

A Surgeon's Scalpel Knows No Borders

—Tales of Doctor Hidetoshi Arase—

Written by Hideharu Arase

Edited and Translated by Tadato Mizota and Taketo Mizota



A Surgeon's Scalpel Knows No Borders

—Tales of Doctor Hidetoshi Arase—

Written by Hideharu Arase

Edited and Translated by Tadato Mizota and Taketo Mizota



A Surgeon's Scalpel Knows No Borders

—Tales of Doctor Hidetoshi Arase—

Written by Hideharu Arase

Edited and Translated by Tadato Mizota and Taketo Mizota

Published by Junko Arase, Taeko Arase, Tadato Mizota and Taketo Mizota on November 2, 2020. The Japanese version of the manuscript is available from the following contact site.

Contact to Tadato Mizota (e-mail: tmizo@meth.biglobe.ne.jp) or

Taketo Mizota (e-mail: mizota0208@yahoo.co.jp)

Contents

	In the beginning	1
1	Newspaper articles provided by an old lady and stories heard from Ms. Kodama	3
1. 1	The newspaper article	
1. 2	Stories heard from Ms. Kodama	4
2	It was during the wartime in Showa 17 (1942)	5
2. 1	The staff members of the Dutch navy hospital vessel captured near Java and confined in Miyoshi prison	
2. 2	Ms. Brower's illness and the requests to the Japanese	6
2. 3	About the state of "nurse Brower"	7
2. 4	The doctors came, but the first and the second did nothing and were silent.	
2. 5	The situation was down to the last minute	8
2. 6	Japanese officials also felt sympathy	
2. 7	A way made for the patient by the captain just before catastrophe	9
2. 8	Information regarding the patient in the camp was transmitted from the head nurse, Ms. Kodama, to doctor Hidetoshi Arase	10
2. 9	Attending the surgery was also OK	11
2. 10	The director used English to explain the two stages of surgery	
2. 11	In the Arase Hospital operating room	12
2. 12	The head nurse, Ms. Kodama, is stunned by the words of the Japanese military official	13
2. 13	Grandfather's confidence, the result of surgery	14
3	My grandfather, Hidetoshi Arase and the family	15
3. 1	My life before returning to Miyoshi from Tokyo	
3. 2	The Arase Hospital of that time	
3. 3	Grandfather's era and surgery of the "cecum"	16
3. 4	Grandfather and his English hobby	17

3. 5	Awkward meal time	18
3. 6	Grandfather's hobbies	
3. 6. 1	Life with my grandfather	
3. 6. 2	Making his own surgeon's scalpels	19
3. 6. 3	Hunting	20
3. 6. 4	Tiny red tadpoles drawn with mercurochrome	21
4	Head nurse, Ms. Hazue Kodama, of the Arase Hospital	22
4. 1	Thanks to the surgical support of nurses	
4. 2	The significant presence of the head nurse Ms. Kodama	23
5	If there had been no decision by my grandfather	25
5. 1	Postwar processing, Tokyo Trial	
5. 2	About the end of the war and the effect of the atomic bomb	26
5. 3	B and C class war criminals and burdock roots	27
6	Memories of Hidetoshi Arase and his relatives	28
6. 1	Memories of my father, Hidetoshi Arase	
6. 2	The connection between the Mizota family and the Arases	33
6. 3	Memories of Eiko (Mizota) Sato	34
6. 4	Uncle Hidetoshi: Memory of Tadato Mizota	35
6. 4. 1	My debt to him as a patient	
6. 4. 2	Uncle's craftsmanship	36
6. 4. 3	The comedy and tragedy around our uncle -- like the English questions	37
6. 4. 4	Memories of Hidekata	39
6. 4. 5	Old Arase family house at Kawatachi and its surroundings	40
6. 5	Memories of uncle Hidetoshi and the family by Taketo Mizota	47
6. 5. 1	I was very much indebted to uncle Hidetoshi Arase.	
6. 5. 2	One of my cousins, Toshihiro Arase, loved me like a younger brother	49
6. 5. 3	Our relationship with the brothers, Hidekata and Hideharu	

6.	5.	4	My family interaction with the Arase and Sawa families	51
7			After editing Hideharu's manuscript	52
8			Acknowledgements	56
			References	58
Addendum 1			LINE communications of Junko Arase and Hideharu with the Mizota brothers during his last ten days	60
Addendum 2			Return of medical scalpels to Arase Hospital	67
Addendum 3			Sketches of Miyoshi POW camp by a prisoner, colonel Van Gerrit Hendrik Van Koeverden, military doctor	70
Addendum 4			Name list of prisoners in Miyoshi Prison, the original table from Japan Ministry of Foreign Affaires given by Mayumi Komiya	73
Addendum 5			A portrait of A. E. van Waning Bolt, Dutch nurse stayed Miyoshi POW camp	74
Addendum 6			Replicas for anatomy drawn by Hidetoshi when he was a student . . .	75

A Surgeon's Scalpel Knows No Borders

—Tales of doctor Hidetoshi Arase—

Written by Hideharu Arase

Edited and Translated by Tadato Mizota and Taketo Mizota

In the beginning

There is a family of medical doctors, the Arase family, that has continued for eleven generations since the Edo Era in Miyoshi City in the northern part of Hiroshima Prefecture. At the end of the Edo Era (1868), it was given the address of Bingo, Miyoshi-gun, Kawatachi Village. There is a record of the ancestor of the 7th generation in the late Edo era, Motoyasu Arase¹⁾ (who lived 64 years from 1835-1899) having been taught in Kangien College by Tansou Hirose (who lived 74 years between 1782-1856) in Hita Bungo, Kyushu. The 8th generation, Ichiki Arase, started a medical practice at Shimokawatachi, in the current Miyoshi City.

I spent the last years of my grandfather, Hidetoshi's²⁾ life, (Photo 1) who was the 9th generation of this Arase line, in the Arase Hospital. I remember hearing the story of my grandfather's life and his personality from the head nurse of the hospital, Hazue Kodama (Photo 2), who was the closest person to him throughout his medical life, and I want to leave these tales related to their life in a document for future generations. Although my elder brother, Hidekata Arase (Photo. 3), who was the 11th generation of Arase doctors in the Arase Hospital, would have been the most suitable person to do this, he closed his life at the age of 73 this year, (Jan. 2019).



Photo 1. Doctor Hidetoshi Arase in his clinic.

Over 75 years ago, one year after the outbreak of the Pacific War, on December 20, 1942, 44 Dutchmen were taken to the town, Miyoshi, as official prisoners of war^{3, 4, 5)}.

After that they spent about two years and nine months until the end of the war in the Miyoshi Camp. Although they were staff members of a hospital ship of the Dutch navy (including doctors and nurses), they survived unfair treatment that did not comply with the wartime international law. Although Japan was fortunately able to return them to their home country after Japan's defeat, I would like to mention here specifically one incident that occurred before September 12, 1945, when they left Miyoshi. When one woman in their group contracted a serious digestive disorder requiring surgery, it was my grandfather, Hidetoshi Arase, who overcame the great obstacles of dealing with the hostile prisoners and the many difficulties of wartime in order to support them from a humanitarian position and managed to save the woman through surgery.



Photo 2. Ms. Hazue Kodama Head Nurse of Arase Hospital.

Editorial note 1:

The writer, doctor Hideharu Arase, died on February 6, 2019, leaving this unfinished manuscript. The manuscript was passed on to us, his father's cousins, the brothers Tadato Mizota and Taketo Mizota, to edit and complete. The details of this process are written in Chapter 7. During the editing work of the manuscript many related materials were collected and some of them are cited in the following six addenda.

Addendum 1: LINE exchanges for 10 days of the author, Hideharu Arase and his wife, Junko with the Mizota brothers just before the author died.

Addendum 2 : Medical scalpels made by Hidetoshi

Addendum 3: sketches of Miyoshi Camp and of the Military Hospital Ship, Op-Ten-Noort, drawn by a prisoner.

Addendum 4: A list of people who were detained in the Miyoshi Prisoner of War (POW) Camp Dec., 1942~Aug., 1945

Addendum 5: A portrait of A. E. van Waning Bolt, a Dutch nurse who stayed at the Miyoshi POW Camp, sent after she returned to the Netherlands.



Photo 3. Doctor Hidekata Arase

Addendum 6: Hidetoshi’s replications of anatomy drawn when he was a student.

- a) Head drawn by Hidetoshi Arase and the original figures from Rauber’s Textbook of Anatomy of Man
- b) The cover and the first page of Rauber’s Textbook

To clarify people’s relations appeared in the manuscript for readers, we added a family tree on Arase families as Fig. 1, as some of them have so similar names enough to confuse even for native Japanese readers.

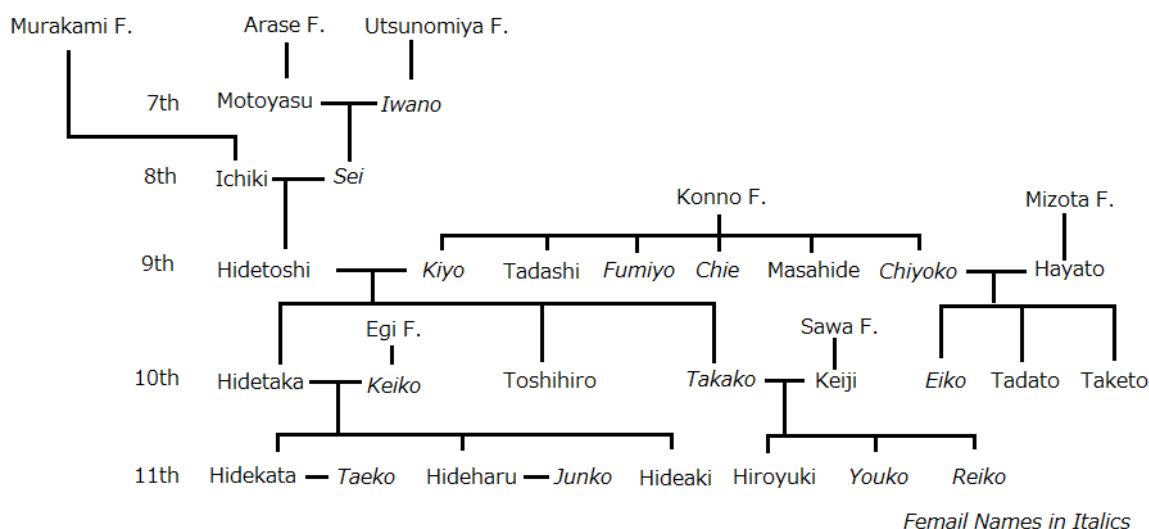


Fig. 1 Family tree for Arase and related families

1 Newspaper articles provided by an old lady and stories heard from Ms. Kodama

1.1 The newspaper article

Perhaps it was about 2002, 10 years or more after 1992 when I started working at the Kimita Medical Clinic in Miyoshi City, which has been my workplace until now. One day an old lady came as an outpatient of the clinic, and as soon as my examination ended, she said me, “Doctor, your grandfather, has done great thing related to the camp during the war. This story, do you know about it?” I answered with a vague reply, “Yes, well ...” and said only, “You are welcome.” The patient continued a little excitedly, “It was a great thing, it is our pride.” But as usual, I called out, “Bless you,” as at the same time the next patient came into the room, and I continued to work without having time to think about that until the day was over. When a medical condition is stable, as it was for this

woman, the next examination day was generally two weeks later. However, two or three days after that exam the same woman came to the hospital bringing something she wanted to give me. There were several pages in a large envelope, some of which appeared to be stapled copies. These were documents printed on pages filled with fine letters that left traces of drawings and circles drawn around relevant parts with red pencil. The materials were excerpts from newspapers like the “Chugoku Shinbun” or booklets on local history published in the Miyoshi area, and most of the contents related to the events concerning the Dutch people in the Miyoshi camp which had existed during the war.

The contents included stories that I used to try to avoid hearing from Ms. Kodama, during my childhood, and episodes, parts of which I had not known at all. After reading them all, I felt that my grandfather's lifetime was shining for a while, because they were in print written by other people. Episodes other than medical treatment were also included. Of course, if Ms. Kodama were alive, she would have known all about it and could have told me.

1.2 Stories heard from Ms. Kodama

Ms. Kodama used to speak of events to me often. However, I was less than 10 years old so I was hardly interested. I pretended to listen, or would escape from the spot when a story was about to start, and I would say, “I’ve heard that many times.” I was a disgusting kid. After that, several years later when I became a fifth grader in primary school, I began to show interest in various things, and I would have liked to know more in detail about the events, including what Ms. Kodama experienced during the war. But I remember that I could not ask her easily due to the past when I had resisted hearing her stories.

In the early 2000s, Ms. Kodama’s life of 93 years came to a close. As a nurse, she was a Meiji era woman who had exhausted herself for the Arase Hospital and, of course, for her patients. She knew the basics of nursing technology and medicine, was qualified as a registered nurse, and probably was the most cutting-edge woman at the time. There were possibly fewer such nurses in number than doctors at the time. If I do nothing, there will be no one to tell about her, and these valuable stories will be forever buried. I felt the pressure that I might be hearing from my grandfather (Photo. 4) in heaven saying, “I am not satisfied with your silence.” and I decided to compile these memories here.

2 It was during the wartime in Showa 17 (1942) ^{3, 4, 5)}

Editors' note 2:

It is known that doctor Hideharu Arase had been reading references of articles ^{1), 4-10)}. Much of the contents of the present Section 2 appears to be based on one reference. ⁵⁾ Hideharu Arase's wife, Junko, told us that he was reading a lot, especially this book, ⁵⁾ between his medical work. The stories he heard from Ms. Kodama overlapped, and the distinction was unclear, so we could not put detailed quotes in the notes. We accepted the situation and followed the original text except when clear errors were noticed.

2.1 The staff members of the Dutch navy hospital vessel captured near Java and confined in Miyoshi prison

Shortly after the Pearl Harbor attack in December 1941 at the beginning of the war, in February, 1942, a Dutch Navy hospital vessel, the "Op-Ten-Noort," was captured on Feb. 26, 1942, by the Japanese navy in a sea lane near Java, a colony of the Netherlands. Seventy-nine hostages were taken to Yokohama. Among them were six military doctors, one dental doctor, 17 nurses (including 15 female nurses), and the captain, Mr. Tuizinga, and his crew of up to 19 (two of them were Indonesian ship engineers and the others were Dutch nationals). A total of 44 were "non-combatants" (Addenda 4).

According to an Asahi Shinbun newspaper article dated April 2nd, 1942, in the wartime period (original transmission on March 31st), the Op-Ten-Noort was in the midst of the enemy (Japanese) ships during the Battle of Surabaya from February 27th to March 1st. Both journalists, Saito and Sakamoto, were on board this ship when the crewmembers were captured by the Japanese navy and anchored at Makassar. There were 182 sailors (including 22 upper-class Dutchmen and other Indonesians), seven military doctors, 15 Dutch nurses and 23 patients. The total of 44 of them, included the 22 Dutch crewmembers, seven military doctors, and 15 Dutch nurses, were brought to the Miyoshi Camp.

Forty-four people were imprisoned in a housing facility of a restored former nursery school (Aikouen) that was located in Miyoshi-cho, Futami-gun, Hiroshima Prefecture (now Miyoshi-cho, Miyoshi City). The hostages were managed not by the Japanese army but by the Miyoshi police. When taken as non-combatants, the treatment should have been considered separately from combat prisoners of war in matters such as clothing,

food, shelter, etc. However, the treatment level was lowered to the same level as that of general prisoners of war (combat prisoners of war), and due to the effects of shortages of goods as the war progressed, they were forced into a miserable condition of life. They could only have dreamed of the day they would go home. They encouraged each other and endured.

2.2 Ms. Brower's illness and the requests to the Japanese

An incident occurred during the period of confinement. One of the hospital ship's staff, a nurse, Ms. Brower, was diagnosed with digestive tract disease by a Dutch naval doctor from the same hospital ship. As prisoners of war, they could not do anything that the situation called for. Her co-worker, an army doctor, of course tried to treat it with drugs. But when the hospital ships were captured all medicines were confiscated. So there was almost nothing to treat her with. The symptoms, only nausea at first, gradually worsened, and the patient began to vomit after meals.

There were international legal rules for the treatment of non-combatants, such as these hospital ship staff members who had been imprisoned as prisoners of war, and even for general combatant prisoners of war. The health management required patrols by Japanese medical doctors once a month. However, the medical checkups were carried out once in two months after they began. But, without any explanation of the reasons, there were no doctors thereafter. Ms. Brower's condition would have been curable if she had been examined at the onset and properly medicated. Dutch military doctors repeatedly requested a Japanese doctor's visit. However, there was no reply, and as they had no drugs, they continued to appeal to Japanese officials through the camp staff. But there was no response. The patient's condition continued to get worse and her nutritional status was becoming dangerous. In the worst case, the Dutch doctor judged that surgery was necessary, and repeated requests for a visit of a Japanese doctor. But no Japanese doctor came. When about two months had passed, she finally stopped taking any food or drink by mouth. With significant malnutrition and dehydration, they were forced to conclude that she would soon be in crisis. The condition had come to an unacceptable point.

In addition to that, occasional unconsciousness developed and it was thought that the only option was surgery. The Dutch physicians, who diagnosed her, had also lost more than 10 kg in weight. The patient's skin turned pale like wax and gradually this began to be accompanied by a clear impairment of consciousness. In order to carry out an

emergency operation, it was clear that they could do nothing more than to call for a Japanese doctor immediately. As a result, their feelings of frustration and their usual behavior were gradually becoming wildly erratic. The guards of the prison were beginning to feel that the hostages were becoming abnormal.

2.3 About the state of “nurse Brower”

A Dutch military doctor diagnosed “stomach pyloric stenosis”. The area around the pylorus is a part that delivers food smoothly from the stomach to the duodenum if it is in a healthy state. However, there are many cases where it is difficult to treat the site where stomach ulcers or directly linked duodenal ulcers also occur. If a gastric ulcer is not properly treated, in the worst case, the ulcer may become deep and eventually puncture the gastric wall, which is called “gastric perforation”. This condition may be complicated by severe peritonitis, “perforative peritonitis”. Nurse Brower was very close to this condition. Although the detailed course is unknown, it is not beyond imagination that she, as well as many others, had ulcers due to being exposed to severe conditions of mental and physical stress.

2.4 The doctors came, but the first and the second did nothing and were silent.

The prisoners’ distress might have reached the Japanese officials, for a Japanese doctor, after a long wait, visited the camp to see the patient. Although the doctor walked to her bedside, he did nothing, neither treatment nor palpation. He turned away without saying a single word and went out of the room. He might have heard before the visit about the approximate symptoms, and palpation of the abdomen is a basic procedure to apply to a patient whose complaints consist chiefly of digestive symptoms. Palpation with a fingertip should have provided doctors with many times more information than verbal explanations. Nevertheless, he went out without doing even that. The Dutch doctor still hoped to make progress and waited for a response. Soon a second Japanese doctor visited the patient. However, despite the expectations of the POWs, the second doctor did exactly the same, and he went out without doing anything.

