

# HOW THE JAPANESE SAVE LIVES

BY ANITA NEWCOMB MCGEE, M.D.

WITH PICTURES FROM PHOTOGRAPHS



YPHOID, that dread scourge of soldiers, has been almost eliminated from the Japanese army in the present war. This is only one of a number of achievements in the prevention of disease and death which I observed while supervisor of nurses at the great base of the army at Hiroshima, while on the hospital-ships, and while at hospitals on the Yalu River in Manchuria. At these and at other places I had exceptional opportunities for noting the medical, surgical, and sanitary precautions which have produced such remarkable results.

In the three months following the battle of the Yalu (May, June, July) General Kuroki's army had only eighty-three cases of typhoid. There were only one hundred and ninety-three cases reported in General Oku's army from its landing in Manchuria, May 6, to the end of the following January. Of the many thousands of patients treated at the great base hospital of Hiroshima, Japan, prior to the end of September, there were only fifty deaths of men who had typhoid, and a large proportion of these deaths were actually due to beri-beri, wounds, or other complications. Contributory to these results are undoubtedly the facts of the great attention paid to sanitation, of the daily consumption by every soldier of several pills of germ-destroying creosote, and of the isolation of every case of typhoid, which is treated as a contagious disease. Our own country showed a sad contrast to these figures at the time of the war with Spain. According to the board of experts who examined the sanitary condition of our army, about one fifth of the troops in the camps of mobilization

had suffered from typhoid, which had caused four times as many deaths as all other diseases combined.

It is a well-known fact, shown by statistics of the last fifty years, that Russian soldiers suffer more from disease than soldiers of almost any other civilized army; and direct information which I received last summer confirmed the opinion that General Kuropatkin had been seriously handicapped by the great amount of disease in his ranks.

In the Japanese army there is more dysentery than typhoid, but its great disease-enemy is beri-beri, or "kakké." Of the sick from General Kuroki's army who passed through Antung on their way to Japan last summer, seventy per cent. had beri-beri; while, taking a single day as an example, the records of October 7 show that of all patients then at the Hiroshima hospital eighty-four per cent. had this disease. Beri-beri is unknown to Americans, but is common in the Orient. It attacks mainly the nerves and the circulation, and produces more or less paralysis and swelling, principally of the legs. It may last for months, or involvement of the heart may prove suddenly fatal. Very light cases may show only a slight difficulty in walking, while in severe ones the persistence of the disease may necessitate the use of a cane for the rest of the man's life. In Brazil and Argentina it is ranked with yellow fever, cholera, etc., as a contagious disease, but the Japanese do not so consider it. Dampness, heat, and poor food predispose to beri-beri, and some eminent physicians claim that a well-balanced dietary would eradicate the disease. This course has, indeed, been followed in the



FOOD-STORES OF THE JAPANESE ARMY AT DALNY (NOTE SOLDIER STANDING ON TOP), AND A CANNON CAPTURED FROM RUSSIANS

Japanese navy, where a greater proportion of nitrogen and fat in the food of the men, with a general improvement in the sanitary conditions on shipboard, had the much-desired result. The physicians of Japan are now working vigorously on the great problem of achieving a similar result in the army; and when they succeed—as they undoubtedly will—their country will lead the world in military sanitation.

Japanese surgeons as well as sanitarians are making great strides in saving soldiers from unnecessary death. The main division of the Hiroshima hospital (which was the principal station of the American nurses) was devoted to the more seriously wounded of the men from the front, especially to those requiring operation. Out of over three thousand such patients received there before the end of September, only forty-seven died. This is a striking figure compared with earlier records. Even more notable is the saving of limbs; for although this division contained what might be called the principal operating-room of the whole army, only nineteen amputations were performed there in the time mentioned, and of these five were of fingers only.

Owing to the constant movement of the disabled from the front hospitals to those in the rear, no one yet knows the complete statistics of wounds, disease, and death which are being compiled, except the authorities of the army department in

Tokio; but, though some figures were given me confidentially, I am permitted to say that the patients who returned from Manchuria to Japan up to the end of September were in the proportion of four sick to three wounded.

From the figures available I estimate the total number of deaths from wounds of the whole army of Japan during the year after the declaration of war to have been less than 40,000. When one reads of 10,000 casualties in a prolonged battle, it means, on the average, that approximately one fifth, or 2000 men, are killed on the field and enough more die of their wounds to bring the total deaths to about one third the casualties, or 3300. Probably 2500 or more of the wounded are able to walk from the battle-field without assistance, and of these 1500 recover in the field-hospitals and soon return to active service. The remainder, or 5200, are sent to Japan (almost all to Hiroshima), and either they are found incapacitated for further fighting or, after a varying period in hospital and health-resort, they return to take up their weapons anew in Manchuria. Probably only between twenty and thirty of these men are operated on before reaching Japan (generally in order to stop hemorrhage) and several times that number require operation at Hiroshima.

