo on its way back to port at Kure.

Note: Item 3 was sent by telegram only to the Commander in Chief of Kure Naval Station and the Commander of the First Special Fleet.

*To the Minister [of the Navy], the Chief of the Bureau of Naval Affairs, the Commander in Chief of Kure Naval Station, and the Commander of the First Special Fleet (11 January from Manila)*

Recovery of the influenza patients is very slow, and there are more than 50 who will not be able to perform duties during the ship's passage. If too many remain unable to work then we will have to wait for them to recover. This will keep us from resuming action until around the 20th of this month.

*To the Commander in Chief of Kure Naval Station, the Minister [of the Navy], the Commander of the First Special Fleet, and the Chief of the Bureau of Naval Affairs (25 January from Manila)*

The ship left Manila and the crew are fine. There are a few slightly ill men but their condition is noticeably improving. Please rest assured.



#### 4. Figures for Patients, Hospitalizations, and Deaths

Those on-board ship who were examined by naval doctors were 27 officers (plus seven other non-crew officers who are passengers), ten special and warrant officers, and 421 noncommissioned officers and men and hired people (plus four who are passengers). Of others on-board, almost all were infected and developed fevers.

##### (1) Number of Patients

Date	Officers	Special and warrant officers	Noncommissioned officers and men and hired people	
30 Nov.			17	As of 30 Nov.
1 Dec.	1		52	
2 Dec.	2	3	55	
3 Dec.	5	2	63	
4 Dec.	6	1	99	
5 Dec.	1	2	93	
6 Dec.	6	1	57	
7 Dec.	3		1	
8 Dec.	1		3	
10 Dec.			1	
Total	25	9	408 [sic]	

##### (2) Number of Hospitalizations

Date	Officers	Special and warrant officers	Noncommissioned officers and men and hired people	
4 Dec.	10	1	35	Hospitalized at St. Paul's Hospital
6 Dec.				
7 Dec.	1		9	
8 Dec.			5	
9 Dec.			10	
10 Dec.	1	2	42 (including one who died while being transferred to hospital )	
11 Dec.	2		28	
12 Dec.			30	
13 Dec.	3	2		Hospitalized at General Hospital
14 Dec.			2	
Total	17	5	161	

**(3) Number of Deaths**

Date	Officers	Special and warrant officers	Noncommissioned officers and men and hired people	
4 Dec.			1 (died on ship)	
5 Dec.				
6 Dec.				
7 Dec.			1	
8 Dec.			2	
9 Dec.	1		3	
10 Dec.			14	Including five who died on ship and one who died while being transferred to hospital
11 Dec.			5	
12 Dec.			5	
13 Dec.			4	
14 Dec.		1		
15 Dec.			1	
16 Dec.			1	
17 Dec.			2	
18 Dec.			2	
19 Dec.			1	All deaths so far at St. Paul's Hospital
20 Dec.			1	Death at General Hospital
Total	1	1	46	

**5. Patients' Condition and Progress**

Considering what happened after the shore leave on 20 and 21 November, I think the incubation period of the flu was two to three days, which agrees with the general incubation period for this disease. Rather than those who first had cold fits with sudden onset of shaking, more of those who became ill initially displayed light early symptoms such as headache, sore throat, loss of appetite, backache, physical discomfort, and coughing, and had temperatures of 37 to 38 degrees C, and were often not aware of becoming ill at this stage. About three to six hours after such early symptoms they would experience chills or severe shaking, their temperature rising to over 38 degrees. They had one to several fits of shivers. The high fever was accompanied by other symptoms. In most cases the high fever was continuous and showed a peculiar pattern. In the light cases, from the 2nd to 5th day the fever would begin to fluctuate but was then alleviated by the 3rd to 7th day. Among the serious patients, the high fever continued; even if it temporarily fell, it would rise again and stay at a high level, rising over 39 degrees C. The serious patients developed symptoms of capillary bronchitis or catarrhal pneumonia, and the ensuing

progress displayed the irregular pattern of fever characteristic of capillary bronchitis or catarrhal pneumonia.

Among respiratory-related symptoms, the catarrhal inflammation of the mucous membrane of the nose occurred at an early stage of illness and in many cases led to inflammation of the auditory organs, causing noise and throbbing pain in the ears, a symptom that was generally relieved within two to three days. Some patients developed suppurative middle ear inflammations, delaying their recovery due to accumulation of pus. Some initially suffered a light pain in the pharynx or felt as if a foreign body was stuck in the pharynx, and these symptoms gradually grew worse, producing a throbbing pain and severe dryness of the throat. The pharynx was inflamed and conspicuously swollen.

Cases of bronchial infection were rather late developments of the disease. Coughing was convulsive and at its early stage was accompanied by slight phlegm, which gradually grew viscous.