2.5 The situation was down to the last minute

After that, with no progress, only time was wasted, and it seemed that the Dutch surgeons, who had been watching the patient, had already missed the opportunity even to perform an operation at that point. In other words, the situation had reached a critical state that may have been considered “too late.” However, the Dutch prisoners felt that their appeal probably had not reached the upper ranks of the Japanese army. They were forced to overcome the situation by calling for emergency measures. If they had been on a hospital ship, there would have been plenty of medicines and there would have been an operating room for emergency surgery. There would have been instruments, an operating table, and proper lighting, etc. A complete response would have been made by the staff composed of doctors, nurses, and so on, each aspect would have been considered the biggest factor for success. However, this camp did not have any surgical tools, only its own medical personnel. In this abandoned situation, Dutch military physicians and medical staff, and hospital ship staff believed that they could not help her unless they did the surgery on their own.



Photo 4. Doctor Hidetoshi Arase, 1961.

2.6 Japanese officials also felt sympathy

All of the prisoners continued to endure treatments that reduced their weight by about 10 kg or more compared to when they were detained. The Japanese officials of the camp staff who had been watching nearby also felt a desire to help them just then because they had seen the situation close up. Sometimes beyond their positions, a feeling of sympathy was born and changes were beginning to appear. According to Ms. Kodama's recollections, words of frank sympathy for them were prohibited at that time. It was said that those who had been associated with the camp told her about their feelings at that time, as it was an age when such attitudes alone could be punished.

Even though Japanese cooperation could not be obtained, the Dutch military doctors were determined to request preparations to do their own laparotomy promptly. But they were also thinking that the time needed to help this critically ill patient was no longer there. Inspired by the desire not to lose sight of the goal, they decided to appeal directly to the Japanese military official.

2.7 A way made for the patient by the captain just before catastrophe

The plan was implemented the morning of the day after the second Japanese doctor had left the patient without doing anything. Captain Tuizinga of the hospital-vessel carried out the request, the details of which were told to only one of the crew in order to avoid a leak and the possible failure of the action. Just after dawn, Captain Tuizinga took action. It involved destroying the fence that surrounded the camp. It seemed like a simple, dangerous and childish plan. However, he was the colonel of the hospital ship, the captain who made this plan and carried it out alone. The morning he broke the boards of the wooden fence was a moment when the ultimate action was needed to help the patient in order to avoid remorse. But the captain was immediately arrested and kept in an underground cell at Miyoshi Police Station for 24 hours. It was not an intelligent way to convey the demand, but as a last resort, the unimaginable danger was part of its ploy.

The captain was of a high social position and was, of course, well educated as well as professional. He was representing all of the crew and medical staff on this hospital vessel. If such persons of high status were arrested as perpetrators, they had figured that Japan's response would also possibly be to bring in those with appropriate status to interrogate him. During this investigation, the captain succeeded in bringing out the high-ranking Japanese military officers in the area.

In reality, their request was simply this: "They wanted the patient nurse to have surgery." However, the Japanese army personnel who received the complaint were in a difficult situation at the time just securing facilities and doctors. If the same request had been made in a large city, for example, Hiroshima City, it might have been possible to obtain cooperation from Hiroshima Medical College Hospital as a possible facility. However, the patient did not have enough physical strength to withstand being transported over 70km from Miyoshi. With Miyoshi town in the northern part of Hiroshima Prefecture, which then had a population of less than 20,000 people, meeting the Dutch POW's request seemed a rather difficult problem.

2.8 Information regarding the patient in the camp was transmitted from the head nurse, Ms. Kodama, to doctor Hidetoshi Arase

There is no one now who knows the details of the path through which the news of this atrocious situation reached my grandfather, doctor Hidetoshi Arase. Fortunately, the POW camp was only about 350 meters from grandfather Arase's Hospital. Although the hospital had been busy with usual daily medical treatments, Hidetoshi received the information that there was a patient who needed urgent surgery in the camp and he was asked if he could lend a hand for the medical support. When Ms. Kodama told the director of the request, he ordered her to immediately prepare for a visit. He headed to the camp taking his medical bag and Ms. Kodama. It took only four minutes at a brisk pace on foot. Contact had already made at the camp, and a military policeman welcomed grandfather with a sharp salute.

Ms. Kodama has said that she felt eyes of the Dutch staff on them. The chief doctor, another doctor and the head nurse watched every move of doctor Arase in silence beside him. Apparently skeptical and hostile, sometimes whispering something in a low voice, they seemed not to be able to hide their suspicion. Even though they had been told by the military interpreters that the visitors were surgeons, they would have preferred to prepare the tools and carry out the surgery on their own. The initial exam took four or five minutes. The patient was in no condition to talk while my grandfather's silent examination was done. As a matter of fact, the patient, the Dutch nurse, was not one hundred percent conscious at that time. But there was a fear that she could not identify who the new Japanese doctor was. She later mentioned that she was in a kind of mental defense posture, pretending not to be fully cognizant, and saying things such as "painful" or making a kind of moaning response⁷⁾. Grandfather received the impression that her condition was quite serious, since he had heard their request to start surgery as soon as possible. Dutch doctors and nurses had asked the interpreter about grandfather, who he was and what his profession was. But the interpreter seemed to be having difficulty with the translation. Grandfather realized what the trouble was, took a deep breath in front of the reclining patient, then looked at the two Dutch navy surgeons and the head nurse on duty who were watching at the bedside and said in English, "I will operate on her at my hospital." There was a momentary pause after my grandfather's words and they could not hide their confusion. However, the flow gradually changed from that point. Grandfather spoke to them directly in English, and at the same time instructed

Ms. Kodama to go to the Arase Hospital. In order to carry the patient who was lying down, when neither ambulance nor a gurney was available, they used a cloth stretcher to transport her on foot.

2.9 Attending the surgery was also OK

In addition to the poor environment in the camp, they had been betrayed continuously regarding Japanese medical care and they were forced eventually into the need for emergency surgery. They heard the explanation of this Japanese doctor who they met for the first time, and even if all of his medical proposals were the same as their diagnostic results, could they have been convinced and allowed the operation to be done by him? I cannot help but suppose that their expressions and attitudes were skeptical of my grandfather's proposal. In the end, they nodded acceptance of my grandfather's offer. But at the same time they begged him, "We would like to attend the surgery." My grandfather quietly replied that he was, of course, was willing to allow that. "Well then, leave it to me," he said, exhibiting his tremendous confidence.

2.10 The director used English to explain the two stages of surgery

My grandfather finished examining the patient and faced the Dutch staff, who turned their eyes toward him expectantly. He began to explain to them in English directly without using the military interpreter who was standing by. It was probably the result of thinking that it would be time-consuming to communicate indirectly via an interpreter. Based on the results of his own examination, he informed them of the patient's diagnosis and what kind of surgery should be performed. Ms. Kodama also knew that the director was fluent in English, but she had no memory of his actually speaking in English up to that point. She saw a new side of the director. At that time, and in such a local and isolated area as Miyoshi, it was rare to have opportunities to talk with foreign doctors. Seeing the Dutch staff listening to him, she felt that she could relax, and it was said that Ms. Kodama, caught up in her first experience of hearing the director speak in English, felt relieved.

The director generally told the Dutch military physicians, "Because we cannot rule out the possibility of malignant tumors or cancer given the patient's condition, we will decide whether we need to perform more radical surgery after the laparotomy. In any case, the surgery that should be performed immediately is the primary one. Surgery to

advance food from the stomach to the intestine (bypass surgery) will be performed, and after recovery of her physical strength, the cause of the obstruction will be removed (radical surgery).” It was not such an unusual way to set up operating procedures, and was a general approach to such cases in gastroenterological surgery. This view seems to have been unanimously accepted by Dutch surgeons.

“The surgeon's scalpel has no borders,” he told the unsettled military doctors in English. Ms. Kodama remembered that he said something like this, but did not remember his exact words.

Surgeon's *Mes* has no Borders.

As the actual English text is unknown, you might wonder that such a “dialogue” has come about here. I do not know how the patient who heard the words felt under such strong fear and anxiety, but I can imagine how much peace it brought to her at that moment. She said later that she had remembered the director's words above clearly.

Editors' note: “The surgeon's knife knows no borders,” was suggested by Jean Marie Mahieu, as a native English speaker. In Reference 5) Hidetoshi's statement was found to be “There is no border for work to save patients” as a direct translation into English of the Japanese text. According to the dictionary, the word “mes” seems to be Dutch, but not only doctor Arase, but other doctors at that time were learning German, and many of Japanese pronounced “messer” in German as “mes”, which seems to have been common. From the long period of intercommunication with Dutch people from the Edo Era, “mes” might have been familiar to the Japanese people. It was lucky that “mes” was correctly understood by the Dutch people.

2.11 In the Arase Hospital operating room

Ms. Kodama immediately started preparations for the operation. The patient was taken to the operating room and laid on the operating table in a dim state of consciousness. Three people, a military doctor, Vreede, and two nurses, who wanted to attend, were saying something to her for encouragement. The patient, who was deprived of freedom in a rural area of Japan, far away from her motherland in the Netherlands, and without any connection, was helpless. She endured the fear of death and was finally able to lie on the operating table while being encouraged many times not to give up. While waiting for the operation, for a moment, she slightly raised an eyebrow with a sense of extinction likely to fade, and caught a Japanese nurse in her gaze. As Ms. Kodama was used to doing before surgery, she held the patient's hand while saying, “Don't worry.” The patient squeezed her hand back slightly. Although their

nationality was different, it might have been an emotional moment that came from the contact between two women, people of the same generation, and the same occupation as nurses. I will add something else: Ms. Kodama was not good at foreign languages. Therefore, it went without saying that the call, “Don't worry,” was purely in the Japanese language sprinkled fully with Hiroshima dialect. A moment of calm flowed into the operating room.

2.12 The head nurse, Ms. Kodama, is stunned by the words of the Japanese military official

At the window a little distance from the operating table in the same room, a man in charge of the guard, likely to have been a member of the military, approached Ms. Kodama and spoke to her in a low voice as she rushed around preparing for the operation as usual. She was stunned by his words:

“Ms. Head Nurse, as she is a prisoner of war, well, any result will be acceptable. Don't worry.”

This exposed the Japanese military's attitude during the war: whether it was toward a non-combatant or not, people in this hostile country showed an attitude of having less regard, even for the dignity of life. Even facing the operation that was about to start, the Japanese military's thinking was unwavering. It is tough to repeat, but this consistent posture is horrible. What this Japanese military official continued to say during this period was words to the effect that the body would be donated to the hospital as a cadaver if she died. “It is no great loss.” In many battlefields where there was no victory, just many dreams, it would have been a shame if the scattered Japanese soldiers fought to the death under the command of Japanese military personnel of such consciousness. I cannot but pray for the souls of the Japanese soldiers who had been recruited and died.

At this moment, it would not have been the patient herself, nor the Dutchman in charge of the supervisory role who might have made him angry, because they could not understand the Japanese. But what would have happened if this had reached my grandfather's ears? Fortunately, that never happened. If this ever got to his ears, Ms. Kodama didn't tell me. But I imagine, from the childhood memories I experienced, quite a difficult situation would have occurred. My grandfather, who had an overwhelming sense of justice and pride, was thought to be a “fearsome doctor” by patients and most of the people surrounding him. But he was kind enough to children

and vulnerable people, and at the time they, not only my grandfather, but also all medical practitioners, never demanded treatment fees from patients who found it difficult to pay.²⁾

Grandfather came into the operating room, which had regained a sense of calm. Such worries might have come to the patient herself as to what kind of surgery was going to be done and whether it would save or end her life in this unknown place. The Dutch doctor and nurses standing by would have had the same uneasiness.

2.13 Grandfather's confidence, the result of surgery

Grandfather was convinced that the surgery he performed was the best. His confidence based on experience and technique was unwavering. The Dutch doctors lost their ability to speak gradually as the operation progressed. It was carried out at a high technical level far above the surgery they had imagined on their own. Their gaze, watching the movements of my grandfather's fingertips, showed that what they saw completely surpassed the surgical techniques they had normally used in their home country. Of course, it might have been an extension of their lip service to him as he had helped them, but after the end of the war and their return to the Netherlands, the Dutch doctors expressed their greatest compliments. "Japanese surgeons are doing excellent surgery, doctor Arase" and they expressed gratitude ^{4), 5), 6)}. If there had been any worries then, they would soon have taken over the initiative of the surgery, as their technology would have been superior to that in Japan. My grandfather's techniques and theories were of the best surgery done in those days, even by the Dutch doctors. Ms. Kodama felt that the conversation of the Dutch doctor, who was prone to interrupt my grandfather a short time before the operation, was based on his Dutch pride in having better medical techniques than those in Japan. It was because they also thought that it was impossible for doctors in hostile countries to cope properly.

Two months later, the Dutch nurse, Ms. Brower, who had the second operation and got over the worst, finally recovered her health. After the end of the war, with all the staff, she was able to safely leave Miyoshi town and return to her home country. There was the patient's strong conviction that "she must absolutely live" and the thoughts and actions of all the crew members, starting with the Dutch doctors who have continued to support her. "Certainly help and return them all to the Netherlands." As a result, they were able to overcome that adversity, which led to the treatment by my grandfather, and they survived. My grandfather said that he had a farewell party to which he invited

over ten members including the Dutch doctors, nurses and others just before they return to the Netherland after the war ended⁷⁾.

3 My Grandfather, Hidetoshi Arase and the family

3.1 My life before returning to Miyoshi from Tokyo

I had been living with my parents as a family of three, in Tokyo. My elder brother, Hidekata, was living separate from us at our grandparent's place in Miyoshi since his infancy. My father, Hidetaka, at that time was a medical intern, trained in medicine under the system of interns as completely unpaid doctors¹³⁻¹⁶⁾. He was so busy every day that he came home after I had gone to sleep. I spent most of the quiet days alone with my mother, Keiko. My grandfather was an untouchable "being" for me in my childhood, when we returned from Tokyo to Miyoshi.

3.2 The Arase Hospital of that time

As a matter fact, in my grandfather's time, surgical practitioners were rare. In the case of Hiroshima City, Hiroshima Medical College Hospital would have been able to cope with comprehensive surgical diseases (such as for internal organs, brain surgery, etc.). In addition, even some private practitioners in Hiroshima City, Tsuchiya Hospital, for example, seem to have been able to accept surgical patients. At that time, patients who needed surgery came to the hospital to receive grandfather's treatment not only from the northern part of the prefecture but also from around the borders of Shimane or Okayama Prefectures.

At that time, the surgical departments at the medical specialty hospitals were not as fragmented as the current medical departments of a university-attached hospital. For example, according to the type of surgery and organs involved now, Prof. A specializes in "Cerebral Surgery," Prof. B in "Thoracic Surgery," Prof. C in "Abdominal Surgery," "Orthopedics," "Anesthesiology," etc. It is a time when each of the professors, associate professors, lecturers, and assistant professors has their own specialty in surgery. However, in Grandfather's days, it was natural to study in such a way that if a student entered a surgery course he could do everything from abdominal surgery to orthopedic surgery all by himself. In that sense, my grandfather's knowledge and technical skill

was more far-reaching than any of us. He had no choice but to do so during that era. One small difference was that Grandfather had acquired more than adequate medical knowledge through his extraordinary efforts after opening the hospital.

3.3 Grandfather's era and surgery of the "cecum"

My grandfather was born in 1896 in Shimokawatachi, Futami-gun, Hiroshima Prefecture (now Shimokawatachi, Miyoshi City) (Photo 5). He studied at Tokyo Medical College and inherited the medical practice from his father, doctor Ichiki Arase. At the age of 32 in Showa 3 (1928), soon after the Taisho era name had been replaced by "Showa," the Miyoshi town association invited the opening of a "surgical hospital" and one was opened in Nishinaka-machi, and then moved to Uchi-machi. In 1943, it became a surgical hospital with 50 beds in Sakae-cho, Miyoshi town, where the current Arase Clinic stands.²⁾

"Acute appendicitis", so-called "ceca or cecum" also required a general operation to open and remove the appendix until some time ago when antibiotics were developed.

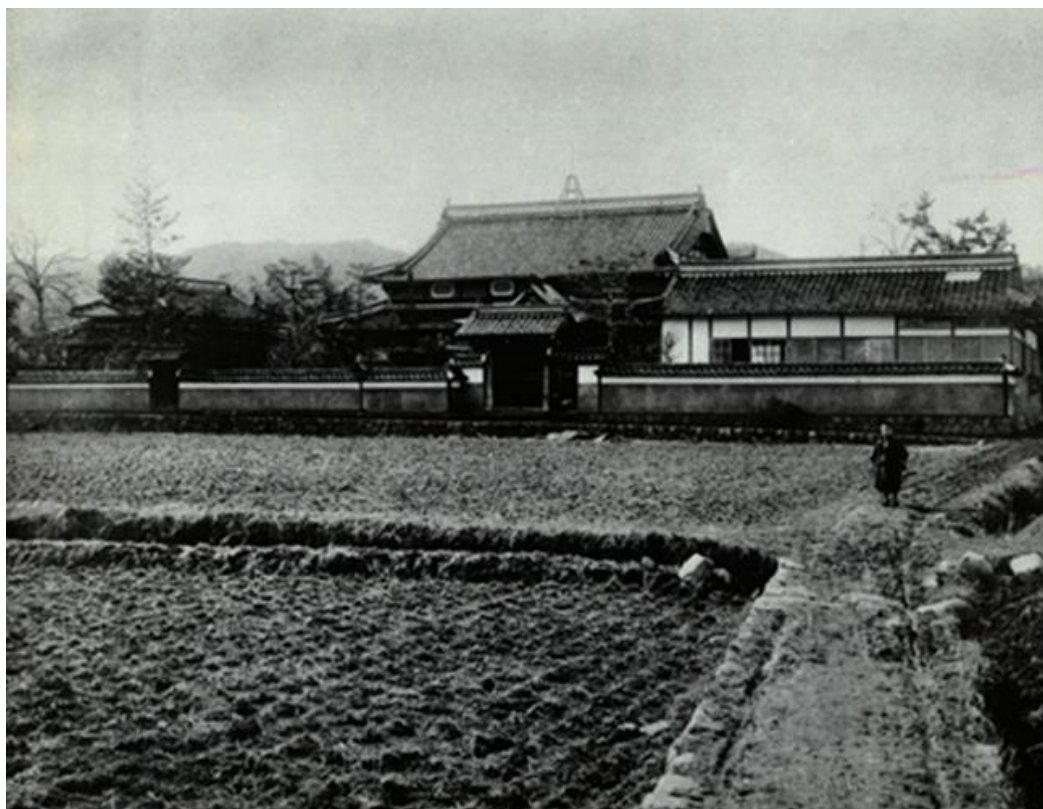


Photo 5. The old Arase residence around Taisho 15 (1928) at Shimokawatachi. The person is thought to be Hidetaka Arase at 5 to 6 years of age. The top structure on the roof is a lightning rod. The right white walled building was used as a medical clinic.

Furthermore, in the old days when Grandfather was young, there was an absolute shortage of facilities and few surgeons, so it was generally regarded as a “fatal” disease.

In fact, many patients at that time had unfortunate outcomes. Grandfather spread the word about appendectomies, a new treatment in those days and the news that “cecum” was becoming less of a life-threatening disease. The population began to be aware that it could be cured by surgery. However, this medical treatment called “surgery” was not a familiar thing. In order to undergo surgery, the patient said farewell to his family and went to the hospital in a ritual called “water cup.” Now it seems even funny. My grandfather recognized the need for surgery (as a medical technique) and worked on building a practice that could provide surgical treatment as soon as possible. As a result, “acute appendicitis” was not a serious disease that kills, but it could be cured completely by surgery, and patients were able to return to their original lives after discharge. More and more people were starting to work again. This indicated that the reliability of surgery was improving in the northern part of Hiroshima Prefecture.