An interesting fact, and one quite contradicting the opinion of some military

authorities that bayonets are going out of use, is that seven per cent. of all wounds, or 700 of the 10,000 casualties, are from "cold steel." This is due in part to the Japanese unwillingness to surrender, which leads them to fight even when overwhelmed at close quarters. Private S. Nakano was one of our patients who had

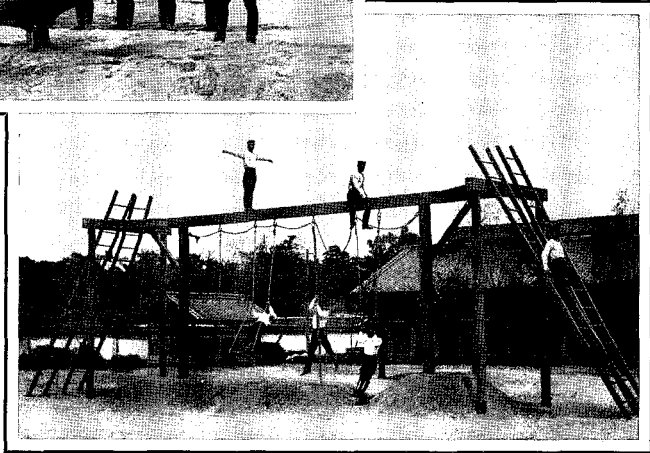
hospitals. In other words, the men recorded as dying from wounds are actually killed by the enemy and not by germs or by careless treatment.

Most of this admirable result comes from the intelligent use of the first-aid package of sterile bandages which every soldier carries, and from the rule (explained in "The American Nurses in Japan" —see the April CENTURY) of not operating in the field. Modern bullets are small and "humane," the Japanese even more so than the Russian, for the former is only six millimeters in diameter, while the latter is seven



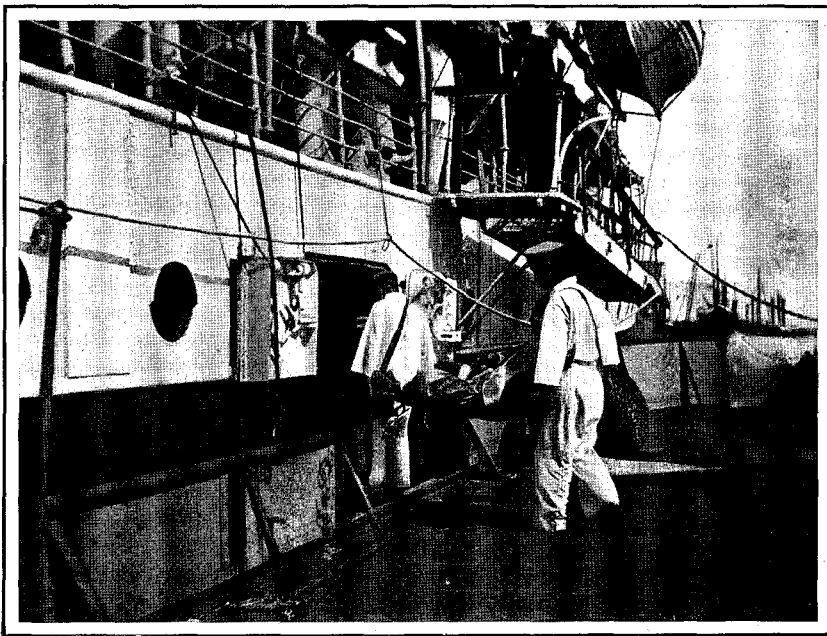
received no fewer than twenty such cold-steel wounds, and yet five weeks later he was virtually a well man. He was with a night scouting-party which was suddenly surrounded by the enemy. In a hand-to-hand conflict, after receiving five bayonet wounds in the chest, one of which narrowly escaped the heart, he fell. On rousing from his faint, he was liberally punctured in the back, arm, and head as a warning to lie still, and was rescued only after the enemy was driven away. When I met him returning to Japan on a hospital-ship, he expected, after a short stay at some hot springs, to rejoin his regiment in the field.