Once pneumonia set in, the phlegm had blood in it or turned lightly red or rust-colored. Influenza-related pneumonia by nature is more like catarrhal pneumonia than croupous pneumonia. With such malignant and acute symptoms, however, it appears to be rather more similar to croupous pneumonia. If the patient developed pneumonia, its advance could be detected only slightly through percussion examination, but was clearly detected by stethoscope.

Patients' pulse rose in proportion to body temperature, usually 100 to 120 per second. Even a steadfast pulse could suddenly become irregular, often resulting in death. The heartbeat of the patients whose conditions did not turn favorable after treatment would become rapid, leading to cardiasthenia.

Symptoms involving the digestive system were very light—poor appetite, foul breath, constipation, vomiting, and other symptoms accompanying fever. Nervous system symptoms included headaches, back pain, hip pain, pain in the legs and arms, pain in the joints, insomnia, delirium, illusions, and sensory paralysis; motor paralysis was frequent, from the middle of the duration of the illness affecting the lower limbs.

The list of complications includes palpitations of the heart, dropsy, nerve paralysis, and pleurisy.

## **6. Medical Staff, Arrival of the Relief Ship *Akitsuishima*, Hospitalization Situation**

After leaving the port at Singapore on 30 November, influenza spread through the crew. On 1 December Medical Sub-lieutenant 1st Class Yokota fell ill first, followed by two nurses on the 2nd, and the senior nurse on the 3rd. The ship's chief medical officer, too, fell ill on the 4th, forcing him to cease seeing patients. Medical Lieutenant Kan, who happened to be on-board the ship, took over and took the lead in medical examination and treatment. On 5 December, upon entering the port at Manila 46 serious patients

were immediately transferred to St. Paul's Hospital in the city of Manila, and by 11 December a total of 146 patients were hospitalized there. The hospital is jointly run by local practicing physicians, who can hospitalize their own patients for treatment there.

Medical treatment at the hospital was mainly provided by two Japanese doctors residing locally, Dr. Okabe and Dr. Takeda. Other Japanese residents (about 15 for one shift) and American Army nursing staff (four for one shift) provided patient care. On the ship, three doctors—Dr. Nakayama, Dr. Okuma, and Dr. Shimura—and a pharmacist did their utmost in helping Medical Lieutenant Kan treat patients. Dr. Nakayama and Dr. Shimura worked until most of the [serious] patients on the ship had been hospitalized as of the 12th, while Dr. Okuma contracted the disease on the 7th. The ship's chief medical officer, Nagano Kozue, whose condition had improved, started seeing patients, but a medical sub-lieutenant 1st class who had been a passenger on the *Yahagi* and the nursing crew members were hospitalized one after the other, so from among the crew those with some experience were chosen to engage in nursing.

On 14 December, Medical Sub-lieutenant 1st Class Takada of the H.M.S. *Mogami*, which had just arrived from Singapore, was assigned to the *Yahagi* and on the following day, the 15th, went on-board the ship. On the 16th, the warship H.M.S. *Akitsuishima* arrived from the Makung Naval Base (Taiwan) to provide relief, carrying the naval base's chief medical officer, Medical Lieutenant Tachikawa, and Medical Sub-lieutenant 1st Class Oshida, along with a nurse and assistant nurse. On the 17th, medical treatment of *Yahagi* patients on land was left entirely to Dr. Tachikawa. Chief Medical Officer Kudō of the *Akitsuishima*, Medical Sub-lieutenant 1st Class Oshida and his assistant nurse, as well as some crew members from the *Yahagi*, devoted themselves to care of the patients by turns, together with the aforementioned two locally residing Japanese doctors, other Japanese residents, and American Army nursing staff. Treatment of the patients on-board the *Yahagi* was taken care of by the ship's chief medical officer and Dr. Takada of the *Akitsuishima*. In this way, medical treatment arrangements improved even further.

On 17 December a nurse and an assistant nurse recovered completely and were released from hospital (the senior nurse had died on the 13th), and on the 19th Medical Sub-lieutenant 1st Class Yokota, too, left the hospital. They all came back to the ship's Medical Department. On the 21st, *Yahagi* chief medical officer [Nagano] started seeing patients again at the hospital.

Many of the patients in hospital remained in serious condition, and on 7 December Seaman 1st Class Aki Kenjirō died, and more died after that. By the 20th of the same month there were a total of 41 deaths. Then, thanks to dedicated efforts by everyone involved, more patients began turning for the better around the 13th day, and no one died after the 21st. Although the condition of some was sometimes reported as becoming more serious, even they began gradually getting better, and by 13 January 1919 all were out of the hospital and back on the ship.

We also transferred 37 patients to the General Hospital in the city of Manila between 12 and 14 December. They were less seriously ill patients, and only one died there.