3.4 Grandfather and his English hobby

My grandfather never experienced the chance to study or go abroad. However, he was fluent in English. There are many people who can speak English now, but at the time it was rare. My grandfather had been good at English before he studied medicine, and I heard that he was good at English as a subject during his middle and high school student days. German was the main foreign language required by doctors to study medicine at that time. After mastering it, it seems that Grandfather thought that it would be American medicine that he needed to learn then and English would be needed. When I was in elementary school, one piece of mail sent to my grandfather once a month had a unique exterior and special package. It had a small address label in English. I was in charge of bringing this package to my grandfather. This was a famous surgical magazine from the United States. The vivid package was too heavy for a paper magazine and could not be opened without using scissors. My grandfather passed away at the age of 67. But for some time, I recalled his visage in his reading glasses tracking the magazine, holding a dictionary in one hand and a magnifying glass in the other hand as he read.

3.5 Awkward meal time

When my family came back to Miyoshi from Tokyo, I began living, along with my brother, in a three-generation family. It was then that for me a large family lifestyle that included some hospital staff suddenly began.

For my father, Hidetaka (Photo 6), and his brother, Toshihiro, who sat around the dining table, the morning, noon, and evening meals were used for English vocabulary study led by my grandfather who would not allow them to escape. What should have been an enjoyable mealtime was the equivalent of hell for both of them even as adults. It was not especially part of a conversation about medical terms among surgeons related to their work. According to my mother and my



Photo 6. Dr. Hidetaka Arase

grandmother, many of the questions presented related to the food, such as eggplants and cucumbers, which were arranged on the table. If they could not answer in English, they would be strictly scolded for their lack of study, and if they might soon give the correct answer and feel relieved, the next question would be, “What about the spelling?” There was hardly any understanding that the other people around them might be praying for them to “Answer correctly!” A meal that should have been fun lost its flavor. My brother and I as children did not know the details, so I hoped that mealtimes would be fun if possible. But I could feel in the air that most of the adults had lost their appetites -- except my grandfather. My father and uncle concentrated on one thing: how quickly they could leave the place. When they finished eating at tremendous speed, they disappeared as soon as they could say, “Thank you for the wonderful meal”.

3.6 Grandfather's hobbies

3.6.1 Life with my grandfather

At the time I started to live with him, my grandfather was about 60 years old. He was

not only an energetic surgeon, but also, I cannot fail to mention, the diverse hobbies he had that might have driven his passion for work. This stimulated my curiosity as a boy of 6 or 7, who had never experienced such things before. I thought of him as a "cool" man, full of masculinity, a Meiji-born surgeon who enjoyed his life with many hobbies and excellent knowledge and skills gained through his own research. I became interested little by little in things other than my grandfather's job as a doctor, because when I was probably about 10 years of age in elementary school, after every day's dinner I went into Grandfather's room.

3.6.2 Making his own surgeon's scalpels

It took me some time to understand that in my grandfather's daily life he was making scalpels himself that were used for surgical operations. It was strange for the first time to see him sharpening a knife with a grinder or a grinding wheel. My grandfather carefully taught me how to use the tool. "Have you ever seen this?" Finally, he would say, "I made it." At that time, I had no idea what the word "*Hamonō*"(cutlery) in Japanese meant, or even what a tool to cut something was, or what the tools were actually used for.

Now I cannot dig up a clear memory, but I will try to pick out some of the distinctive features of the workshop room that I recall. There was a "T-shaped handle" held with his left hand, an anvil (hammer base), which was cut from a real train rail to about 30 cm in length, a small furnace with burning charcoal standing by at the very back and a water-filled container, etc. It was the first time I saw the tools and the actions of my grandfather. I learned that they were very similar to the work of the Japanese sword smiths I saw on TV screens later.

It was indeed the work of a sword smith itself. As he moved the T-shaped handle of a bellows back and forth, the compressed and spouting air turned the charcoal into a red flame. When the incandescent steel held by a nipper was heated to the same bright color as that of the charcoal, it was quickly taken out. In order to shape it on the anvil, he hit it with a hammer and then plunged it into the water of the container suddenly while a slight redness remained. At that time, the water burst into steam and water-drops danced about. Sometimes I twisted my body to escape from a scrap of iron that flew in my direction, with an exaggerate yelp, "Ouch! Hot!" Then, "Be quiet! It isn't hot!" the decisive words hit me with intensity. Actually, at times I tried to stick a scrap onto my skin and to rub it off, but strangely I didn't feel any heat. It was exactly true what my

grandfather said.

The entire process of making a scalpel was very special in the eyes of the child who never got tired. In addition, the next task of “sharpening” had another meaning to me, and was an extraordinary, dynamic surprise.

The grinders we use today are very compact. However, my grandfather's was the height of a desk, and the width of the entire corridor, and the bare cubic frame made of steel (“see-through” in the recent terminology). The rotation of the motor at the bottom of the heavy set was transmitted to the top grinder via pulleys and belts. After the shape of the scalpel was adjusted by this action, the machine was stopped and finally the scalpel’s edge was sharpened manually on the grindstone. This was the final step to complete the “sharp edge”.

Grandfather would turn the blade of the finished knife to the top, hold it slightly higher than his eye-line, and then focus on the light of the cutting edge slightly. The gesture he made to confirm the completion was cool. I miss that action of directing his eyes over to me through the glasses that sat low on his nose.

Most of the scalpels in current use by surgeons are of the blade-replaceable type and are so sharp that there is no problem. At that time, however, the grip and the blade were made in one common body and when used for another surgery it was necessary to sharpen and polish them before disinfecting. It was prohibited to touch the scalpel made by my grandfather because it was dangerous. It was scary for me to sharpen the edge of the blade that was so polished that it reflected white light, so I never even wanted to touch it.

My grandfather's obsession with his hobbies, including the making of scalpels, was not something that could be turned into money, although he worked every day as if he were in a field hospital. This was grandfather's privilege and everyone recognized it. If a man is devoted to this kind of hobby, everyone might want to do it. Not only in this but also in other hobbies, all the top-notch tools used by him were excellent ones, either custom-made or made-to-order. Even though they were known to be expensive, nobody seemed to know the clear price of any of them.

3.6.3 Hunting

I was also often taken by him to hunt birds that were officially released from the beginning of autumn. The tension at the time of shooting was exceptional. A hunting dog explored a visible range from Grandfather as a hunter. The dogs would get excited when they were released, and moved around very happily, but when they felt the signs

of the game, they stopped moving and held still. That was a signal. This informed the hunter that they were ready to go after their prey, and they waited for Grandfather to call, "Go!" They ran into the bushes and roused the lurking pheasants or copper pheasants to flight. The hunter held the gun, confirmed the game, and then pulled the trigger. I have been hunting with my grandfather several times, and during that time I never saw Grandfather's fail to hit on any prey that the hound roused. Of course, there were occasions when we did not encounter any prey, and at that time he did not feel very good, and sometimes he got angry and would say a little impatiently, "Our footsteps are loud," or "Don't talk." But it was not bad for me to walk with him.

One day I was in the mountains and walking after my grandfather. The dog stopped, and the state of concentration on one point felt intense. The dog disappeared into the bush due to the tense air, and Grandfather's command, "Go!" At the same time, a copper pheasant flew up. I blocked my ears and held my breath at that moment. But Grandfather did not pull the trigger. Immediately taking his eyes off the flying bird, he just began walking. Because of my grandfather's failure to act, I wondered to myself why he had chosen not to shoot. I saw the copper pheasant flying gracefully and silently away. After that my grandfather started to walk as if nothing happened, I followed him with a bit of uncertainty. One of the staff that was guiding us, waited for me until I approached, and whispered, "Boy, do you know why the director did not shoot? It was because that the copper pheasant was a female." The hunter had to instantly distinguish whether the bird was male or female.

When my grandfather went out hunting, the people he invited along were almost always predetermined. He had a heart disorder at the time. Even when going out fishing to a river or hunting things other than birds, one young nurse accompanied us along with the necessary medicines. In addition, one driver and a guide, thus a total of five people including me (and any necessary dogs) often went by a private car that was still a rare form of leisure in those areas at that time.

3.6.4 Tiny red tadpoles drawn with mercurochrome

I heard Ms. Kodama, the head nurse, often talk about the kindness of my grandfather. If he were an ordinary doctor, it would not have been unusual. However, it was surprising to those who thought of my grandfather as a scary director. A child treated for a simple wound, especially in the case of a child who had experienced a hospital before, would turn on the "fear switch" the moment when the hospital building came into view. It was often difficult for parents and, of course, for nurses in the outpatient

treatment room. When a patient came in with a state of fear, it would be necessary to prepare for resistance three times that at the next visit, which could be much worse. In such a situation, my grandfather would act surprised and would draw a few tadpoles next to the wound with Mercurochrome, which was often used in the old days. The nurse was surprised, probably because it was a technique that she had never seen before. The child seemed wary at first of the red tadpoles, and the nurse was more nervous about a rampage. But it would take more power if a nurse tried to intervene to ease treatment. The nurse imagined that the child might break into tears on the next visit. But curiously, a few days later, in this case the child, who came to the clinic at the urging of his mother, showed off a calm demeanor and instead of crying, sat himself down on a small chair placed in front of the director. Then what did grandfather, the nurses, and other hospital staff observe? It was like a scene from a movie, moving slowly frame-by-frame with adults in the room focused apprehensively on the preschool child. My grandfather probably said, "So, the red tadpoles worked." Ms. Kodama has never seen "red Mercurochrome drawing" since. But my grandfather would have understood well that the red tadpoles were effective for children. I wish I could have seen it once with my own eyes.

4 Head nurse, Ms. Hazue Kodama, of the Arase Hospital

4.1 Thanks to the surgical support of nurses

Before I could remember all of the names of the surgical instruments as a surgeon, I was able to safely finish my first operation without any trouble. Although it was an operation for acute appendicitis which was not so difficult in general, a veteran nurse, who had handed me the surgical instruments during the operation, said to me, "Good job doctor!" when it was finished. As I was only a newcomer, I hoped to be forgiven if I could not remember the exact names of the instruments. I may have stuttered, "Give me the ...What's next, eh? ..." But despite being a newcomer, I was able to finish the appendectomy as smoothly as if I were a trained surgeon with music by Brahms playing in the background. The nurse in the hospital was a veteran in the operating room, and must also have been very senior -- a warrior who had experienced hundreds of battles. Before I asked her for each tool by name, she could predict it and passed me the correct instrument one after another. Precisely because of this support, the quiet atmosphere flowed.

4.2 The significant presence of the head nurse Ms. Kodama

Ms. Kodama had been working as a nurse since my grandfather started his practice. She was the head nurse of Arase Hospital and not only assisted in various medical activities with my grandfather, my father and my uncle, Toshihiro Arase, directly, but she also helped my elder brother and me by advising us in her later



Photo 7. Left, Head nurse Ms. Hazue Kodama and doctor Hidetoshi Arase (wearing glasses) operating in the operating room of Arase Hospital.



Photo 8 Head nurse Hazue Kodama (not wearing white uniform) with her nurse-coworkers in Arase Hospital on 1981-1982.

years. My father was the last man to whom Ms. Kodama had passed surgical instruments directly in an operation. When my father became ill and someone was needed to help at Arase Hospital, it was difficult for my elder brother to come back to support him due to his own work in a central position in the anesthesiology department at a medical university. But I had been working in a flexible, less central position at the same university hospital for three years and could more easily leave there and return to Miyoshi. In the meantime, at the Miyoshi clinic, I had done some surgical operations. But for Ms. Kodama, who was actually over 80 years of age then, assisting in the operating room was not such an easy task anymore. So, she did not join the surgical staff. My elder brother, who returned home to take over the hospital a few years later also seems not to have experienced being passed surgical instruments by the very old Ms. Kodama. The task looks simple, but they must memorize all the instrument names and pass them in time as instructed by the doctor. The names and kinds of devices are surprisingly various. For example, if a doctor calls for scissors to be passed, the nurse must determine what kind of “scissors” that the doctor wants to use. However, among the instruments used in actual surgery, there are four to five kinds of scissors alone, each with a different name and it is necessary to use them properly depending on the needed application. The surgeon might make the request to the nurse using the particular name without saying “scissors!” Even for a pair of scissors, he wants to use different and suitable ones for each process during the operation.

Even after Ms. Kodama left the operating room, she came to the outpatient treatment room during work hours, teaching young nurses, supporting patients in difficulty, and treating crying children. She responded to various things quite properly as a trained nurse. She quickly filled in the gaps of my long absence between the time I left Miyoshi to enter high school and came back as a doctor by 20 years later. She gave me, as a new doctor, necessary information she had gained during her long service at Arase Hospital.

Ms. Kodama acted as a bridge between the hospital staff and the residents of the area, and the quality and quantity of various data cultivated over the years was unsurpassed. For example, when a patient visited the hospital, Ms. Kodama knew her information as a patient, of course, but also the patient’s background, which included the family structure, economic situation, etc. We probably could not even have imagined that.

How very important this was for my grandfather's medical work. In other words, this is the result of the natural virtue of being able to interact with the people in such a friendly manner. If anything, the information stored by the director and his family, who

were not familiar with the outside world, was well connected through that of Ms. Kodama, and the cooperation between them seemed to have been an effective aspect in their treatment. Considering these merits of the presence of Ms. Kodama, working for years in one and the same hospital, and in all other respects her existence has been like a member of the family, it was natural that all the family members acknowledged that.

She had supported the director, doctor Hidetoshi Arase, as a first assistant in most of his operations (Photo 7), while brushing up her medical knowledge. In the early days when both my brother and I became doctors, we received a lot of support from her. Although her skill was due mainly to the results of being trained by our grandfather, she might have made considerable efforts. I imagine and understand that she would like to have talked to someone about her worthwhile experiences, but she left nothing behind in writing. Photo 8 shows a memorial snap in her latest days with the nurse-coworkers in Arase Hospital.

As a doctor and a nurse, and, so to speak directly, as humans, they treated a Dutch female patient with outstanding skill and kindness. In addition, the presence of my grandfather and Ms. Kodama, as representatives of the many support personnel, made it possible to extend their hands to all of the Miyoshi POW inmates. The POWs had endured the most inconvenient circumstances and could finally obtain the best results.

5 If there had been no decision by my grandfather.

5.1 Postwar processing, Tokyo Trial

Among the events during the war I heard about from Ms. Kodama, was the story of the medical staff of the Arase Hospital helping the female patient. Although the Dutch people, including the patient, had been in dire straits, they were rescued eventually from the worst. This brought a sense of relief to many people involved.

What I really thought while writing this document was that if the result had been the opposite, then how would the situation have ended? Would it have finished without any blame? It was not because of school history classes, but because of the relationship between my grandfather and the Dutch female patient that I became interested in knowing about the postwar Tokyo Trials held against Japanese war criminals. As a Japanese, it was a great shock to me that the Allied Court judge sentenced to “hanging” the so-called Class-A war criminals among the military and politicians who led Japan into war at that time. I had to admit, however, that while I watched and listened to it

several times, and my feelings changed slightly. These people, who were now defendants, commanded at that time through the military lines and were forced to admit defeat after an unprecedented sacrifice in human history -- the atomic bombs dropped on Hiroshima and Nagasaki. With regard to the capital punishment of the Japanese leaders of such soldiers and politicians etc., although there is a tendency to argue against the trial led by the Allied Forces from the standpoint of the winning countries, I do not intend to express an opinion or impression on the trial here.

5.2 About the end of the war and the effect of the atomic bomb

As was the case with many families, one of my relatives, even on the day of August 6, 1945, had been living in the usual morning turmoil until that moment. At that time nothing could be done to resist a single bomb, and my mother has regrets when talking about her aunt and uncle who lost their lives in an instant. The story can be understood as a painful, deep sadness for me as her child. In Hiroshima alone, the bomb took over a hundred thousand lives in an instant. A human-made weapon was focused and dropped, also by human beings, at pinpoint objects determined after strict calculation of the areas in Hiroshima and Nagasaki. People died in the regret and in the hell that began with turning the switch "ON". I watched a testimony on a television program where a certain American veteran received a question from a Japanese reporter about the atomic bomb. Having worn a coat covered entirely with medals showing achievements of the Pacific War and with a ten-gallon hat, he was saying, "Only the use of atomic bombs would allow the Japanese people to avoid more war victims." This alone is enough to rub the Japanese emotions the wrong way. In addition to this personal statement, the next one that came out is that, "Since the Japanese could end the war by the atomic bomb we used, they should rather thank the United States." I surely think that not only the survivors of the atomic bomb attack, but all Japanese and maybe all the people of the world who were not directly related to the atomic bomb, would have been angered by this statement. It was the words of a person who did not know the misery of the atomic bomb. For those who still now suffer from the aftereffects, would I be the only one who thought that they should not possibly broadcast it? If they had analyzed Hiroshima's bombing a little more calmly, foreseen precisely the power of killing more than 100,000 people at once, and compared its extraordinary power to that of previous weapons, I surely think this sadness would not have been born.

5.3 B and C class war criminals and burdock roots

As to the Class A war criminals, it can be said that appropriate judgments were made as a result of proving clear reasons. But, for example, among the judgments for the Class B and C war criminals, not a few Japanese people were executed on quite unreasonable pretexts. There was a person, who was one of my relatives, involved as an interpreter at Tokyo Sugamo prisoner of war camp. The story of the experience there at that time was reportedly heard, that an allied prisoner of war protested when burdock (an ingredient common in Japanese cooking, but thought of as a weed in the West) was served as food. The prisoner had mistaken it for wood chips. This story can be found now on the Internet. I do not know if this protest would be subjected to later judgment.

If the medical practices performed by my grandfather during the war on a hostile patient in custody, owing to the lack of appropriate measures and controls on non-combatant detainees, and which might have resulted in her death by a treatment too long delayed, would they have blamed him for her death? Perhaps in that situation, the response of the Japanese army, who neglected regular care and did not respond to repeated demands for medical care, and made the patient's condition so severe would have been silently overlooked. Furthermore, might not my grandfather have received some harsh judgment as a war criminal for having performed the operation? I could not rule out the hypothesis. That's why I would like to leave behind the historical facts regarding my grandfather, the head nurse and the Dutch POW prisoners who confronted this problem as a legacy.

6 Memories of Hidetoshi Arase and his relatives

Tadato Mizota and Taketo Mizota

In relation to the following descriptions, we (the Mizota brothers) write the following from our standpoint as editors.

The family of our uncle Hidetoshi Arase consisted of his wife, Kiyō (Photo 8), two sons (Hidetaka and Toshihiro) and a daughter Takako (Photo 9). Our uncle, his sons and daughter were all graduates of former Miyoshi High School (which included Miyoshi Junior High School and Miyoshi Women's High School). Uncle Hidetoshi and his two sons were surgeons who graduated from Tokyo Medical College. The grandchildren, Hidekata and Hideharu, were also surgeons who graduated from the same Medical University.

At the beginning, (6.1), Toshihiro's memorial notebook²⁰ is cited here from the publication: "History of Tokyo Medical University Alumni Association Hiroshima Prefectural Branch". Permission to reprint it was obtained from Tokyo Medical University Alumni Office on May 30, 2019. Translation into English was done by the Mizota brothers, Tadato and Taketo.