The Federal army in our Civil War lost a slightly larger number of men from wounds after reaching the hospitals than died on the battle-field itself. In the Japanese army, for every one hundred men killed outright about sixty-six wounded die, and almost all of these deaths occur before the patients can be sent beyond the field-



HIROSHIMA: RECRUITS EXERCISING IN AN OUT-OF-DOOR GYMNASIUM

millimeters. Owing to their composition and high speed, they are virtually sterile; and unless they strike some vital part, the injury, if not dirtied by handling, is likely to heal quickly and without complications. Shell and shrapnel, making open wounds, are much more dangerous forces. While I was at Antung I was told that eighty-two per cent. of the Japanese wounded at the battle of the Yalu had "clean" wounds, without pus. The Russian prisoners, on the contrary, many of whom had been hidden for days in Chinese houses, had bandaged themselves in bits of dirty underclothing and were consequently in a shocking con-



MALE NURSES CARRYING A PATIENT ABOARD THE "KOBE MARU" FROM A LIGHTER

dition. Scarcely any were bound with a regular first-aid dressing; but whether this was due to a shortage in the supply, so that the men did not all possess them, or to inability to put them on for themselves after the medical attendants had retreated with their army, no one could tell me.

Such life-preservers as these little packets lose a large part of their value in the hands of soldiers who have not learned their application; and their success with the Japanese is largely due to the fact that when a surgeon or medical attendant cannot reach a wounded man, he, or a comrade, is able to apply the bandage successfully. In curious contrast to this is the comment of a Spanish surgeon at Santiago, in 1898, who reported that after the fighting there he had found only one person, and he a captain, who knew how, and was able, to apply the first-aid bandage himself. The American surgeon who translated this report commented that such "was decidedly not the experience of the American military surgeons" in Cuba.

Back of these achievements is the Sanitation Corps of the Japanese army. This is the body corresponding to our Medical Department, but its key-note is struck by the very difference in the title. Sanitation, or keeping the soldier in good fighting condition, is its first object, and healing

him after he drops from the ranks is the secondary consideration. This corps includes twelve surgeon-generals, of whom eight are in the Reserves (serving only when needed in war); other surgeons down to the rank of second lieutenant; pharmacists of all grades up to a colonel; male nurses and chief nurses, stretcher-bearers, attendants, and clerks. These are supplemented by a body similarly organized, including also women chief nurses and nurses, which is under the orders of the Sanitation Corps, but is supplied by the Japanese Red Cross Society and wears its uniform. At the present time all the surgeon-generals have the rank of brigadier-general, and from them is appointed the chief of the corps and the chief sanitary officer in the field. Baron Ishiguro, now retired, who was a surgeon-general at the time of the war with China, was given rank corresponding to our major-general, and a similar promotion may be made again. This method has the evident advantage that not only does it supply several armies and important hospitals with medical officers of rank commensurate with the importance of their duties, but it gives considerable choice, when war comes, in the selection of the most capable man for the work of heaviest responsibility. Our system of having only one surgeon of the



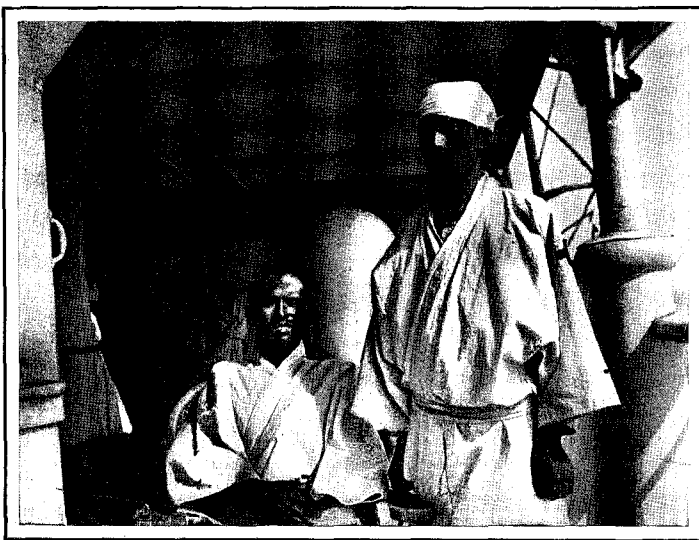
rank of general, who is, *ex officio*, the head of the Medical Department, is satisfactory enough in peace, but utterly lacking in that elasticity which is so important in the stress of war.

In even greater contrast is the Russian system, for its army surgeons have no military rank whatever, but are graded as civil officials. The nursing force of the Russian army in Manchuria includes highly trained male nurses, orderlies, and many women. All the last are called "Sisters," though all degrees of training, or the lack of it, are to be found among them; and a Russian surgeon with a group of prisoners told me that these "Sisters" belonged to several parties, and that there was no general, comprehensive organization.