## 7. Disinfecting the Ship

After the ship's arrival at the port on the 5th, patients were transferred to hospital every day. The number of crew remaining on the ship were relatively small in number, and so, on the morning of 11 December, the healthy crew members were summoned and directed to carry out the first round of disinfection and cleaning of the ship using 5-percent saponated cresol solution. Divisions 1 and 2 of the upper deck and the division 1 of the lower deck, which had been used as isolation wards, were given especially careful disinfection and cleaning. For four days from the following day, the 12th, these crew members put out the bedding to dry. On the 14th the second round of disinfection (same as the first) and cleaning of the ship was performed, followed by the third round on the 15th, this time disinfecting mainly those areas that had been used as isolation wards. By the 16th the ship had become completely normal and habitable.

## 8. Funerals and Grave Marker

All the deceased were cremated. The funeral of Commander Fumon was held at the Nandaiji Buddhist temple. The funeral of the others was conducted at a public facility called *burerariapaz* chapel, attended by the commander of the *Yahagi*, officers in good health, and some noncommissioned officers and men who had had close relationships with the deceased, as well as by the [Japanese] consul, the head of the Japanese residents association, and several dozens of others. Funeral sutras were chanted by two Japanese Buddhist priests. After the offering of incense by the funeral attendees, the bodies were carried to a publicly run crematory. Some influential members among local Japanese residents served as formal witnesses of the cremation. Two or three days after the cremation, the ashes were transferred to the ship via the consulate and laid on a specially set-up altar on the ship.

To enshrine the spirits of the deceased at the place of death and eternally honor and memorialize their distinguished service, the ashes (some of each deceased person's ashes) were jointly buried at the British cemetery, San Peatro Makati, on the outskirts of Manila. A concrete grave marker, shown in the photograph below, was erected, and on the day before the ship's departure, that is, on 19 January, a ceremony for laying the ashes to rest was solemnly held with the attendance of more than 100 people, including the officers and noncommissioned officers and men from the *Yayagi* and *Akitsushima* and local Japanese residents.

[Chart omitted; for photograph see Chapter 7 title page]

The inscription engraved on the back of the grave marker reads:

During this World War, our ship engaged in its activity in the Pacific and Indian Ocean for two years, and after fulfilling its duties it left Singapore and on its way back almost all crew were afflicted with influenza, making the voyage extremely hard. On 5 December we barely managed to reach the port here. With the dedicated assistance of our fellow Japanese residents here and local officials and people and the special dispatch of the warship *Akitsu-shima*, military doctors, etc., we gave patients the best possible treatment and nursing. Much to our grief and regret, between 4 and 20 December, however, 48 persons died, including the ship's vice commander. Some continued to perform their duties regardless of the severity of their illness. Others, despite their own suffering, cared for their sick comrades. On the verge of death some spoke of their duty and before they died, they shouted, "Long live the Emperor! Banzai!" They were all loyal and heroic soldiers. We pay homage to the memory of all the deceased, who will eternally decorate the history of the wars of our Empire and guide the spirit of our nation. Jointly burying part of their ashes here, we sincerely mourn their loyal spirits.

2,579th year of the era of Japan  
19 January, 8th year of Taishō [1919]  
Yamaguchi Den'ichi  
Commander of the *Yahagi*

### **9. Kindness of Manila Authorities, Generosity of Japanese Residents, Expression of Thanks**

The Manila authorities extended the greatest generosity and kindness in the face of the epidemic on our ship, providing us with all sorts of assistance. For example, after the ship sent a telegram to the vice consul, they dispatched local doctors to see to our patients as soon as the ship reached the Manila port. They also sent doctors to the ship several times after that. They offered to let us use their navy hospital (which we courteously declined partly because it was not necessary and partly because that hospital was rather far away), sent their army nurses to assist, and even took the trouble of helping us hospitalize some patients in the General Hospital. They thus gave us a great deal of assistance and support. Meanwhile, our fellow Japanese residents in Manila made hospital arrangements, collected medicine, provided volunteer care and nursing by doctors and nurses, presented us with other goods and condolence gifts, and assisted with the patients' recuperation and comforts. Some volunteers had their family members tend patients day and night, among other dedicated activities. I cannot thank them enough. Japanese residents outside Manila also provided indirect assistance, sending us cash gifts as well as get-well letters and telegrams.

I visited the Manila authorities, the Japanese consulate, and leading Japanese residents to express my deep gratitude for their kindness and assistance. I also wrote a letter of thanks to each of the persons who had given us presents and cash gifts. After most patients got well and the ship was tidied up, we invited the Japanese and non-Japanese for dinner aboard the ship and also permitted the nurses and others to look around the warship. This is all part of our expression of thanks to them for their dedicated assistance. To the Deputy-general of the Philippines I wrote a courteous letter of appreciation twice to express my gratitude for the kindness we received from the Manila authorities. To those who provided us with volunteer medical treatment and nursing and various other clerical services, I gave them an appropriate amount of money as a token of thanks. This concludes my report.

Submitted to the Minister of the Navy, the Commander of the First Special Fleet, and the Commander in Chief of Kure Naval Station