Photo 9. On May 1943, Toshihiro Arase (back left), Hidetaka Arase (back right), Fumiyo Suzuki (Kiyō's younger sister, front left), Takako Arase (front right). Three Arase children and their aunt Fumiyo in Tokyo. In the endorsement, Takako wrote that it was Sunday, 1943.5.9 to commemorate the entrance of the younger brother (Toshihiro) to Tokyo Medical College.

6.1 Memories of my father, Hidetoshi Arase²⁰

Toshihiro Arase (graduated in 1948)

In mid-June, Dr. Kanebayashi called on me to write about memories of my father. I replied that I would do so, but I wondered where to start. There are so many stories about my father. As it would be difficult to write in correct chronological order, I would like to just follow my train of thought.

At this time of year (spring or early summer), my dad's energy used to buzz like the movement of insects. In river fishing, especially in the Miyoshi area that is blessed with

good rivers rich in fish, my father's skill for eel fishing, for example, was an art at the masterpiece level. In *haya* fishing, it is important to watch the subtle and delicate movements of the fishing floats. I was also interested in *haya* fishing, but I even today I am far below my father's skill. Besides, it seemed that he had also reached the level of a master in eel fishing. He only trusted and used fishhooks that he made himself of bicycle spokes and only tied a hemp string to the hook. He would boast by showing his products off to us. If we did not praise his work, he felt bad every time. He used to go fishing with his companions every day, bringing his hooks along. I also went with him, and learned a lot about how to fish. And when I approached my father's area gradually, he felt bad if I could catch as many fish as he could get or sometimes more fish. I think that if a son fished a lot, an ordinary father would be happy and praise his son. But my father, however, felt bad when he got a few fish less than I got, and even if the difference was by only one, he was apt to find fault with the fruit of my fishing.

When it was the season to go decoy fishing for *ayu* (sweetfish), he could do nothing except go fishing every day. As people around him knew his attitude well, they asked him so politely. Would you like to go fishing? As soon as he heard that, he, like a kid, would fly willingly out fishing with his friends.

However, one day in the summer, my father at the age of 60, finished lunch and rushed out to the river as usual and fell by the riverside with a heart attack (myocardial infarction). Luckily, there were many fishing acquaintances on the other side of the river, so they immediately came and took care of him and contacted the house. My father, fortunately, had not entered the river water that day and was standing on the riverbank while fishing. When his decoy hook caught a fish, he went in downstream to catch the prey with the net, and as soon as he returned to the fishing site on the shore, he suddenly fell down. That was told me later from a person who watched the incident from the other side of the river. Fortunately, his life was saved. But he later told me about that time as follows: He did not remember well when he fell down, but as a doctor, he thought that it would have been a shame if he had been in a panic about this. He was willing to put up with the severe pain and not be too upset. He always had gone into the river fishing, but on that day there were many anglers on the other side of the river, so it was fortunate that he was fishing under many eyes. He would definitely have died if he had been in the river water while fishing.

My father's hobbies were not only river fishing, but hunting, mainly for pheasants, wild birds, ducks, etc., which were also around daily in season. There was no private car in the early Showa era. Every day he took a taxi with a driver. I was impressed and

wondered how this could continue every day. No one could match him in the physical strength or mentality. And his hunting gear was also first class. One day I was surprised that he caught nine pheasants in a single outing.

I'm sorry to only boast about my father, but he could do everything except sing a song. He did Judo in his junior high school days, and I did not know when he started, but he also did Kyudo (Japanese art of archery). He was also good at painting, and he was an excellent Japanese brush-calligrapher. I heard that my father wrote the preface of the petition with a signature in blood at the founding of Tokyo Medical College. I also heard that the illustrations used in the lectures on anatomy at the college were drawn by my father's hand. He was also a great learner of medical terms, and translated the original medical books obtained from the United States with a dictionary in one hand until even one year before his death.

Regarding tools used for surgical operations, he had various ideas and made useful things by himself. The scalpels were, as mentioned above, homemade. A piece of stainless steel was connected to a small steel block, then sharpened and polished by him. The completed scalpels that cut well were put to use for operations such as laparotomies (abdominal surgeries). When the sharpness dulled, he sharpened, polished and used them again. I have thus admired his diligence and effort.

But my father was also human, and he had not just good points. He was born impatient, but that impatience was far beyond common sense. In my father's days, in the northern area of Hiroshima Prefecture, I heard that probably the only surgeon was my father. He had always given proper treatment to patients, but the father's rage would instantly explode if he did not like the patient's behavior and way of speaking. Until he died, there were no patients who had not been scolded by him. Every person, who was scolded by him under his sharp eyes, shook with fear. However I, as his son, was scolded every day without fail. When a patient came from the countryside, some villagers would say that the chief of the village had given instructions as follows, "If you will go to doctor Arase, don't tell the director anything beyond the minimum. Just shut up and follow obediently." This is a true story. Those who still know my father say that the director was really scary. But there were a lot of people who came to the house, and those who had been in and out since the beginning of the hospital at Miyoshi, in particular, did not call him "Doctor" or "Director", but "Boss". This was strange for me when I was young. My father was also a generous person in that he did not take any money from poor patients. He always took care of them. So there were always many

people around him and despite the scolding, the air was filled with a lot of laughter.

My father could speak English. During the war, a considerable number of prisoners of war captured from the Dutch hospital ship were housed in the prison near the Ozeki-yama, Miyoshi town, famous for its cherry blossoms. Some of them had been fallen ill while in prison. And I can remember that there were at least three people who recovered due to my father's operations. It would be very effective to be able to speak English in order to provide medical care to foreigners at any time. It has been said that they were saved because my father could speak English.

Just before they finally returned to their native Netherlands after the war was over, my father held a farewell party overnight for them. They spoke words of thanks to him and promised to invite him to their country whenever they returned. However, the invitation never arrived even after many years. My father did not try to say a word at all about that. As I understood later, it was reported that the Netherlands had a very hostile attitude towards Japan. Because of the circumstances of the country, it may not have been possible to send out an invitation.

In the early postwar years, Professor Hirose, an Otolaryngologist (ear, nose and throat specialist) at the time, and Drs. Nunbara and Kurata, his seniors, came as companions and talked with my father in various ways. After that, the late Prof. Sasai, professor of surgery, and Prof. Sugie, who is still active, were coming to Hiroshima. They spent the whole night drinking with my father. What a wonderful and fulfilling night it was, during my father's life! I cannot forget how happy the face of my father was then.

My father also gradually weakened after a heart attack in the summer of 1955. But even that did not stop his continuous studying. Every morning in those days, he read a rare original book on American surgery and taught me various things. What remains in my head is that a modified method of pediatric inguinal hernia is relatively easy and does not leave any scar.

When my father approached his death, he was often holding the right side of his abdomen. Perhaps as his liver disease got worse, it was painful. However, he escaped from the eyes of his home doctor and went to the river or to the mountain. This lasted until his death.

My father was fallen by a stroke in late April, 1962, and passed away on the morning of May 3rd. He closed an extraordinary and bizarre life, which can hardly be explained in writing.

My father had been working as the president of the Alumni Association of Tokyo



Photo 10. Hidetoshi at Enshoji temple at the Bon ceremony.



Photo 11. Kiyoko (Konno) Arase was referred to as “Shinjuku Komachi” (Miss Shinjuku) at her brilliant 20 ages.



Photo 12. Hidetoshi Arase from the graduation album of Tokyo Medical Collage. Found and supplied by Ms. Y. Tomura of the Tokyo Medical University Library.



Photo 13. Three Konno sisters – Kiyoko Arase(left), Fumiyo Suzuki(center) and Chiyoko Mizota(right) attended the funeral of a member of the Utsunomiya family in January 1959 who was a relatives of the Arases. The 7th generation (1835-1899) Motoyasu Arase’s wife, Iwano, came from the Utsunomiya family who lived in Shimo-ohara Koda-cho, Takada-gun.

Medical College (later Tokyo Medical University) in Hiroshima Prefecture for about 20 years until he passed over the position to Dr. Izuchi. In the early Showa era, there were not as many graduates of the TMC as there are today. I did not know how much my father had been working on that. I cannot tell all of stories of my father, even if I took much time. I hope the brief stories I have been able to relate in my spare time will be adequate.

6.2 The connection between the Mizota family and the Arases

Tadato Mizota and Taketo Mizota

We, the Mizota family (parents and three children), were evacuated from Kichijoji, Tokyo in March, 1945, to the former residence of the Arase family in Shimokawatachi, Kawachi Village, Futami-gun, Hiroshima Prefecture (address name at that time) (p.16:Photo 5, p.41: Photo 16 and p.42: Fig. 2). Because of the bombing and the wartime-effects became so serious and dangerous in Tokyo, our family accepted the kindness of our mother's eldest sister, Kiyō Arase, and her husband Hidetoshi (Photos 8, 10) who invited us to live in the old Arase house. The house was large enough for all of us. After that we lived there for over twenty years.

Our aunt had been such a beautiful woman when she was young that she was called "Shinjuku Komachi" (Photo 11) which means that she was as beautiful as Ono-no-Komachi, the most beautiful woman in the ancient Heian Era. It seems that Hidetoshi (Photo 12) had been a student of Tokyo Medical College nearby. They met, fell in love and got married. The three sisters, Kiyō Arase, Fumiyo Suzuki, and Chiyoko Mizota in their later years are in shown in Photo 13.

The youngest sister, our mother, Chiyoko Mizota (who died in 2017 at the age of one month before 101) told her children about her experiences of the Great Kanto Earthquake on September 1, Taisho 12 (1923) as follows: Chiyoko's family, the Konnos, evacuated safely after the earthquake to the athletic grounds of Tokyo Medical College at Higashi-Ookubo, Shinjuku which is called now the Shinjuku Campus in general or called the Teachers' Campus by students. They lived outdoors for a week to wait for the return of their father who was delayed in joining them due to the traffic difficulties after the earthquake. While fake information circulated among evacuees that foreigners would poison wells and were intending mayhem stirred up anxiety, Hidetoshi Arase, then a medical student told people around that such stories were only unbelievable hoaxes.

6.3 Memories of Eiko (Mizota) Sato

At the end of March 1945, when we moved to Kawatachi, our sister Eiko was 6 years old. She became a primary school student from April. Immediately after the end of the war, on September 12, a group of Dutch prisoners of war left the Miyoshi and was on their way home via the Fukuensen Railway line. Just before leaving Miyoshi, Hidetoshi held a farewell party inviting the main Dutch people, including Ms. Brower who had had surgery at the hospital. This is described above reference 5, as the story of Ms. Hazue Kodama, head nurse. In addition, the story told by Hideharu's mother, Keiko Arase, was written above reference 4. It seemed that “Military doctors and nurses looked forward to coming here and often came in groups of five or six people”. In addition, it is recorded that “Dr. Mellema and other military physicians along with ten nurses who often went to the Arase home, were invited to the farewell party and they enjoyed a good meal after enduring a long period of hunger in the prison.”

Eiko remembered that one day when she visited the Arase's house and entered the living room / dining room, she started to cry suddenly when she happened to meet several tall foreigners and was surprised. Then one of them comforted her by giving her a stuffed giraffe and an elephant. At that time, Eiko, as a primary school child, should only have been able to go on Sundays to the Arase Hospital at Miyoshi, 10 km away from where she lived. The day when there were several foreigners at the Arase's house is estimated to be between August and September of 1945, after the end of the war. Our uncle Hidetoshi and the staff would have been busy treating patients from the atomic bomb attack on August 6, 1945. We cannot imagine the presence of foreigners in Miyoshi at that time, except for the Dutch people. This indicates that the timing coincided with Eiko's memory. After that, the two stuffed animals were played with for a long time and eventually wore out. For a while, they were in the house in Shimokawatachi, but in the end they were discarded. Of course, we would not have thought that they were related to such an international incident.

6.4 Uncle Hidetoshi: Memory of Tadato Mizota

The uncle who we called “*Arase no Ojichan*” (Uncle Arase) seems to have been a fearsome person as written above, and the family and adult relatives refrained from talking directly to him. I could understand it clearly even when I was a child. However, I was three years old just after the evacuation when I first met him, and I never felt that he was particularly scary, but rather was a very interesting uncle.

6.4.1 My debt to him as a patient

After moving to Kawatachi, I had skin problems since I had been somewhat malnourished soon after the war. Like many children at that time, I might have had little resistance to disease. In the summer, my legs were covered with bandages due to insect bites that became infected and full of pus. I was treated at Arase Hospital where I had only to have the bandages taken off my leg and the medicine applied again. But the pus was firmly attached to the bandages and gauze. Every time the bandage and gauze stuck, the scabs came off my leg, I was almost crying due to bleeding and pain. It was Ms. Kodama who gently applied the ointment. When I went to elementary school and became a third grader, I became resistant and no more treatment was needed.

As a fourth grader, maybe I was swimming too much in the river during summer vacation and lost my strength, but in the fall I had a slight fever that would not go down. When an x-ray was taken at Arase Hospital, I was diagnosed with a disease called hilar glandular tuberculosis (lymph node tuberculosis), which is the beginning of pulmonary tuberculosis. Luckily at that time, I could get injections of an antibiotic called streptomycin in the morning and evening every day. I was able to get rid of the medicine after staying for one month in the Arase Hospital. Even if such a new drug could be used, it was by no means general at the time, and it would have been available only with my uncle's great support. Later, he told me that I would be lucky not to have any traces, because the shadow of tuberculosis must have been caught in the medical checkup. When I was staying in Arase Hospital, I took my temperature morning and evening. But in the evening, the temperature would go up above 37°C. As I was impatient to be released, I tried to shift the thermometer on purpose to lower the temperature. But the thermometer often showed such a low a temperature that I would get scolded. When my normal temperature did return, I cannot forget how delighted everyone surrounding me was. During the treatment I was absent from school and stayed entire days with the

people of the Arase family. I had free time. I took out a kind of detective story from the Edo Era, “*Zenigata Heiji Torimonochou*”, from my uncle's collection and read it.

At that time, there were many people, children as well, who suffered from tuberculosis that was simply called “lung disease.” When I was in the first grade of Kawachi Elementary School, I saw a young and beautiful woman teacher coughing up blood on her handkerchief in the classroom. I cannot forget even now the clear red on the handkerchief. After that, the teacher was suspended and replaced with an old woman teacher (Ms. Minooka, the mother of Dr. Minooka who opened his medical clinic in Miyoshi later), so all the classmates were a little disappointed.

It is unthinkable now, but my uncle had told me several times, “I am going to do a surgery from now, do you want to watch it?” In most cases it was a “*Mochō*” operation, that is, an appendectomy. But one time a beautiful young woman was lying on the operating table, and what my uncle finally took out after opening her stomach was a bloody lump as large as an adult clenched fist. It was an operation to excise a uterine fibroid, I learned later. He said to the patient, “It's alright, you are able to have a baby.” I thought that he really wanted me to have an interest in surgery and to be a medical doctor in the future.

6.4.2 Uncle's craftsmanship

He was good at making things and made his own tools and scalpels. The extremely small scalpel was used for otolaryngology surgery, he explained. In addition, those that were particularly carefully made and gold-plated were to be presented to a doctor (maybe to a professor of Tokyo Medical University, from Eiko's memory). The plating solution in the bath of a square of an ordinary goldfish bowl was dark green and attractive in color. Both the cathode polished scalpel and the anode gold plate were connected to the power supply of an electric battery and sunk into the solution for plating. When the process was finished, the one taken out was changed into a beautiful gold scalpel. These scalpels were not made of general steel but of a cut out of a Japanese sword, and the handle was made of brass or the like. The blade part was inserted into the handle part, successively pinned, tapped, crimped, polished and further plated. When he finished, he used to check the sharpness by touching a hair on the back of his head (by the way, my uncle had little hair at the top then). I did not know what that movement meant. But when I took a scalpel to my own head along with him, I was scolded with an astonishing voice saying that it was “Dangerous!” He had been

polishing and testing the blade that was razor grade. In addition, he designed a box as a container for *ayu* (sweet-fish) by himself and ordered a tinsmith to make it. It was easy to put *ayu* that had been caught into the box to keep them safe and to prevent their escape while fishing.

6.4.3 The comedy and tragedy around our uncle -- like the English questions

When I was in junior high school and high school, when I had a meal with our uncle, the English exams started for my cousins as well described above by Hideharu and by Toshihiro. “What is “*daikon*” (radish) in English?” “What is “*hyou*” (leopard) in English?” and so on. Then he proceeded into more difficult questions. I had to endure these exams during lunchtime. However, I was able to have a nice treat with the Arase family (Photo 14).

Our uncle died while I was away from Miyoshi when I was a university student. He had heart trouble, liver disease, etc., and when I left Miyoshi, I visited him at his bedside. It was quite difficult for him even to speak, but I remember that I could hear his last call, “Tadato.....”

My uncle earlier had said these significant words, “The doctor only helps halfway to cure the sickness; the other half is cured by the patient's own vitality.”

It would be natural for people who grew up in the Meiji period, but when the emperor appeared on the television, our uncle would say something like “Too lacking in respect! Impertinent!” He criticized the fact that the emperor was projected on the television display. Then he sat down in front of the TV-screen and keeping himself straight, sometimes with tears until the image of the emperor had disappeared.

He went to Hiroshima City to relieve injured patients just after the Hiroshima atomic bombing and conducted medical activities as head of the Miyoshi Medical Physicians⁸⁾, accompanied by his second son, Toshihiro, and the head nurse, Ms. Kodama. There were a lot of citizens injured including soldiers, and one insisted, “I'm a soldier, treat me sooner!” But another person was waiting silently in line for the examination, although he was seriously hurt. Although I did not confirm this with my uncle and cousin, Ms. Kodama had an atomic bomb survivor's notebook.

Toshihiro held a 4th-degree black belt in Judo, and used to go for training in the Miyoshi High School, where he had graduated. I heard that he could easily throw a high school student who was captain of the Judo Club. He had already graduated from Tokyo

Medical College and had started to help at the Arase Hospital. But he sometimes enjoyed joining the practice with his juniors.

My uncle suffered from claustrophobia in his later years, and he seemed to have panic attacks often while sleeping at night. People supposed that it might be due to the mental and physical shocks he had received when he had gone to help atomic bomb survivors. As a pioneering surgeon, he probably experienced a lot of bloodbaths. In spite of his outward stoic impression, I think, he had survived in his everyday life and continued to live with extraordinary stress.

In his last years, he suffered from constipation as he became ill here and there in various parts of his body. One day, I found a half size sheet of paper put on the toilet wall. I do not remember the exact words that were written, but it was like a “haiku” saying that there is nothing more comfortable than being able to defecate. It was said that he made his wife bring paper and a writing brush to him while he was on the toilet and he wrote it. Everyone laughed behind his back.



Photo 14. The Arase family surrounding Hidetoshi and Kiyo (lower left) on Christmas Eve, December 24, 1961.

6.4.4 Memories of Hidekata

I also want to write a memory with the late Hidekata (Photos 3, 15). He was raised by his grandparents from infancy through elementary school in the complex family environment. The hospital and the home had been combined into one structure. People in the home were all adults except for him. Most of the members were the hospital staff, among them “Kobu-chan” (he called Ms. Kodama “Kobu-chan”) who took care of him kindly. It was therefore, before he entered elementary school that he called himself “Botchan” (Polite word only from others). Indeed, they were trying to correct it to “Boku” by the time he would go to school, but it was not easy to do. We were also ordered to help his education as a school child. Only when he came to our Kawatachi house could he have some children like us as playmates.