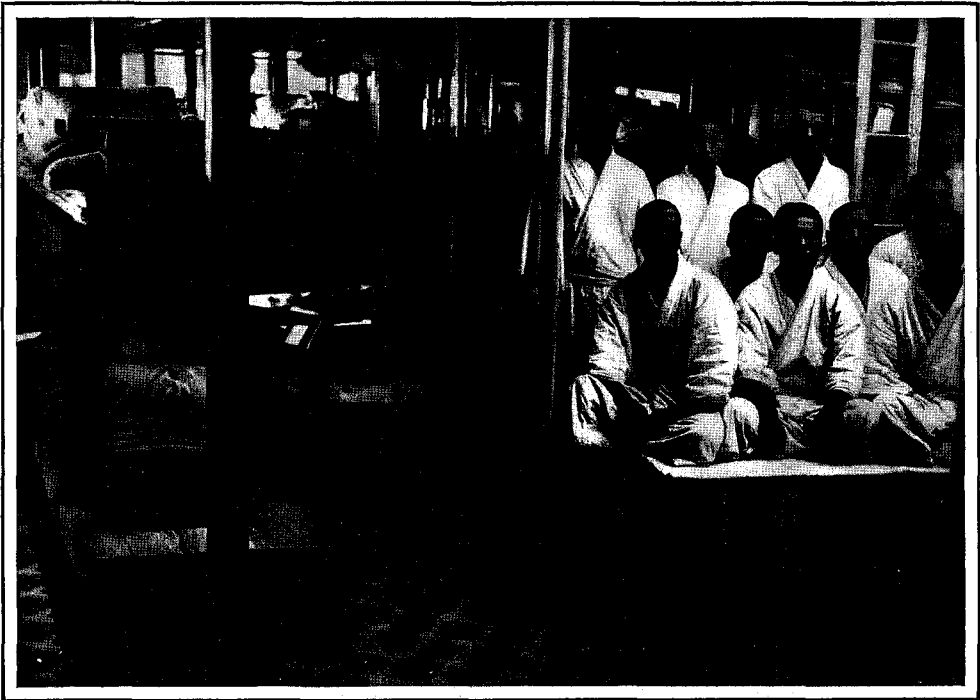
The Japanese nursing body, on the other hand, is thoroughly organized and is graded in several classes according to degree of training. In addition to the regular bearer companies, each regiment has some of its fighting men specially trained to carry stretchers; and besides these are the regular male military chief nurses, nurses, and attendants, and the nurses and stretcher-bearers furnished by the Red Cross Society. The most highly trained of any are the women nurses, all of whom are supplied to the army by the Red Cross, and serve in what is considered the most important posts, namely, in the base hospitals and on the hospital-ships.

Our own chief surgeon with the China Relief Expedition in 1900 reported that the organization of the Japanese provided three skilled men to take care of their sick and wounded for every two provided by our own or the other armies, and this without counting the supplementary Red Cross personnel of the Japanese. This one precaution must be an important, perhaps an essential, factor in the Sanitation Corps' success.

In olden times it was thought cheaper to obtain a new soldier than to cure a sick or wounded one. The whole idea of life-saving in conjunction with such a pre-eminently life-destroying thing as war is modern, and, indeed, almost anomalous. But a progressing world demands that reckless and useless sacrifices of life shall stop; and at last military commanders, and even appropriation voters, are beginning to appreciate the importance of keeping soldiers in fit condition to fight. At least, the Japanese appreciate this. Whether Americans do is exceedingly doubtful. The former provide a large Sanitation Corps; make each man in it, from chief surgeon to stretcher-bearer, an expert in his line; and then supplement this with a mass of equally trained Reserves. The United States has the nucleus of a Medical Department, it is true, but from the beginning of the Spanish War to the present time it has been lamentably deficient



PRIVATES IWASAKI AND NAKANO ON THE "KOBE MARU"



SICK PATIENTS ON THE "KOBE MARU"

in numbers. We trust to chance or politics for the health of our soldiers in war, but in 1898 the civilian doctors suddenly transformed by official appointment into military experts failed to recognize camp typhoid until it had spread like wildfire. In the Japanese army there is no place for either chance or politics, its experts are not made by fiat, and they can recognize camp diseases.

In 1901 our army was reorganized and officered on a basis of 100,000 men, yet the Medical Department was made only large enough to care for 45,000. Consequently, it has been necessary in peace to employ hundreds of civilian doctors to meet the army's needs. If the United States Congress has not appreciated the potential horrors of such a situation, how can it be expected to go further and provide a reserve personnel of trained military sanitarians and administrators?

In one respect we have this year taken a step forward. Heretofore we have been without any official permanent aid society. Now an effective and comprehensive Red Cross Society is being organized, and a large and active membership is hoped for.