From the house, they could see the steam locomotive (SL) which ran along the Geibi Railway Line in front of the house, so he was always looking forward to the train passing. As soon as he heard the whistle, he ran to the side of the house, and counted the number of cars on the long freight train until it passed.

We taught him in how to swim in the river (Enokawa) behind the house in the summer. When he was in the fourth grade, he felt a little difficulty as he learned the Roman letters of the English alphabet. His mother, Keiko, asked me to teach him Roman letters as soon as possible. She had come to live with him at that time in Miyoshi. Before that we had not studied with him in Kawatachi, because the village environment did not afford us many tools for study except drawing. So after thinking about

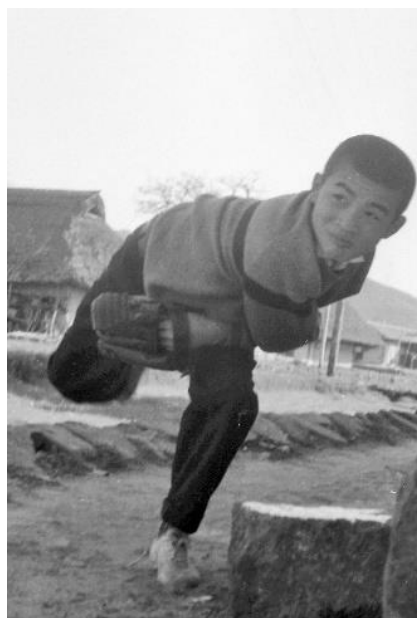


Photo 15. Hidekata Arase, 14 years old, April 1961

how to teach him Roman letters, I would write the names of his favorite Hiroshima Carp baseball-players. (Even now I can remember the player’s names were Kozuru, Shiraishi, Hasegawa, etc.) When I was writing and showing them to him, he suddenly showed interest and started asking how to write the names of various other players, and in a short time he mastered Roman letters. It seems that two of his lifelong hobbies, SL trains and the Hiroshima Carp had already been established by that time.

6.4.5 Old Arase family house at Kawatachi and its surroundings

In the spring, Showa 20 (1945), my family had left Tokyo and started to live in the old Arase house at Shimokawatachi (Photo 16, Fig. 2). There, Uta, Hidetoshi's mother in-law, was living alone. From my child's eyes, she looked like a very old woman, but, actually, she was almost 70 years old. The house was so big that the central main building had eight rooms, a kitchen and long corridor that surrounded three sides of the building. An old rickshaw (Photo17) was placed in a corner of the wide entrance space.

On the surface of the north-facing wall of the entrance there remained roundish traces made by the past piling up of straw rice bags nearly to the ceiling. The main building was a single story, but it was covered with such a large two-level roof that the total height exceeded that of normal two-story house. A lightning rod was placed on the top center ridge of the roof. The tip of the rod was shining white due to being covering with platinum plate, I heard. The entire site, including the house, was surrounded by a covered fence. There were the southeast main gate and the southwest small gate, located along the front fence. The main gate was accompanied with a small side door. There were two other gates, one on the northeast side and one in the rear. In the compound surrounded by fences there were three buildings other than the main building. Just to the right side of the main gate was the clinic, which we called "the medical treatment building."

Rooms in this building can easily be imagined from their functions such as the entry room with a patient-waiting area, the pharmacy combined with the reception counter, the treatment room, and at the inner-most, the operating room.

There was a well in the backyard of the main building. Outside the back fence, there had existed Kodama's house, a soy-sauce maker. Kodama's well was famous for its delicious water. But the water from Arase's well was not so good, although the distance between two wells was only about 30 meters. Beyond the Kodama's house and the bank flowed the Enokawa River. Among the most exciting and enjoyable memories of our childhood was swimming in the summer and playing around the river in all seasons.

The clinic building had been used for a while by the Kusakari family, the aunt (the elder sister of my mother) and her daughters, three young girls, who had returned from northern China (Manchuria) just after the end of the war.



Photo 16. The old Arase residence in Shimokawatachi, in summer, August 1960 when the Mizota family was living there.



Photo 17. Early Showa rickshaw used by Arase Hospital, Shimokawatachi, on house calls for medical care. Now renovated and preserved in Arase Hospital, Miyoshi.

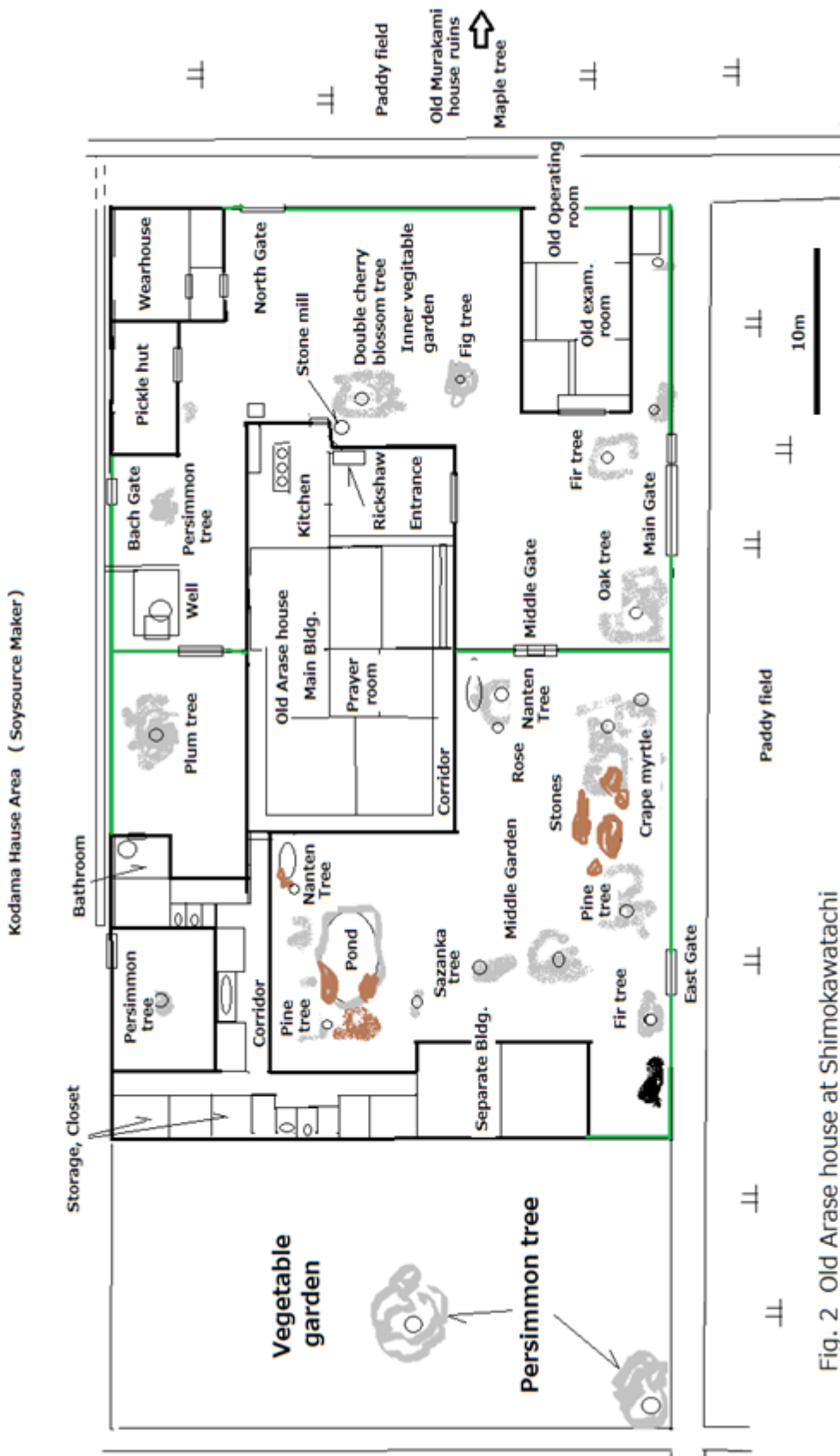


Fig. 2 Old Arase house at Shimokawatachi

Around then, for a short duration however, the Isozaki family lived together in the main Arase house. I can remember clearly about Koki Isozaki who was a little older than me. His uncle, his father's younger brother, Satoshi Isozaki, was the former president, of the Japan National Railway Company. Koki, we called him Ko-chan, who was later engaged in developing the YS-11, the first passenger airplane in Japan, and to become the president of the Japan Rocket Association, was playing with us like an older brother. He was playing, for example, with the unique toy called a "pencil train" which

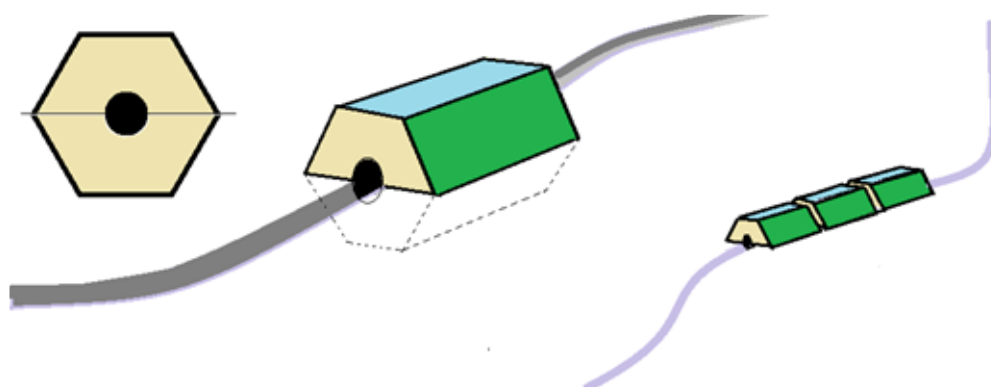


Fig. 3 Unique pencil-train toy made by Mr. Koki Isozaki. Left: vertical cut of a pencil, middle: one car set on the ditch, and right: three car array of the train

he made by himself (Fig. 3). The train was made by splitting a wooden pencil vertically leaving the carbon lead at the core and cutting pieces a few centimeters long for each car of the train. Several pencil cars thus were aligned adjusting the carbon core of the pencil in a row along the winding ditch carved in the surface of his wooden desk. At the time, pencils were of such poor quality that they were apt to split vertically often, he used the weakness well for his homemade toy that he played with on the desk. When we pushed the last car from behind, then whole the train array went along in the winding ditch like a real train running.

When Taketo was a primary school child, and after the Isozaki family had moved to Hiroshima City, he remembered visiting their house there. He recalled clearly that the Koki's room was full of toy train rails along which electric trains were running.

When we were high school students, we remade the inside of the pharmacy room into a study room to prepare for the entrance exams, but the room temperature sometimes went below -5°C in winter.

The warehouse was at the right back corner of the site. In front of the warehouse entrance, there was a small living room where some employees had lived before. The Nagaki family who had also returned from the continent, lived there for a short time

during our childhood. And later, old Mrs. Nagaki continued living there alone after the younger members of the family had moved elsewhere.

To the left of the main building was a guesthouse, which we called "the separate building." That was where we first lived, just after we had moved from Tokyo. A long right angle corridor connected the house and the main building.

On the path of the long corridor, there were two toilets and a bathroom. After the younger members of the family had moved elsewhere. To the left of the main building was a guesthouse, which we called "the separate building." That was where we first lived, just after we had moved from Tokyo. A long right angle corridor connected the house and the main building. On the path of the long corridor, there were two toilets and a bathroom. After Uta died, our family moved into and lived in the main building. The open space just inside of the main gate of the old Arase house had been provided as a place for dancing and festival music teams to celebrate the harvest in the village's autumn festival of Taihei Shrine (photo 18, 19) on the last day of October when the order came every three years to the Shimokawatachi district. The team was mainly composed of many children who dressed up in kimono, beating bells and drums, and dancing. Elder boys with clownish masks, holding military fans made of bamboo decorated with colored paper, lead the team by dancing to the music. They ran after the children to tease or threaten and tap them during the march to the Taihei Shrine of the Kawachi village. Lion masked members also followed the team and the big lion pretended to bite the heads of the surrounding children so that small children could only cry. Although the religious ceremonies only were meant to express the desire for healthy growth of children, it might have been a terrible experience for infants.



Photo 18. The dancing and music team show of the autumn festival at the open space in the main gate of Arase old house on their way to the Taihei Shrine. Upper central-left tree shows horse scratched concave through the trunk. Dated October 30, 1962. Hidetoshi Arase left the world on May the 3rd of this year. In particular, it seems that the event was actively held with condolences to the deceased.



Photo 19. The autumn festival children drumming team with the leader boy (Touhachi), right most backward, holding bamboo-fan.

In a corner of the open spaces in front of the medical treatment building, there was a fir tree, which had lost one side of its trunk (Photo 18). I heard the reason: a horse, tied to the tree waiting for the doctor during visits to the clinic in the old days, always scratched the trunk with its iron horseshoes.

A fence with an inner gate separated the open space in the southeast area. Inside the gate there was a guestroom building and a wide Japanese style garden arranged around a small pond. The tallest fir tree stood near the west gate. Other trees, such as crape myrtle, *sazanka* (a kind of tea tree), pomegranate, many pine trees, and *satsuki* azaleas grew, and many large stones are placed in the garden.

There were two big persimmon trees (Photo 20) in the field out front to the left of the guesthouse. The fruits were large and sweet, but it took a long time, almost to wintertime to become ripe enough to eat. Both trees were so thick and tall, the branches so far above us, that climbing trees was difficult even for boys in the upper grades of elementary school. The arable land around the trees was valuable for our family then. We supplied our own agricultural products during the food shortages for years immediately after the war, even though the Arase family had been living in the same house for several years and was from a rich family line of doctors who had acted as the central and leading figures in the village since times past.

On the north side of the old Arase house, a small rice field stood apart. There was a low hill, about ten meters square, surrounded by an Ishigaki (stone wall), at the center of which an old maple tree was standing. There was a legend that the home of the village head, the Murakami family, had been there before. The 8th generation Arase, Ichiki came from the Murakami family. We did not hear the reason why the Murakami family could not continue its line of succession and was gone. But later, Ichiki was adopted into the Arase family and became its head as the 8th generation doctor.



Photo 20. Harvest of persimmon fruits in autumn. Another big persimmon-tree branches were seen left.

Wide rice fields spread out in front of the Arase house. Before the war, most of the land was owned by the Arase family, I heard. Whole fields were handed to peasants by

the agricultural land reform after the war. I can remember that there were some peasants who carried several straw rice bags into the entrance space of the Arase house in the autumn of 1945. From the viewpoint of the landlords, the agricultural reform policy meant only robbing them of their fields. One member of the Arase family said to me. "Although we had bought the fields at the request of farmers in need, the agricultural reform forced us to release them as if we were being robbed." But in Showa 20 (1945) the Arase family had been absentee landlords. There might have been some friction with the farmers. It would be due to that result that during the reform processes my family had cultivated rice for only one season in a field of about twenty acres in front of the Arase house. The gaps in society that existed before the war were thus corrected by the agricultural reform. This conferred land ownership successfully in the simple social structure composed mainly of farmers. The present social gap would, however, be so complex that it would be difficult for people even to understand over 70 years later.

Across the wide rice field, in front of the Arase house, the Geibi Line railroad track was running up a low hill slope. Only the SL was running at the time. My father borrowed a small patch of wild land from the Japan National Railway and cultivated the land himself to get food for our family to overcome the period of food shortage. The nearby slope covered with grass was a nice place for children to play with sleds whether it snowed or not. Beyond the railroad track, there was a pond, *Ohzutsumi* (meaning "big bank"), some kind of water plants grew there and some water birds were swimming. On the way to Ohhira Shrine from the pond, there are some old tombs, one of which is composed of large stones with the hole in its side. The hole was said to be a hidden gambling den used by professional gamblers in the Edo era. The primary school head teacher, Mr. Udono, showed me an old gold ring which happened to be found through the excavation of the tomb floor.

6.5 Memories of uncle Hidetoshi and the family by Taketo Mizota

6.5.1 I was very much indebted to uncle Hidetoshi Arase.

I used to play in the Enokawa River. When I was a first grader in elementary school, I got an ear infection (*otitis media*), due to water getting into my ear while I was swimming. As a second grader student, I was asked by Uncle Hidetoshi to have an operation which cuts into the back of the ear for *otitis media*. I can still remember the feeling and unpleasant noise of a lead hammer hitting a medical chisel to my skull area. It was a severe operation for me under local anesthesia and seems to have been done

with one of my uncle's handmade tools. This operation was assisted by Ms. Kodama in the same operating room where the Dutch nurse had been operated on by the same staff seven years before.

After admission to university, my right ear was diagnosed two times at the first and the third grader student as having chronic *otitis media*, and I underwent two surgeries in successive summers at the Kumamoto University Hospital. One of the doctors in charge of the hospital then praised the skill of my uncle when he noticed the traces of the surgery done 12 years earlier, when I was seven years old. He said, "He must have been an extremely rare surgeon to be able to do such an excellent operation 12 years ago." I am very grateful that I am 75 years old now, but have had little trouble with my ears. This proves how my uncle helped me so far.

There was a large pond in the center garden of Arase house at Miyoshi that was fed by a well of cool water. In the deep part there lived two or three big salamanders nearly a meter long. Carp and *ayu* (sweet fish) were bred in the shallow part.

A Japanese monkey (the Japanese macaque) was in a cage. In the corridor nearby, quail were in a bamboo cage made by our uncle. Flying squirrels were also bred, I think.

Our uncle not only had hunting guns but also an air gun. He found it a bit of strange fun to shoot down flies that came near to the cage of the monkey with the empty gun, shooting into the air without any bullets from the veranda of the house. He could also get a fly on the ceiling in the corner of a room by using the same empty gun. It might be an invention he found, that the air gun without bullets could shoot down flies. The vortex of air fired from the air gun without a bullet goes straight at a distance strong enough to shoot down small insects.

About ten hounds were kept ready for hunting. I received several dogs that were born there and kept them in Kawatachi as pets and guard dogs. One of them, a big black dog named "Goal" (named after the species name "golden setter"), was heavier than I. It could walk with me even while I was hanging onto its back. In those days, when I was asked, "Do you like dogs?" I used to reply, "I don't like dogs, but dogs like me."

There was once an unforgettable conversation with my uncle about dogs. My uncle Hidetoshi Arase was knowledgeable, so one time I tried to ask him about something I saw with my own eyes: The Geibi Railway Line crosses the hillside slope in front of the former Arase house in Kawatachi. The slope has different inclination depending on location, and were good playgrounds for children. It was snowing and the snow piled up well sometimes in winter at that time. Even if it was early spring and the snow

disappeared and turned into grass, we children were passionate about playing with our hand-made sleds on the turf. On that day, many of us were playing with my dog, Chinu. It was running around with me, but eventually he came next to me. I was about to start sliding, and the dog was sitting beside me. When I started down the slope, it seems that Chinu also sat down and began to slide with his front paws and then we slid together. I was surprised that the dog was participating willingly in a game with humans. I told my uncle what had happened. “Uncle, I think that dogs are able to join us to play willingly, do you think so?” My uncle said, “That's right. Because a wise hunting dog will make his game fly out in the direction that hunters can easily shoot.” Since then, I have had respect for dogs.

My uncle loved river fishing, and in his last years he sometimes sat in a chair in the shallows and enjoyed *haya* (a local fish name of a common minnow) fishing. He was going to cross the Fukagawa bridge behind Enshouji Temple in Kawatachi. On the way he met one of his childhood friends, an old woman named Nagaki, and started talking with her. The age of my uncle at that time was more than 60 years at least, but he said thoughtfully, “If we look back on the way we have walked, it's just a moment indeed!” I was deeply impressed with the meaning of life.