The guiding opinion that money is worth

more than lives is unfortunately found also in naval matters. In our navy the nursing is done by enlisted men, and the surgeon-general has repeatedly appealed for authority to employ a corps of trained women nurses to take charge of the work in shore hospitals and help prepare the men for their duties as nurses on shipboard. But all in vain. Congress will not even consider the matter. In this respect the army is fortunately better off than the navy, for its nurse-corps of trained women is now firmly and permanently established.

From the purely military point of view, of course, every non-combatant is an additional handicap to an army in the field; yet every nation ought to supply enough men to furnish prompt aid after an ordinary battle. The Japanese are certainly of this opinion, but there have been times when they have been confronted by no "ordinary" conditions, and when they felt that even their comparatively large number of surgeons and nurses fell far short of the needs. In the early months of the war a field was cleared of the dead and wounded within twelve hours after the end of a battle. The experience of Lieutenant K—— is an example. He was shot simul-

taneously in both thighs while his company was attacking Kin-chau on the 26th of May. When he fell, two of his men carried him behind a native house near by and bandaged his wounds both with his and with one of their own first-aid bandages; but a large artery had been cut, and the bleeding did not stop until he tied his belt above the wound. This happened at eleven in the morning, and only four hours later, while the battle was still raging, bearers found him and carried him to a dressing-station two kilometers away. Fresh bandages were there applied, but he was not operated on until he reached Hiroshima.

As the fierceness of the fighting increased, prompt bearer-work became increasingly difficult. In the latter part of August, for example, there was such continuous close-range firing near Port Arthur that at one time the bearers could hardly be sent on the field at all, and many wounded lay without attention for days. It chanced that I learned of the experiences of three of the patients at this time. The first, who was wounded in a night attack, was a tall, fine-looking fellow, a student of the Imperial University at Tokio. He was struck in the knee, but was fortunately able to drag himself the whole distance of two thousand meters to the dressing-station, and thus escaped further danger.

A few hours later Private Matsura received five wounds in a daylight attack on the same fort, some of them while he was crawling down the hill toward shelter. He succeeded in reaching a ditch or hole, in which he lay from morning till nine that evening. The bone of his right arm was badly shattered, but he was able to wrap his bandage tightly about it, and so stop the bleeding. Of course this wound had pus; but, for the rest, even the bullet that went quite through his side did no serious damage.

Orders from General Nogi continued to hurl one body of men after another at this same fiercely resisting fortress. A single regiment, which at one time counted three thousand able-bodied members, was reduced to two hundred men and ten officers. One of its battalions made a night attack two days after Matsura was wounded, and at last entered the fort—at least what was left of them did so. By that time their ranking officer was Second-Lieutenant

S——. He was also their standard-bearer, and when wounded in the right hand he wrapped his flag about it and fought with his sword in the left hand. When this also was disabled, and he fell to the ground with a broken leg in the stronghold of the enemy, he thought to kill himself as some of the wounded about him were doing. But at that moment reinforcements came, so that one of his own soldiers who was hit only in the head was able to lift the lieutenant on his back and carry him to safety. When, at last, overwhelming numbers of the Russians drove the fierce intruders from their fort, only one officer and seven men of the whole battalion returned unhurt.

When you hear stories like these from the brave, uncomplaining victims, and have the terrible evidence of the truth under your eyes, you do not need to be on the firing-line to realize keenly what war means. And, in view of the enormous sacrifices which are sometimes necessary, there can be no surprise even if the far-seeing and careful Japanese on such occasions find their hospitals overflowing and their lines of communication taxed to the uttermost.

In transportation of the wounded all the skill of the sanitation officers was called into play, and the sight of it afforded human pictures of striking vividness. In July and August, both at Antung and on the hospital-ship *Kobe Maru*, I had occasion to see this; for the sick and wounded of General Kuroki's army were sent to the mouth of the Yalu River to take boat for Japan. A day's journey between rest-stations was twenty miles or less, and the roads were notoriously bad. A few men came over them in little carts, each drawn by one coolie, and others rode in the returning hand-trucks which were constantly carrying supplies up the Japanese-laid tracks to the fighting army. All the severe cases, however, had to be transported on stretchers, each carried on the shoulders of two Chinese coolies.

The hospitals in Antung were simply the best native houses obtainable, or the stone structures built by the Russians; and in these the men were made comfortable until places could be found for them on a hospital-ship, or, if very light cases, sometimes on a returning transport. In the spring the army controlled but three hos-

pital-ships, which number was increased to eleven by the middle of autumn. In the summer there were at times many sick and wounded awaiting transportation, but in spite of this the men were made comfortable, and everything went on in a perfectly orderly and systematic manner. The commanding officer of the hospital at Antung worked in a way to reflect credit on his nation, and surprised me frequently by the constant thoughtfulness and kindness which he showed in small things as well as in great.