6.5.2 One of my cousins, Toshihiro Arase, loved me like a younger brother

Cousin Toshihiro, the second son of the uncle Hidetoshi, also had the hobbies of hunting and river fishing²⁰. He said he had a high-quality bike, shotguns and a camera, all made in Germany. Under his influence, it was imprinted on me that having goods made in Germany was a status symbol for a man. Later I bought a Leica M3 in Germany, but it has been a mere ornament on my shelf.

When I was in the 3rd grader of primary school, it was so easy for me to catch colds that Toshihiro gave me surgery to remove my tonsils. During the operation I became so faint that it was interrupted after just one tonsil was removed. After I recovered my consciousness, the operation was finished removing the other side.

Toshihiro said sometimes, “Taketo, I will go fishing tonight, so catch me some locusts before that.” So I caught many locusts in a field in the Terado area across the Asahi Bridge in Miyoshi. We got *ida* fish (local name of a kind of Japanese dace) about 40-50 cm in length at night in the depths of the Gonokawa River near Ozekiyama.

6.5.3 Our relationship with the brothers, Hidekata and Hideharu

Every New Year, on Jan. 2nd, the Mizota family visited the Arase house for the New

Year greeting. I was only a small child, but I have a clear memory of it. A big person in white was holding a baby wrapped in a white towel. I had wanted to see it, but I could not see anything from my knee-high vantage point. When I thought about it later, he was the newly born baby, Hidekata (born on Jan., 1st) , and it was Ms. Kodama who held him. This is the oldest memory of my life. I was just 2 years and 11 months old.

Hidekata and I played together everywhere in Miyoshi and Kawatachi. We were especially passionate about river play (Photo 21). In Miyoshi, we enjoyed *haya* fishing in the shallows and the rapid stream area where the Enokawa join to the Gonokawa. On one such morning, we had gotten up early, Hidekata made a breakfast for us. He used to fry rice with butter in a frying pan and then dropped raw eggs into the mix. It was rather delicious.



Photo 21. River play in the Enokawa river at maybe 1961. This figure was taken by Taketo Mizota who could not often join swimming due to his ear trouble. The left most: Hidekata; center Hideharu; and the right most: Tadato.

Hidekata often came to enjoy playing in Kawatachi. During the summer, sometimes dysentery occurred upstream of the Enokawa, thus peoples were prohibited to swim in the usual places of the river around the Fukugawa Bridge. In such cases we used to go to the Nagaya River, a small tributary that flowed into the Enokawa River. We went up the stream to the place called “Shimizu Don-don” which means a place where the spring water comes out continuously.

When I was a little over 50 years old, one picture was sent from Hidekata. He told me he had a strong desire to show me the picture. It was a work by the illustrator Tamotsu Nishiguchi entitled “Scenes of Children Playing in the River in the Four Seasons of

Japan”. The children enjoying the river drawn in the picture were the same as those in the original scenes of our childhood.

Hidekata died at a hospital in Sapporo on January 11, 2019. Perhaps about 12 hours before his last breath, I had a dream early in the morning on the 11th. Hidekata woke up in bed and said, “Well, I want to see you, but I cannot go to see you. Come and see me.” When I woke up, I thought that I had a dream like this because I was worrying about him in Sapporo at New Year’s time. However, the same evening the news of his death arrived. Sometimes I hear such stories, but I really experienced it.

I met Hideharu (Photo 22) on the day of the funeral of his brother, Hidekata, after a long time -- probably about ten years, since we met last. When I was in the parking lot, then I heard someone call, “Mizota-san, Mizota-san!” from a distance. I wondered who it was. His wife, Junko, and Au-chan (the infant nickname of Hideharu) walked up to me slowly. When I said, “Au-chan, you should not call me ” MIZOTA-san” like a stranger. Call me Take-chan”. He and his wife laughed together.

Both Hidekata and Hideharu's father, Hidetaka, (these names and their grandpa’s name, Hidetoshi, are very confusing in sound and spelling, indeed), published academic dissertations including their doctoral theses¹³⁻¹⁶⁾ during their research in Tokyo Medical College as interns. Hidetaka served later as the president of the Miyoshi Rotary Club (1971- 1972).



Photo 22. Doctor Hideharu Arase

6.5.4 My family interaction with the Arase and Sawa families

One summer, when an old man was taking a rest while working in the garden of the Arase house in Kawatachi, my uncle's daughter, Takako Arase, said to him, “Mr. Ganji, are you 90 years old, born in the first year of Ganji of the Edo era?” I remember that clearly, although I was annoyed with this old man. In 1954, it was the summer when I was nine and in the fourth grade of elementary school. The first year of Ganji is 1864, four years before the Meiji Restoration. Since then 90 years had passed until 1954 when I was 9-years old, born in 1944. These numbers were concordant with one another. He

was given his name Ganji, the same as the Era name, Ganji in the Edo era. In my childhood there were such old men still alive and working.

Especially at the time of the Bon ceremony in mid-August in the house at Kawatachi, Aunt Kiyō Arase and her sister Aunt Fumiyo Suzuki came together with Kiyō's children to stay and perform the memorial service for the ancestors as seen in Photos 8 and 10. Splendid decorations were placed around the graves of the Arase family in the Enshōji Temple. I was proud of them.

When Uncle Hidetoshi died, I had been spending a year as a preparatory school student in Hiroshima City after graduating from Miyoshi High School. I lived then in an apartment near the home of cousin Takako (whose married name was Takako Sawa) close to the Takanobashi Bridge, and I was taken care of in all aspects such as meals, bathing, laundry, etc., by Takako. For half a year I enjoyed a pleasant time playing with Takako's children, Hiroyuki, Yoko and Reiko.

Arase Hospital's former residence in Kawatachi was handed over in the summer of 1964. For two years after that, our parents, whose children had already left home, moved near Ozekiyama in Miyoshi-cho. The place was only 50 meters from the Aikou Nursery School which had been used as the POW camp during the war, related to the main subject in the present story.

7 After editing Hideharu's manuscript

Tadato Mizota and Taketo Mizota

This text was edited based on the manuscript written by Hideharu Arase, MD, a grandson of Hidetoshi Arase, a short time before his death. (He passed away on February 6, 2019). We two are the maternal cousins of his father Hidetaka. Although the manuscript already consisted of more than 50 pages of personal computer files by Hideharu, who had suffered a serious disease then, as his medical condition worsened, he realized that there was no time to complete it. Thus the work was entrusted to us through his wife Mrs. Junko Arase. He had been trying to rewrite it several times, but he was unable even to keep the copied parts in order. They were in a state of being copied and pasted, and stacked and duplicated one after another randomly. Moreover, he faced his elder brother, Hidekata's, death on January 11, 2019, less than one month before his own death. As we were also childhood friends with each other, and could realize the valuable meaning of the manuscript, we accepted his and his wife Junko's desire to edit

and complete the manuscript without hesitation.

As he was then the only direct relative connected to Doctor Hidetoshi Arase who accomplished the exceptional work as a medical doctor during the wartime incident in the Miyoshi POW Camp, no one else could describe the historical facts, we thought.

On the day of his elder brother, Hidekata's, funeral, January 14, 2019, he attended with the support of his wife, Junko. In the waiting room, as he told us that the completion of the manuscript was near, we encouraged them to finish it. However, Hideharu's effort was already near its limit. He passed away in less than a month. (Subsequently last LINE-exchanges will be posted in the Addenda 1 as "LINE communications with ARASE Junko and Hideharu during his last 10 days".)

It is thought that there are many descriptions that were referred to from the literature of Kunitaka Mikami on the Miyoshi Dutch POWs⁵). And also there is no doubt that the descriptions include contents that he directly heard from the head nurse Ms. Hazue Kodama. But to distinguish them from each other clearly was so difficult that we pointed out those places following our own judgment.

The title of this document is taken from the description in **2.10**. This spirit of the Red Cross has been recognized for a long time, and now there is also a worldwide organization of Doctors Without Borders. However, in 1944, in the tough age of nationalism in Japan, the spirit of "the surgeon's knife knows no border" was put into practice for the prisoners of the country at war, whether they had been combatants or noncombatants. Hidetoshi Arase, who was born in the Meiji period, exhibited and acted toward the Dutch prisoners with, so to speak, the combined spirit of the Red Cross and that of a samurai.

An article written by Mr. Yoshikazu Yonemaru⁴) is not long, but it is organized into dense contents. One of the editors, Taketo Mizota, was taught by him as a Miyoshi High School student about sixty years ago. Mr. Yonemaru referred to source articles on Dutch prisoners in Miyoshi that he was given by the journalist Kunitaka Mikami who received the original documents directly from the National Archives of the Netherlands³). Article 13, written by Mayumi Komiya (of the POW Investigation Association) reports that she had a miraculous encounter with the son of a Dutch military doctor who spent part of his life in Miyoshi as a POW.

On the other hand, the present manuscript by Hideharu consists of the testimony from the other side, that is, from Japanese relatives, the grandson of doctor Hidetoshi Arase, and from a person who listened directly to many accounts from the head nurse, Ms. Hazue Kodama.

We, the editors, are a little older than the brothers, Hideharu and Hidekata, who often

came to play in the former Kawachi Village (or Kawatachi), home of the Mizota family (the address now renamed as Shimo Kawatachi-machi, Miyoshi City), as if they were our real brothers during their infancy and elementary school days. We played and enjoyed many days around the charming river side, near the Fukagawa Bridge of the Enokawa River, an attractive place especially for children to catch fish, throw stones, swim, draw pictures, collect edible plants and wild flowers, etc., etc. We, the Mizota family, of course, owed their grandfather, Hidetoshi, so much. We added to the memory to clarify Hidetoshi's human side in Section 6, including memories by Hidetoshi's second son, Doctor Toshihiro Arase and by our sister, Eiko Sato.

In the process of the work of editing, Mrs. Junko Arase, the late Doctor Hideharu's widow, and Mrs. Taeko Arase, the late Doctor Hidekata's widow supported us through the work by, for example, sending valuable related materials, such as newspaper articles, original photographs, etc.

Among the materials of note, there were six anatomical replications of a human head drawn on tracing paper that are thought to have been drawn by Hidetoshi when he was a medical student. We asked about the origin of the replicas to the library of the Tokyo Medical University. We obtained the following e-mail reply:

"I am Yuna Tomura of the main office of the Tokyo Medical University Library. The drawings, the sketches by doctor Arase match those of a material reserved in a container in a building outside of the university library. The origin was identified to be from Rauber's Textbook of Anatomy of Men¹⁹. The attached figures were surely drawn from the 9th edition (published in 1911). We send here figures in pages 87 to 98 of Volume 3 of six volumes. The origin of the sketch was identified also from the published year of the 9th edition. Although it has been difficult to research this, I obtained a successful result through the support from other staff members of the library. It will be our pleasure, if you kindly give us one copy of the book about doctor Hidetoshi Arase after its publication, which will be interesting for our students and staff members including the professors.

Included here are copies of retrospectives posted by Toshihiro Arase on the History of Tokyo Medical University Alumni Association, Hiroshima Prefecture²⁰. As we also found the picture of Hidetoshi Arase in a graduation album, and we sent it today with the publication volume of the one-hundred-year history of our university²¹ in which I pasted a sticky note on the pages corresponding to Arase's signature in blood case. Please find them."

We are grateful to Ms. Tomura and her coworkers at the library of the Tokyo Medical

University to find the origin of the anatomical sketches by doctor Hidetoshi Arase about one hundred years ago.

The “signature in blood case” refers to the valuable historical movement that included over 450 students who brought about the foundation of the Tokyo Medical College. At that time Hidetoshi Arase was a freshman medical student of the other medical college, the Japan Medical College, which lacked sufficient ability as a medical college. That is, there were some problems with the Medical Doctor diplomas issued at graduation, thus students had to argue to be able to obtain a doctor’s license after graduation. This incident was known among the Arase family, but may not be clear to everyone. The facts are clarified with the reference ²¹⁾.

Ms. Emiko Nosaka of the Tokyo Medical University Library also informed us of her impressions and the coincidental meeting when they found in Rauber’s textbook of anatomy of men the original illustrations for the sketch by Hidetoshi Arase:

“This time we thank professor Mizota for giving us the opportunity to study this very point. We discussed the matter with the head of the library who is, happily, also a professor of anatomy. Thus, professors of anatomy also helped us to search for the originals. I happened to find a figure, which was very similar in feeling, however, facing the opposite direction. Thus we were thinking that the original reference may not be from Gray, but from Rauber. After that Ms. Tomura did a more thorough search and found the published edition of 1911. Even in Rauber’s textbooks, the figures differ from each other depending on the edition. As we were happy to find that we had the edition of the textbook from 1911 in the reserved container, Ms. Tomura and I went together to search the container of the library at Setagaya to find the original figures. When we found the same figures as those sketched by doctor Arase, we had goose bumps, indeed. It is as if we had opened the very same book which he had studied one hundred years ago. We thank you for the opportunity to be able to experience this now.

I have often come across the name, doctor Arase, because there remains in my mind that there were some doctors of the same name from Hiroshima. I knew their names, but had no knowledge their relationship. One day the son of a graduate, who was also a graduate of our university, donated his father’s artifacts to the university. In many books donated, I happened to see the History of Tokyo Medical University Alumni Association, Hiroshima Prefectural Branch and was led to open the leaflet and found the name of Toshihiro Arase. I am astonished more over that the title was Memories of my father, Hidetoshi Arase. Thus many chance encounters drew us to late doctor Hidetoshi Arase. Just after our university celebrated 100 years in 2016, we are grateful to be able to meet

one of the graduates of the foundation era of the university.”

In reference 20, Rauber’s Textbook of Anatomy of Men, the publisher Georg Thieme kindly allowed us to reprint figures from the text. Sketches of anatomy of the head of a man and the original figures from Rauber’s textbook are cited in the addenda 5a and 5b. The permission to cite reference 21, which is cited in chapter 6.1 “Memories of my Father, Hidetoshi Arase” was also obtained from the Tokyo Medical University Alumni Association.

As appeared several times in the text, our uncle Hidetoshi made his scalpels by himself. The scalpels and related tools for operations were exhibited in the 7th Planning Exhibition of BLACK JACK by Osamu Tezuka Memorial Hall (from Jan. 1 to April 30, 1996). These tools were lent through the relations with doctor Akira Nagai who was one of the friends of late doctor Hidekata Arase.

If it is possible and understanding obtained, the relatives desire and would be honored to own and exhibit these replications by Hidetoshi with the original figures from Rauber’s textbook, the scalpels made by himself, etc., somewhere such as the Tokyo Medical University.

As Hideharu wrote at the end, if this event had not ended with such a good result, it would have surely ended in a Tokyo Trial, and may have had disappointing effects for future generations. In that sense, we think that doctor Hidetoshi Arase’s judgment and action supported by his coworkers should remain and be transmitted to future generations for many years.

8 Acknowledgements

To compile these sentences, we received the cooperation of many people. Mr. Yoshikazu Yonemaru kindly read the manuscript and gave us helpful comments even for the sub-title naming.

We also thank Ms. Yukari Suzuki Tangena (Director of the POW Investigation Association) and Ms. Mayumi Komiya (Member of the PWO Investigation Association and a former high school teacher) who read the earlier insufficient manuscript and gave cordial advice and encouragement that it should be translated into English and published. Ms. Mayumi Komiya presented us the reference (18) regarding many POW examples that existed in Japan including the Miyoshi incident. She also gave us some pictures taken at her interview with late Keiko Arase (Hideharu’s mother), late Doctor Hidekata Arase, guided by Mr. Yoshikazu Yonemaru.

Mr. Kunikazu Mikami kindly read the manuscript in relation to reference 6, and gave valuable advice, namely, about the date Feb. 26, 1942, when the Op-Ten-Noort was captured and the subsequent description of “a man carrying a rear car” (rickshaw) with mats used for the transportation of the Dutch nurse patient, Ms. Brower, from the Miyoshi prison to Arase Hospital (Hideharu described it as a stretcher), etc.

Ms. Nanae Arimitsu, the head of the Miyoshi Civic Library, and Ms. Hisako Kashima of the Kimita Library kindly sent us reference 2 and other various materials. We are indebted very much to Ms. Mieko Nosaka, Ms. Yuna Tomura, and Ms. Aya Kudou of the Tokyo Medical University Library for their effort to find the old literature, Rauber’s textbook of the Anatomy of Men from the container, and a memorial note for Hidetoshi Arase written by Toshihiro Arase. Ms. Barbara Elias gave us permission to reproduce and reprint figures from Rauber’s textbook.

The siblings Doctor Hiroyuki Sawa, Youko Noumi (maiden name Sawa) and Reiko Sakane (maiden name Sawa), cousins of Hideharu, offered much support in discussions with the editors.

Mrs. Junko Arase, the late Hideharu's widow, asked us to do this job, and read manuscripts repeatedly to revise them for completion. Mrs. Taeko Arase, wife of late Hidekata, provided valuable photos including those in Addenda 5 with comments, support and continuous encouragement.

English editing of the manuscript was done by Marilyn Higgins, retired professor of Yamaguchi Prefectural University, and Michael Higgins, professor emeritus of Yamaguchi University. We thank them that they have been interested in the contents of manuscript and gave us various advices exceeding usual improvement on English.

December, 2019

Tadato Mizota

Professor Emeritus of Yamaguchi University, Doctor of Science

Taketo Mizota

Professor Emeritus of Fukuoka Institute of Technology, Doctor of Engineering

References

1. Mizota, Taketo: An ancestor of the Arase hospital in its former place, about a certain hearing, Hakyou, Miyoshi District Medical Association Bulletin, No. 164, pp. 21-26, October 2018.
2. Geibi Graph, Introduction of the Person as Local Representative, Hidetoshi Arase, Kobunsha Co., Ltd., No. 44, July 5, 1986.
3. Branch office note: Regarding the Absurdity of War, POW Camp <Miyoshi>, Chugoku Shinbun-Newspaper, North Edition, p. 27, Sept., 8, 2000.
4. Yonemaru, Yoshikazu: The Miyoshi POW Camp During the War, by the documents of the National Archives of the Netherlands, Miyoshi Local History, No. 54, Sept., 20, 2000.
5. Mikami, Kunitaka: Why the Navy Hospital was Sunk - the Wake of the 2nd Hikawamaru, Koujinsha, ISBN 4-7698-2443-2 c0195, January 15, 2005.
6. The Hard Life of a Camp; The visit of the Dutch former POWs for the first time in 32 years, Chugoku Shinbun-newspaper, January 29, Showa 53 (1973).
7. Morning column, Heartwarming articles, The Cross-border Scalpel in Good Conscience, Chugoku Shinbun-Newspaper, p.26, February 2, 1990.
8. Another Hiroshima 99, Beating to rebuild 26, Distributing Dry Bread to A-bomb Survivors, Chugoku Shinbun-Newspaper, October 8, 1984.
9. Komiya, Mayumi: Interaction with Mr. Van Koeverden about the Miyoshi POW Camp for Noncombatants, POW Study Group, Dialog JI, Jan., 18, 2018.
10. 20th Century Spots, 19 Miyoshi Detention Centers/POW Camps, Change of a Kindergarten in Wartime, Spread of International Exchange by Crossing borders, Chugoku Shinbun-Newspaper, Aug., 23, (Heisei 12) 2000.
11. Luxurious "Sea Hospital", transport full of sarcasm and own POWs, imprisoned Dutch Hospital Ship, Asahi Shimbun-newspaper, Apr., 2, 1942.
12. Miyoshi POW Camp Sketches, copies of pencil drawings, drawn by a Dutch prisoner, donated to the city, Chugoku Shinbun (newspaper), June 1, 2017 (January 1, 2017).
13. Arase, Hidetaka and Haruyama, Hirotomi: Tuberculous tuberculosis 2 cases, Japan-bound tuberculosis, Vol. 10, No. 10, pp. 546 - 548, Oc., 1951.
14. Haruyama, Hirotomi and Arase, Hidetaka: For surgical diseases due to renal pelvic and ureteral shape, Clinical Surgery, Vol.7, No.13, pp.773 - 774, Dec., 1952.
15. Arase, Hidetaka: With regard to changes in bronchial mucosal epithelial system in chronic nonspecific inflammatory lesions of the lung from the viewpoint of carcinogenic matrix, Journal of Japan Surgical Society, Vol. 58, No. 9, pp. 1406-1423, Dec., 12, 1957.
16. Arase, Hidetaka: With regard to changes in bronchial mucosal epithelial system in

chronic nonspecific inflammatory lesions of the lung from the viewpoint of carcinogenic matrix, Doctor of Medicine Dissertation, Tokyo Medical University, Degree award date: July 26, 1957.