While at Antung and Wiju there was opportunity to test the much-discussed field ration of the Japanese army. It includes much canned beef, canned salmon from America and sardines from Japan, rice, peas, beans, and other vegetables, excellent hardtack, tea compressed into hard cakes, powdered sugar, sauce, dried plums, and some *saké* for special occasions, all supplemented by Chinese food supplies. But I was not able to find that the army has anything corresponding to our elaborate ration system; and from the difficulties met with, and the beri-beri scourge, it would seem that the Japanese commissary work is open to improvement. Rice, the staple food, is difficult to utilize under field conditions. As an officer wrote from near Kaiping: "Owing to the scarcity of water, and especially of fuel, it is impossible to cook food and boil rice on any large scale sufficient for a battalion. This makes it necessary for each man to cook his own rice and other food." He adds that they were then receiving a pint and a half of rice daily, supplemented with millet, Chinese vegetables, and cucumber. Unfortunately, boiled rice sours so soon that it must be transported raw, and the men are not infrequently in positions where it is impossible to make a fire. Cooking, however, is facilitated by the equipment of each soldier with a black-coated aluminium food-carrier, cooking utensils, and dishes ingeniously combined.

On the other hand, when one considers quantity and not quality, and notices the astonishingly small amounts of food habitually consumed by these sturdy troops, another question arises. Does not this fact, by the lighter work required in the commissary department, give a military advantage to the Japanese over a country such as ours, whose troops are accus-

tomed to being, as our Secretary of War puts it, "the best fed in the world"?

Although in every place visited there were some officers with whom I could converse, I am indebted for much of the information obtained outside Japan to the kind interpretation of my charming companion, Miss Sato, of the Tokio Red Cross Hospital, and the nurse of highest rank in the society. With her and a number of officers I visited Yongampo, Korea, where the Russians had left fine permanent buildings and supplies that gave evidence of a hasty and unexpected departure. Later, we took a delightfully interesting trip to Wiju and the little hospital of the soldiers in northern Korea, and went over the ground and into the trenches where the battle of the Yalu had been fought. Those nurses of my party who were at work on a hospital-ship running to Dalny were much nearer the actual conflict, however; for they not only heard the sound of the perpetual firing at Port Arthur, but saw the injured vessels of the fleet after the naval battle of August 10, while their own ship took strict precautions against a possible surprise. At the same time, the ship I was on and several others lost two days by waiting at the mouth of the Yalu till all danger from the escaped Russian vessels should be over. Within three days after starting, however, our two hundred and thirty-five passenger-patients were landed in Japan.

The *Kobe Maru*, on which the trip was made, is one of the two hospital-ships belonging to the Red Cross Society, used as passenger-steamers in peace, and in war quickly altered, according to plans made when they were built, and transferred to the military service. Like its sister ship, the *Hakuai Maru*, it has three decks and a net tonnage of 1423. The ample promenade space is used by all the patients, regardless of rank, and its state-rooms are occupied by the very ill private as well as by the officers. Where the saloons and inside state-rooms had been, there were now iron frameworks almost filling the large spaces and supporting the simple beds, one row above the other and close together.

These ships also contain small rooms for typhoid and other contagious cases, a beautiful operating-room (ready for any emergency, but virtually used for dress-



ings only), pharmacy, morgue, X-ray room, and steam disinfection plant.

The numerous hospital-ships provided directly by the army department, and also the two belonging to the navy, average considerably larger than those of the Red Cross Society, but are otherwise much the same. All are kept in the most thorough order, and are cleaned to the very bottom of the hold after each trip. This is done with a twenty-five-per-cent. carbolic solution thrown by a hand-pump in a strong spray over everything, and followed by scrubbing with a brush. All drinking-water is supplied at Ujina, the port of Hiroshima, which is the transport base; and it is tested chemically and bacteriologically both before and after being put on board. The tanks containing it are regularly emptied, cleaned, and refilled. An officer from headquarters and a surgeon inspect every hospital-ship and transport after each trip. No matter what the need for haste, these precautions are never neglected. The Japanese characteristics of thoroughness and caution are so strong that no amount of pressure leads them into the "hustle and get there, somehow, anyhow" of the Americans. If time were as important and careful prearrangement as relatively unimportant in their minds as they are in ours, and if, consequently, the Japanese had dashed into Manchuria as we did into Cuba, and caught the small Russian army wholly unprepared, would the campaign have been more—or less—successful? But whatever one's opinion on this may be, it is certain that the Japanese will continue to prearrange everything. On the contrary, we Americans are only now beginning to form a comprehensive Red Cross Society, while our Congress prefers trusting to luck for the health of its army rather than to a well-organized medical department!

Relief corps supplied by the Japanese Red Cross Society serve on many of the hospital-ships. On the *Kobe Maru* there are four doctors, a manager, two pharmacists, two clerks, thirty-three women nurses, and eleven male nurses. All the relief personnel of the society are under vow to serve at any time called on during a specified period, which varies from fifteen years for the nurses to five years for the doctors. Merely as a recompense for taking this vow, and regardless of service

rendered, all except the nurses receive small fees annually. Besides this, the society salaries its personnel while on military or relief duty; but the special training given by it and the distinction attached to its service are the principal rewards offered for taking the vow.

At Dalny and at New-Chwang the hospital-ships go directly to a wharf and receive the patients from trains which land them only a few feet away. But the Yalu River is so shallow and full of sand-bars that lighters must be used between Antung and the anchorage, thirty miles away, and from these the patients walk or are carried aboard the hospital-ship through large openings in the side.

The *Kobe Maru* was on its thirteenth trip when I bade a sad farewell to Manchuria, where so much work was still to be done, and started homeward toward Hiroshima. The perfect weather made the trip delightful and the work not so difficult as usual. There were many interesting patients on board, but none had more narrow escapes than Private Iwasaki, a man whose wounds had been healed, but who was returning to recover his strength after an attack of malaria. His story was written for me by one of the English-speaking officers, and is worth repeating in its original form.

At the battle of Motien his section, hearing that the enemy are now attacking to recover the pass, was obliged to go forth under the commandment of special Sergeant-major Ishiwara to help their comrades. So as they were going forth within the limit of five hundred meters, there appeared some troop, but are not certain whether they are the Russians or Japanese, no answering to his inquire once or twice; but finally they were ordered to retreat, and he knew that it was a Russian troop. All of his comrades retreated from there except Ishiwara and Iwasaki are only left alone, surrounded by the Russians great majority. So Ishiwara fought so bravely and killed his enemy just eight, but he died as the dewdrop at the ninth. Private Iwasaki fought so bravely too, he killed down his enemy just three, but he finally captured by a giant Russian soldier who embraced him from backward while he was just killing his fourth enemy.

Iwasaki says: "My gun and sword were taken from me, and now I am almost naked one, for I have no arms to protect and to kill myself. And now I had to march over the miserable roads with five guards who were chattering and pleasing their triumph, know-

ing not that Private Iwasaki was intending to escape from them at any chance." At the negligence of Russian guards, he usurped the enemy's arms and stabbed two of them so quickly as the flashing of light and fought with three remaining soldiers. In this fighting he had slight sword cut on the chest and left arm, but paid no attention.

By good fortune he came to the edge of a hill and let himself fall over the cliff into a tree which was just half down of the hill. Little later he could look down from amidst of tree. The Russians were searching on him, but fortunately they could not find him out, as the light was dim and dense fog had settled over. Knowing that the Russian soldiers had passed by, he let himself fall down again over the cliff into a bed of stream, holding his captured weapon. But unfortunately there were many Russian soldiers in the upper course and a few cavalry in the lower course of the river. As he could not escape from his enemy, he scratched the following words on a big black stone:

Here died on the battle-field  
Private Iwasaki Gokichi  
30th Regiment, 2d Division.

And he tried to kill himself by harakiri, but succeeded only in making a wound through which water ran out of his stomach when he drank water.

It was the involuntary movements to reach a hill, crawling along the bank of stream; and here he stayed and slept amidst of deep grass, leaving himself to his fate. Awaking from his dream, he knows that the shooting was at far distance, and some troops were gazing at the top of hill where he was. Oh! it was the third company of his own regiment. He concludes: "So the male nurse of the company came and dressed me, and I was sent to the battalion with scratch!"

Besides the disabled Japanese on the *Kobe Maru*, we carried forty Russians. All except two officers were badly wounded privates, and all were provided for and treated exactly as were their captors. The Russians asked for little besides, but that little was given them at once. I can speak of this with confidence because, as it so happened, all the communications between the two peoples went through me as interpreter. The intricacies of such interpretation were well illustrated when the Japanese surgeon wanted to ask a question of a Russian patient; for he put the inquiry to me in English, I repeated it to one of the Russian officers in German, and finally he to the person addressed, in his own lan-

guage. The answer, returning by the reverse process, was finally recorded in Japanese on the official record of the case.

As we steamed past the coast of Korea, the captain gave a delightful dinner-party at which the guests were the principal ship's officers; those of the wounded Japanese officers who could walk about; the two Russian officers; Miss Sato, my companion; the American nurse of my party who was on duty this trip; and myself. If the polyglot conversation sometimes lagged, there was certainly no lack of picturesqueness in the appearance of the company.