17. Yonemaru, Yoshikazu: Wartime Miyoshi POW Camp- from the National Archives of the Netherlands-, Geibi Graph, Historical Story of Hometown, Issue 85, Nov., 10, 2000.
18. Komiya, Mayumi: Enemy Alien Detention - Noncombatant foreigners under war, Yoshikawa Kobunkan (History and Culture Library 267), Feb., 2007.
19. A. Rauber, et al., Lehrbuch der Anatomie des Menschen ; Abteilung 3: Muskeln, Gefasse. pp.87-98、 Neunte Yermehrte und Verbesserte Auflage. Georg Thieme, Leipzig, 1911. (in Germany).
20. Arase, Toshihiro: Memories of my father, Hidetoshi Arase, History of Tokyo Medical University Alumni Association, Hiroshima Prefectural Branch, pp.131-134, Vol.31, 1989.
21. The One-hundred Year History of Tokyo Medical University, 1916-2016, The Editorial Committee of the Memorial Business Commemorative Magazine, 2018.
22. Ten copies of sketches having been drawn by a Dutch prisoner during detention at Miyoshi/ Hiroshima were donated to Miyoshi city library by the bereaved family, Asahi Shinbun-newspaper, Osaka evening paper, June 24, 2017.
23. Arase, Hideharu (Edited by Mizota, Tadato and Mizota, Taketo): A Surgeon's Scalpel Knows No Borders ~Tales of Doctor Arase, Hidetoshi~, HAKYO, Miyoshi District Medical Doctors Association, Part 1, pp.18-25, No. 166, June 2019.
24. Arase, Hideharu (Edited by Mizota, Tadato and Mizota, Taketo): A Surgeon's Scalpel Knows No Borders, Part 2, ~Tales of Doctor Arase, Hidetoshi~, HAKYO, Miyoshi District Medical Doctors Association, No. 166(2019), No.167, pp.31-42 and last colored page, Nov., 2019.
25. Arase, Hideharu (Edited by Mizota, Tadato and Mizota, Taketo): A Surgeon's Scalpel Knows No Borders, Part 3, ~Tales of Doctor Arase, Hidetoshi~, HAKYO, Miyoshi District Medical Doctors Association, No.168, pp.31-45, Mar., 2020.
26. Miyoshi-gun, Shimokawatachi-mura, A basic data of District information for National census of Hiroshima-domain, Materials of the Miyoshi City Board of Education, Bunsei 2 years (1819).

Addendum 1 LINE communications of Junko Arase and Hideharu with the Mizota brothers during his last ten days

Doctor Hideharu Arase passed away on February 6th, 2019, leaving this description, following his elder brother doctor Hidekata Arase's death less than one month before. The amount that he had left and was unable to complete and was more than we had imagined. While taking care of Junko for his last days, he literally tried to respond to our request desperately. This is clearly shown in the following exchange of messages on LINE between Hideharu (Junko) and Taketo Mizotp. We listed them all in order of the time line.

2019.1.26 (Saturday)

Taketo MIZOTA (hereafter MIZOTA): As I received your phone number from Taeko, we can now communicate with each other on LINE.

Junko (hereafter ARASE): Hello. Thank you very much. Today, since morning he is only saying some things I can't understand, and it seems like he is scared to go to sleep, so he has been talking quite a lot.

MIZOTA: I see. What should we do? I'm worried, but if he is concerned about the document being completed, please try to tell him that he can rest assured that Tadato and Taketo would surely promise to complete it.

MIZOTA: Let's talk again when Hideharu can speak on the phone.

ARASE: He is saying "It's good, a good idea, I would like that." I am expecting his recovery, because he sometimes returns to be able to focus in communications. But the doctor says that only a few days remain from now for him.

MIZOTA: Tell him we will contribute it to HAKYO.

ARASE: "I'm glad!! Well then I have to send it to them. He says that he wants me to write you on LINE and say, Thank you."

ARASE: Thank you very much. Since his brother died, he has lost motivation to do his best for anything. So I'm glad to get something to encourage him today.

MIZOTA: Naomi Ohsaka took the top rank and ranked first, Auchan (Hideharu's childhood name).

2019.1.27 (Sunday)

MIZOTA: Good morning. What Hideharu has written so far is good as it is in the computer. Don't worry, you do not need to revise or rearrange them, if you find confusions in the description. Anyway, if there are things he hasn't written yet and remain in memory, it may be less burdensome to leave it in a cell phone recording by dictation, or to tell Junko directly and then get it to me.

ARASE: Good morning. I am worried about him, but he wanted to go to the bathroom last night and got up twice. He was excited to see the tennis game, and he was feeling good enough to say, "Could you please bring me my PC tomorrow and let's prepare, OK?" I do not know at all how much progress has been made, but I will send it to you. Thank you for your concern. Thank you again.

MIZOTA: That's a nice reply. That's right, please send me just what he has done. Besides, it will be more complete if we share the memories of my brother Tadato. Please write or talk to me what you can get from him that he hasn't put yet into the manuscript. You may write on this LINE, or tell them to me by phone. I will write or compile them to complete it.

ARASE: Thank you very much. He just opened his computer on the bed. He says "First of all, I have to email Take-chan".

MIZOTA: That's fine! I am waiting for the response.

MIZOTA: Matsuyama has also reached the 14-under mark with his score increased. Sorry, I was excited to see it in the video. Today's results should have been finalized.

MIZOTA: I received a LINE message from my brother, Tadato, "I am glad to hear that he is getting better. In the words of Uncle Hidetoshi, what he strongly stressed is that "The doctor can cure only half of the disease, and the other half is cured by the patient's strength." Hideharu may have also heard this from Grandfather, but in this sense, you're half as patient and another half as doctor. You're keeping both sides in yourself, so I surely believe you can get well. It may be the fall of the storyteller. Believe it, and let's fully activate your immune system! !

MIZOTA: This is an email from my brother.

ARASE: Thank you very much. I read it with tears. I am grateful. I promised to do my best. Please give him our thanks.

MIZOTA: The manuscript, I received it. I also sent it to my brother. Hideharu worked hard so far. After I read it completely, I will return it by email to you again.

MIZOTA: I read the manuscript completely. It is well written. I think it is good to divide it into several articles and submit them to the HAKYO. In order to make it easy to read the entire story, it is important to omit duplication, to clarify citations of articles from Chugoku Shinbun newspaper etc., and to distinguish Kobu-chan's (nickname of the head nurse Kodama) story from the information from other published materials. Do you have article clippings from the Chugoku Shinbun newspaper which he got from the patient, the old women? If you can find them, would you please send them to me?

MIZOTA: I guess I have to do these tasks. I will do it.

ARASE: I am indebted. I have omitted unnecessary documents now. However, I cannot say this to him directly, but I think it is better to trust you to edit it. May I send you the materials we have here?

MIZOTA: My brother is undergoing cataract surgery on January 29 and February 12, so it seems that it is hard for him to read the documents, but he has already read half. And he wrote that it is necessary to divide citations from the newspaper article and parts dictated by Kobu-chan and write them separately.

MIZOTA: Please follow us, as Hideharu will not be tired.

ARASE: I will send all of the materials that I have found in his things as soon as possible.

MIZOTA: I can understand the scene of the dining table where all the family including my uncle Hidetoshi, the brothers Hidetaka and Hidetoshi, and others are sitting around. And I remembered an experience, that is, when I tried to eat putting the contents of miso soup on my rice, I was scolded by our uncle. Aunt Fumiyo (Suzuki) then soothed him gently.

ARASE: He laughed when he heard it! He says me to write like “Take-chan, you make me laughing too much!”

MIZOTA: One winter night, there was a person who was beating on the gate of the house in Kawatachi. My mother, Chiyoko, asked the guest, “Who are you.” We heard the voice, “I am the raccoon dog in Kawachi.” It was Toshihiro’s voice so we felt relieved. He had come here in the night to go hunting early the next morning.

ARASE: “It’s too funny and an interesting story I didn’t know. I still want to hear them. How many such interesting stories do you have?” (laughs)

2019.1.28 (monday)

MIZOTA: That is a reverse story that Hideharu experienced and wrote in the manuscript about Grandfather. I used to go hunting accompanied by Toshihiro. One day when two pheasant birds flew out from bush, Toshihiro aimed and shoot toward the one quickly, but at the same time he slipped on the snowy road and fell down. He missed the also the next game. He told me excitedly “If I haven’t slipped down, I could get two of the game, indeed.” I only had to nod but to keep laughing.

2019.1.29 (Tuesday)

MIZOTA: I will also fax the articles of the Miyoshi Dutch detainees that are on the Net. However, the talk about the decision for the surgery that Hideharu heard from Ms. Kodama is valuable.

MIZOTA: I'm Taketo. Hideharu, how are you doing? I am working on editing now. Reading the chapters, with chapter titles, sections, and section titles, it is becoming an interesting read with a sense of reality. Although it is good to submit to HAKYOU, I think that it will be valuable enough also as a serialized article of the Chugoku Shinbun newspaper. It's safe to get it to HAKYOU. However, it is important to clarify many of the citations from the materials sent to me here, so I'll await them. To distinguish clearly is important for descriptions about which the original source is identified to be from the part obtained from Ms. Kodama and that from each cited reference. Clear citation rather enhances the credibility of the description. Please talk to Hideharu when he is fine.

ARASE: It's Junko. Thank you for your fax and email. I went to see pictures that had been donated to the Miyoshi library. He was sleeping the whole day long yesterday and today I said, "You received an email from Taketo." Even though he said, "Ah, I have to return the mail," he fell asleep soon. I cannot find the related articles, for example, the data by Yoshikazu Yonemaru in the Miyoshi Local History, etc. But I found a newspaper article about the Miyoshi Prison. I remember he was reading a monograph every time when he wrote the report. I do remember, but is it not certain whether it is a newspaper or not. When he wakes up next time, I will ask him carefully.

MIZOTA: The email has the same contents as the fax. Yonemaru was my first year high school teacher. In the text of Hideharu, I understand that it is a quoted here. But could you please send me also the journal of the Miyoshi Local History in which Yoshikazu Yonemaru wrote on the subject?

ARASE: I see, understand.

MIZOTA: Do you have the cut-out articles from the Chugoku Shinbun newspaper received from the patient?

ARASE: I asked him, but he answered, "About what? "It seems the person's impression has disappeared completely from his memory.

MIZOTA: There were descriptions of it about 10 years after he started working at the Kimita Medical Clinic.

ARASE: I also read the description in the document. I do not know at all who the patient is and what kind of article it was. Sorry...

MIZOTA: When he is in better condition, ask him if he is able to remember the fact that happened 10 years after he started working at Kimita Medical Clinic, and received the newspaper articles that were handed to him by an old lady patient who was proud of his grandfather Hidetoshi's action for the Dutch prisoners in the war time.

ARASE: I understand. Sorry, but I will try.

MIZOTA: Could you please fax the part of Miyoshi Areal History, No. 54, by Yoshikazu Yonemaru?

2019.1.30 (Wednesday)

MIZOTA: This is an exchange with my brother who finished one side of his cataract surgery and has been satisfied with the results.

MIZOTA: That was good. When will he be discharged from the hospital? Mr. Yoshikazu Yonemaru wrote five pages of the history of the Dutch detainees in the Miyoshi Local History. The position of Hideharu's document has become clear. I transfer it to e-mail first. I will read the sentences.

MIZOTA Tadato: I understand. The process of surgery, which can only be obtained through the recounting of head nurse Ms. Kodama, is valuable. It is written about in the Yonemaru's report that there were two treatments. The death year of the uncle Hidetoshi was mistaken as being 1962, and the kanji character of Keiko's name is also mistaken. I want to include photos of my uncle and Ms. Kodama, too.

2019.2.2 (Saturday)

MIZOTA: How is it then, after all? My brother finished one side of his cataract surgery, but he is doing his best for the editing work as well. I have received messages from Mayumi Komiya's group who has obtained sketches of Miyoshi Prison by the Dutch people. Under such circumstances, my elder sister, Eiko, told me a precious memory. When she was in the first grade of elementary school, when she opened the door in the dining room of the Arase house, three or four large men were talking to uncle Hidetoshi. When she was crying in surprise to meet them, one of the people gave her a stuffed giraffe and calmed her down. The stuffed doll was for a long time in our house at Kawatachi. The Dutch people had been in Miyoshi until August 1945, and since we had started living in Kawatachi since the end of March 1945, this incident must have happened only in the gap period of less than five months. Moreover, it is surprising that the war situation was in a tough situation before the defeat, and during the daytime the enemy nationals visited Arase house and to talk with each other. We want to cite the fact also in the manuscript.

MIZOTA Taketo: Note: "Miyoshi Local History" by Yoshikazu Yonemaru has described a farewell party held by doctor Hidetoshi Arase. The Dutch hostages left Miyoshi via Fukuensen Railway to Tokyo on September 12. When Eiko was given the stuffed giraffe doll by them may have been, therefore, on Sunday, the 2nd or the 9th of September, 1945, because as an elementary school student Eiko could not have gone to the Arase house except on Sundays.

ARASE: Good evening. Tadato's surgery was successful. I'm glad. Hearing Eiko's story, Hideharu would have been surprised if he could have heard it a little earlier. That's a great story, isn't it? He could not respond at all since yesterday. He nodded, but he couldn't meet my eyes. I wonder if it hurts somewhere, He is in a state of muttering in a loud voice or sleeping. Excuse me for leaving everything to you. Thank you very much.

2019.2.3 (Sunday)

MIZOTA: If he recognizes you, tell him that both Tadato and Taketo are working hard and making a good manuscript. I will make it rich, adding Eiko's story and Tadato's memory. Please tell him that the readers will be able to feel his hearty respect for Kobu-chan.

ARASE: Thank you very much. Be sure to convey it.

2019.2.4 (Monday)

MIZOTA: I'm worried about Hideharu. Junko, when you read the manuscript, I think you would understand the following:

It is a statement about the operation of the Dutch nurse, but two doctors who came before the medical examination by Uncle Hidetoshi, left without doing anything. The Japanese military official said, "She is only a POW, (you need not feel responsible for the result)." The former half of the description shows that our uncle did not hear those comments, but the later half of it wrote that he got angry hearing it. The inconsistency of the description must be clarified by him, if it is possible. I do not think uncle's anger occurred judging from the more precise description of the latter. Anyhow, the successful result of the operation was never questioned.

ARASE: I'm worried about him. The situation has not changed, no reply returned at all. He has showed no response, and it has become difficult for him to drink water. I read the mail from you in his ear, but there was no reaction. Is he being called by his brother or mother in the heaven? Still, there are a lot of things left to do for him.

MIZOTA: That's right, I guess he can hear it, but the response is difficult. I want him not to suffer much. You also have done a good job.

ARASE: I can only watch him.

MIZOTA: Your kindness is surely conveyed to Hideharu. That is what he wants most now.

2019.2.6 (Wednesday)

MIZOTA: 11:22: Now, I have just heard the message about Hideharu's death. Allow me to express my deep regret at his passing. Anyhow, I will do my best with my brother to complete his document. We will offer it to his spirit as soon as possible.

ARASE: Thank you. 12:21: Thank you very much. Thank you on his behalf.

MIZOTA: I think it was happy to see that Hideharu was kindly watched over by you. Thank you very much for your hearty care. Please look forward to the completion of Hideharu's documents.

ARASE: Thank you very much. Hideharu and I also are looking forward to it.

2019.2.7 (Thursday)

MIZOTA: I have sent the following telegram to the funeral hall. Although the binding may be insufficient, please understand our condolences.

"We would like to express our condolences while regretting the death of Doctor Hideharu Arase. We will soon bring out a document that he kept trying hard to complete while fighting and suffering from the disease. This document is based on the facts that he heard from his grandfather, Doctor Hidetoshi Arase, director of the Arase Hospital, and the head nurse Ms. Hazue Kodama who performed an operation on a Dutch woman who became seriously ill and almost faced death in the Miyoshi Prisoner Camp near the end of the last war. The legend certainly will be one of the historical treasures of Miyoshi. Please wait until the publication. MIZOTA Tadato, MIZOTA Taketo, SATO Eiko."

ARASE: Thank you very much. Hideharu is also pleased.

2019.2.11 (Monday)

MIZOTA: Have you been able to finish those details related to Hideharu's funeral? Cold days and moderate days come alternately in these days. In addition to the funeral, I am afraid you might get tired even in such unstable weather. Hideharu's documents are being whipped into shape by us. It is supposed to be published in HAKYO. Please prepare pictures of peoples such as doctor Hideharu, doctor Hidetoshi, Ms. Kodama and other related people. Pictures of Kimita Clinic, and/or of Doctor Hideharu at work are also necessary. I can ask about them to Taeko.

MIZOTA: I just talked with Mrs. Taeko Arase. The pictures of Ms. Kodama and Doctor Hidetoshi will be sent to me by her. Please give me a picture of Doctor Hideharu. The time limit on the submission for HAKYO is around the end of May, so it's OK to be slow.

ARASE: Good evening, 21:56: I am indebted to you very much. I managed to finish the funeral somehow. It is late to say you thanks, even though I received your telegram at the funeral, I'm sorry. It was read at the funeral. In the small funeral, as Hideharu had hoped for, inurnment was helped by members of the Sawa family. I understand about the photo. I'm looking forward to getting it. I am sorry to make you busy. Thank you.

Addendum 2 Return of medical scalpels to Arase Hospital

The following three photographs show medical scalpels and forceps made and used by doctor Hidetoshi Arase. They were made and used for a long time by Hidetoshi himself and preserved so far. These were displayed at the “Black Jack” exhibition held from January to April, 30, 1996, at Osamu Tezuka Memorial Hall in Takarazuka City. The reason why these were shown at the exhibition has been communicated by Hidekata. He was a classmate at Tokyo Medical University of Dr. Akira Nagai, who was a famous writer and was from Mihara City, Hiroshima Prefecture. He was also the general editor of the animation version “Black Jack”. He asked Hidekata to borrow these unique medical tools for the exhibition. After the exhibition, these tools have been preserved for 20 years by Tezuka Productions. After Hidekata’s death, his wife Taeko remembered the fact, and she made contact with relevant persons so that the tools could be returned safely to the Arase family. Some scalpels made by Hidetoshi (Photo addendum 1a) show a curved seal such as “ARASE” or “MADE BY ARASE” on the grip part. The shape of each tool was devised to fit the individual operation, for example, regarding the size of the blade and/or the angle between blade and grip.