But to me the most beautiful sight on shipboard was the spontaneous friendliness shown by Japanese patients who happened to be on deck whenever a bandaged Russian appeared there. The Japanese would at once offer him a seat and a cigarette and make attempts at a gesture-and-tone conversation for his amusement. The rôle of victor was never assumed; their relations seemed those of host and guest. So greatly did the gloom of the prisoners lift in this atmosphere that on the evening we steamed along the Inland Sea they joined in an international concert which began with American airs, continued with Russian folk-songs, and ended with the grand national hymn of Japan.

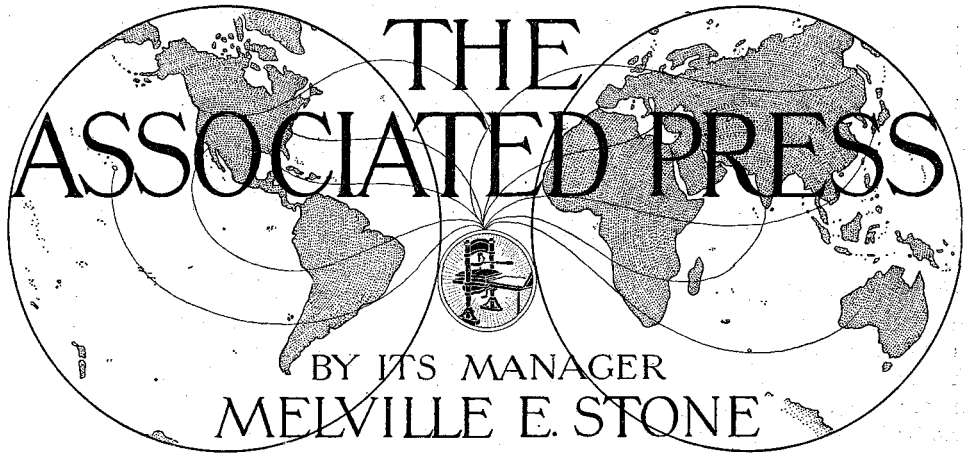
These pictures of the never-failing courtesy and good breeding of every Japanese, from whatever station in life, seemed a condensed illustration of the whole conduct of the war. The same traits shown by these simple soldiers actuate those in authority, whose aim is not merely to win military victories, but also to conduct this war according to such high and humane principles that the whole world will recognize in Japan one of the most enlightened nations of the earth.

Japan has learned much from the United States. Now the time has come when America should learn from Japan. The incalculable value of a large and well-organized medical department, supplemented by trained reserves, is the first lesson. The second lesson is that the efforts of the military sanitarian, to be effective, must be supported by the officers and men of the line. Medical officers cannot order: they can only recommend; and their knowledge of preventive measures is of small use if line officers do not appreciate their impor-

tance and if soldiers are too ignorant of hygiene to obey its dictates.

The officers of our small Medical Department know these things, but the American government and people do not know them. They see faulty details or an ineffi-

cient man, but they fail to detect the fundamental fault of defective organization. Before we can ever hope to rival the Japanese in the saving of lives in war we must be prepared for war even as they were.



## THE REMOVAL OF THE RUSSIAN CENSORSHIP ON FOREIGN NEWS



**S**ATISFACTORY relations had been arranged between the Associated Press and France, Germany, and Italy,<sup>1</sup> but obviously the place of chief interest was Russia. It had often been suggested that we station correspondents at St. Petersburg, but apparently the time was not ripe. It was the last country in which to try an experiment. Wisdom therefore dictated a delay until it could be determined how the agreement with other Continental powers would work out. Moreover, it was important that the St. Petersburg bureau, in case one should be established, should be conducted by a correspondent of singular tact. With this possible course in view, I put in training for the post a gentleman from our Washington office in whom I had great confidence. He was a graphic writer and a man of wide information and rare discretion. He studied French until he was able to speak with reasonable freedom, and devoted himself to the study of Russian history.

The situation at the Russian capital was peculiar. Every conceivable obstacle was put in the way of the foreign journalist who attempted to telegraph news thence to any alien newspaper or agency. The business of news-gathering was under ban in the Czar's empire. The doors of the ministers of state were closed; no public official would give audience to a correspondent. Even subordinate government employees did not dare to be seen in conversation with a member of the hated gild, and all telegrams were subject to a rigorous censorship.

Count Cassini, the Russian ambassador at Washington, was friendly, and desired me to act. While I still had the matter under consideration, an agent of the Russian government urged me to go at once to St. Petersburg. I sailed in December, 1903, and by arrangement met the Russian agent in London. To him I explained that we were ready to take our news of Russia direct from St. Petersburg, instead of receiving it through London, but to do

<sup>1</sup> See THE CENTURY for April.