Photo Addendum 2a. Scalpels and forceps made by Grandfather, Hidetoshi, returned by over 20 years and placed on the desk of the late Hidekata Arase.



Photo Addendum 2b. Scalpels made by Hidetoshi 1.



Photo Addendum 2c. Scalpels made by Hidetoshi 2.

Reiko Sakane (Sawa) read HAKYO No. 166²³⁾ and No. 167²⁴⁾ and talked about interesting memories as follows.

“The picture of the flower displayed on the wall of the medical examination room was drawn by my grandpa when he was a junior high school student, and I feel it was a plum flower.

As the Mayor Fukuoka of Miyoshi city also wrote a special contribution to the same issue No.167 of HAKYO²⁴⁾, even if he might have skipped other academic papers in the same issue, he could read the Hideharu's article, I think. Thus, he would definitely

consider that this will be a treasure of Miyoshi. I was surprised by reading the supplemental article by editors. I might have seen Grandpa's scalpels and forceps during my child age, but I don't remember them. Moreover, I was surprised that it was exhibited at the Tezuka Osamu Memorial Hall.

Once, I heard from my mother Takako that my grandpa would have been going to appear on NHK TV program of “Keizo Takahashi’s My Secret” as a medical doctor who make surgical scalpels by himself. Taketo didn't know the story that my Grandpa might have appeared on TV, did you? I've heard it didn't happen because my Grandpa fell down before the interview. I remembered my grandpa's cheek rub with the scent of garlic after a long time.”

Addendum 3 Sketches of Miyoshi POW camp by a prisoner, colonel Van Gerrit Hendrik Van Koeverden, military Doctor ¹²⁾

Mayumi Komiya made a presentation entitled “Dutch Non-combatant Hostages Imprisoned in Japan during the Second World War” in a symposium held at NIOD, Amsterdam at 2016, and happened there to meet the son of Van Gerrit Hendrik van Koeverden who had been a prisoner in Miyoshi (List No. 25 in Addendum 4, Table 1). Later she received from the son Yan some copies of sketches drawn by his father during his imprisonment in the Miyoshi Camp. The original is contained in NIOD now. The son, Jan van Koeverden, born in 1938 had been living with his parents in Sumatra, Indonesia, a colony of the Netherlands then. His father was later imprisoned in Miyoshi Camp so that it took four years before their reunion in Indonesia, and later return to the Netherlands. Gerrit Hendrik, died in 1979 at the age of 74, and left many sketches drawn in the Miyoshi Camp and of the ship Op-Ten-Noort. These figure-copies are held in the Miyoshi Library now.



Fig. Addendum 3a. Inside room appearance in the Miyoshi Camp(1)

Miyoshi, 1944

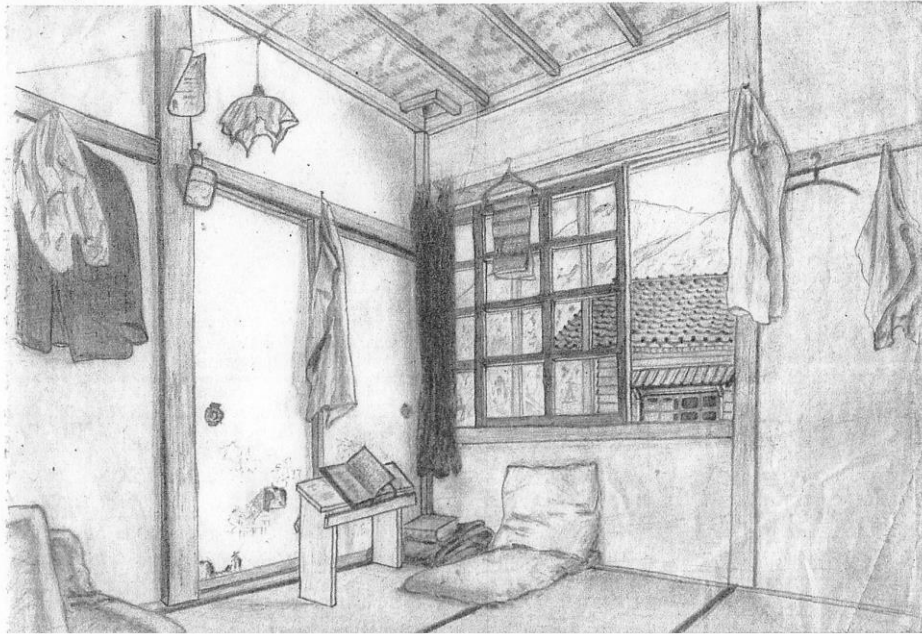


Fig. Addendum 3b. Inside room appearance in the Miyoshi Camp(2)

Miyoshi, Oct 1944



Fig. Addendum 3c. Social room in Miyoshi Camp.

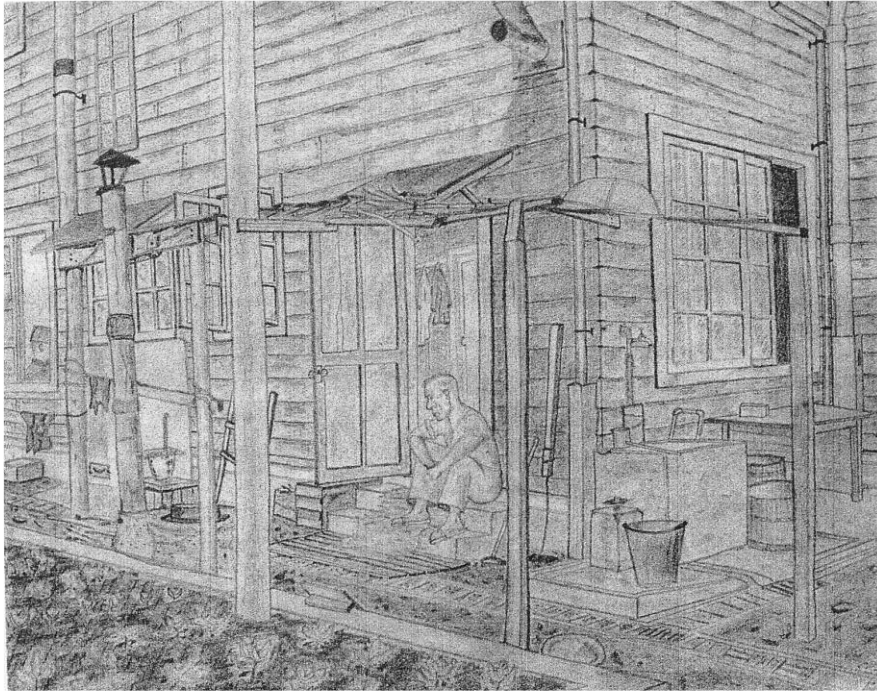


Fig. Addendum 3d. Enduring loneliness imagining the return home.

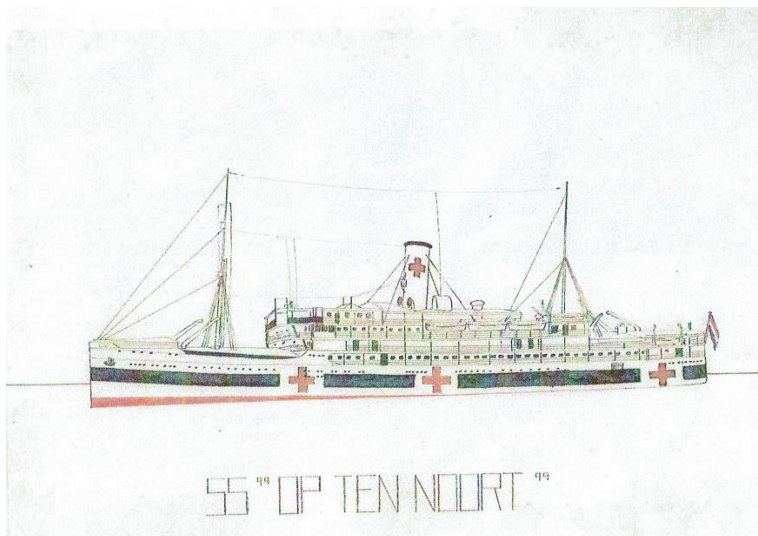


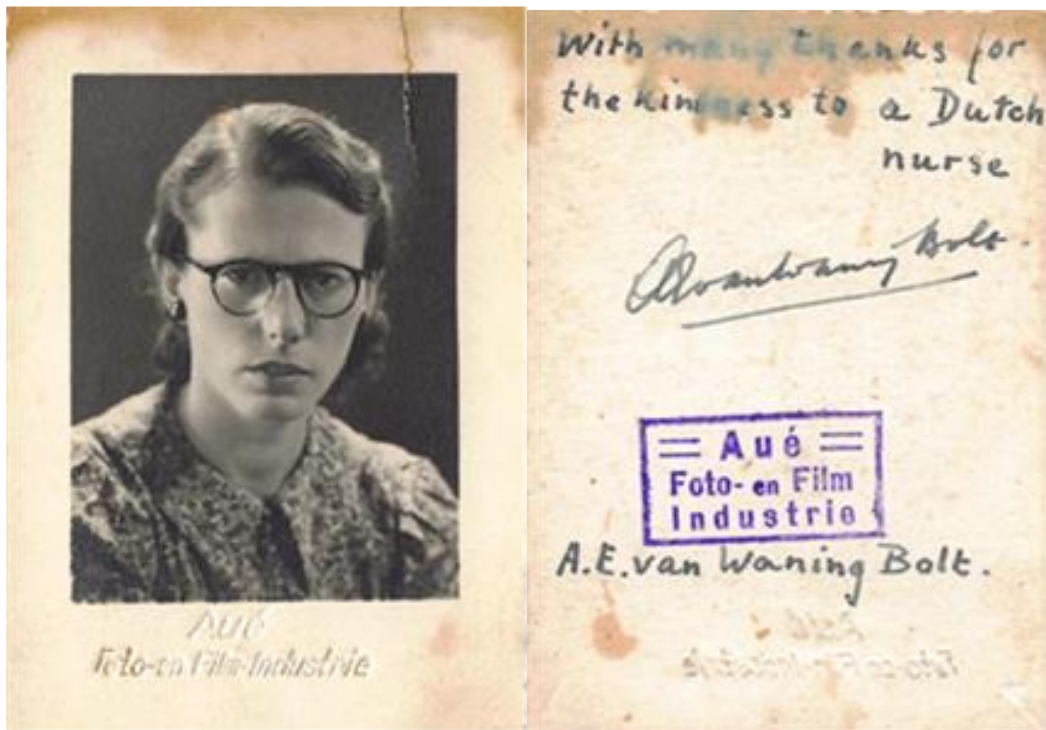
Fig. Addendum 3e. Duch Navy Hospital Ship "Op-Ten-Noort"

Addendum 4. Name list of prisoners in Miyoshi prison, the original table from Japan Ministry of Foreign Affaires given by Ms. Mayumi Komiya.

Table 1 Name List of 44 Prisoners in Miyoshi Prison, Hiroshima Pref., Japan in Dec., 1942–Aug., 1945					
No.	Nation.	Name*	Age**	Mail/Femail	Occupation***
1	NLD	Tuizinga, Gerrit	51	male	Capain
2	NLD	Meisenbacher Ulrich August	39	male	2nd Mate
3	NLD	de Best, Adriaan	37	male	2nd Mate
4	NLD	Verhoef, Pieter Jan Govert	33	male	3rd Mate
5	NLD	Van der Wolf, Dirk Gerrit	41	male	2nd Engineer
6	NLD	de Roy van Zuydewyn, Charles Anton	37	male	3rd Engineer
7	NLD	Willems, Louis	36	male	3rd Engineer
8	NLD	Hendrike, Derk	32	male	4th Engineer
9	NLD	Kuiken Thijs	32	male	4th Engineer
10	NLD	Bakker, Johannes Bernardes Godefrides	32	male	5th Engineer
11	NLD	oost, Pieter	26	male	5th Engineer
12	NLD	Stijve, Niklaas	25	male	5th Engineer
13	IDN	Soediren	24	male	5th Engineer
14	IDN	Soedarsono	28	male	Electrician
15	NLD	Dirkse, Jakobus	53	male	Chief Steward
16	NLD	Koenen, Franoois Louis Mathieu Getrude	50	male	Chef Head
17	NLD	Sehuur, Cornellis Johannes	40	male	Radio Engineer Head
18	NLD	Van de Poel, Johannes Casper	51	male	Head Engineer
19	NLD	Bollmann, Theodorus Stephanus Everardus	42	male	1st Officer
20	NLD	Mulder, Johannes Jacobus	45	male	Manager
21	NLD	Mellema, Andries Willem	38	male	Nurvy Medical Director
22	NLD	Vreede, Jan Johannes Antoni Arnoldus	45	male	Reserved Navy Major Medical Officer
23	NLD	Veldhuysen, Adrianus	45	male	Physician
24	NLD	Wempe, Johannes Willem Niolaas	49	male	Reserved Colonel Surgeon
25	NLD	Van Koeverden Brouwer, Gerrit Hendrik	40	male	Reserved Colonel Surgeon
26	NLD	Veen, Ruurd	40	male	Reserved Colonel Surgeon
27	NLD	Wiemans, Sjoerd	32	male	Reserved Colonel Surgeon (Dental)
28	NLD	Schouten, Netty	50	female	Head Nurse
29	NLD	den Boer, Hermina Maria Johanna Elisabeth	44	female	Nurse
30	NLD	Hoekveen, Maartje	44	female	Nurse
31	NLD	van Waning Bolt, Agnes, Elisabeth	36	female	Nurse
32	NLD	Leendertsz, Anna Margaretha	44	female	Nurse
33	NLD	van den Berg, Anna Wilhelmina	34	female	Nurse
34	NLD	de Boer-Gerth van Wijch, Jeanette Margaretha	51	female	Nurse
35	NLD	Gunther, Petronella Hermina	53	female	Nurse
36	NLD	Mackay, Willemina Johanna	43	female	Nurse
37	NLD	Smaardijk, Johanna	51	female	Nurse
38	NLD	Vos de Wael, Maria Immaculata, Antonia Ernesta	40	female	Nurse
39	NLD	Brouwer, Charlott Geertruida Jansje	43	female	Nurse
40	NLD	van der Wolfnee van Bers, Clementine Maria	42	female	Nurse
41	NLD	Heil-Zuur, Tilly	39	female	Red Cross Nurse
42	NLD	Smits, Elisabeth Petronella Cornellia	45	female	nurase
43	NLD	van den Bosch, Gerardus	43	male	nurase
44	NLD	Rekers, Willem Joham	29	male	nurase
	Nation.	NLD: The Netherland IDN: Indonesia			
	*	Name data from The National Archives of the Netherland			
	**	Ages at August, 1945			
	***	Occupation data from Japan Ministry of Foreign Affairs			

Addendum 5. A portrait of A. E. van Waning Bolt, Dutch nurse stayed Miyoshi POW Camp.

Arase family (Hidetoshi?) received the photo from the Netherland after she returned her home. This was found by Mrs. Taeko Arase after her husband Hidekata died.



Written message of back: “With many thanks for the kindness to Dutch nurse. A.E. van Waning Bolt”. Her name is found in the list of Addendum 3: van Waning Bolt, Agnes, Elisabeth; 36 years old at that time; nurse.

Addendum 6. Replicas for anatomy drawn by Hidetoshi when he was a student.

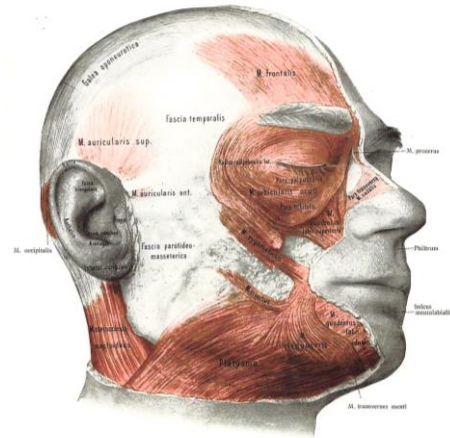
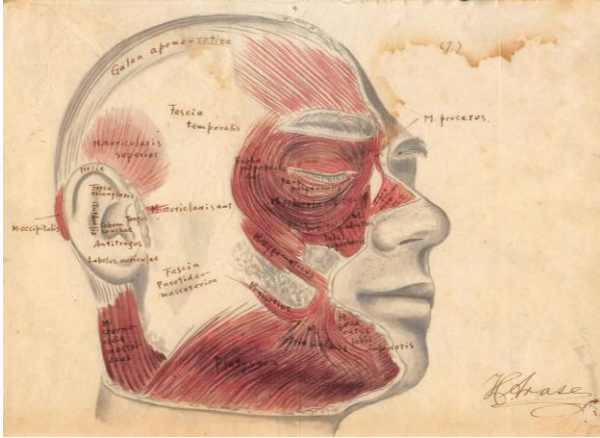


Fig. 73. Kopfmuskeln (I).
Oberflächliche Schicht mit Fascia temporalis und Fascia parotidomasseterica.

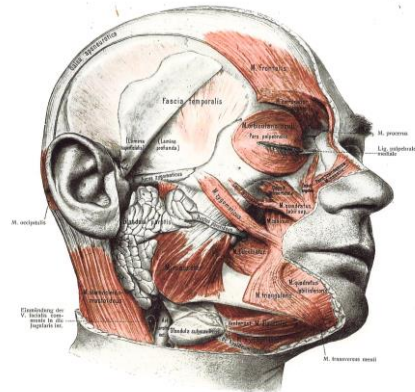
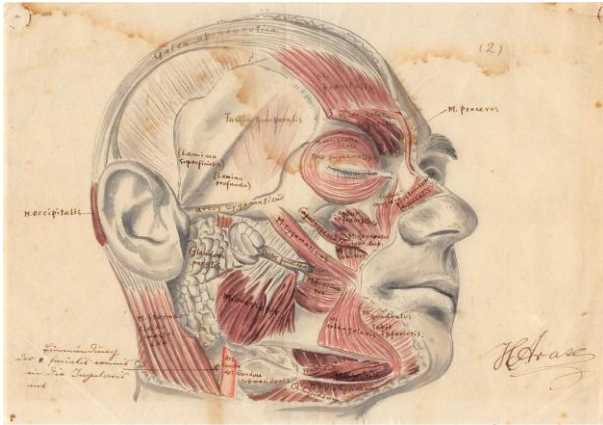


Fig. 74. Kopfmuskeln (II) und obere Zungenbeinmuskeln.

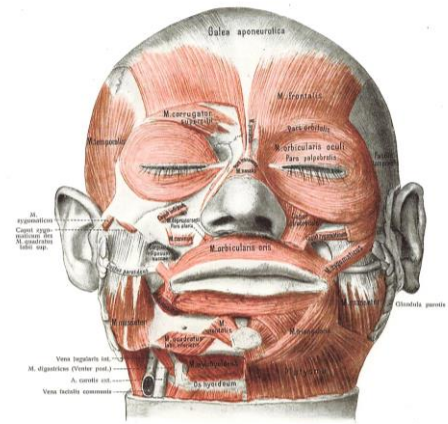
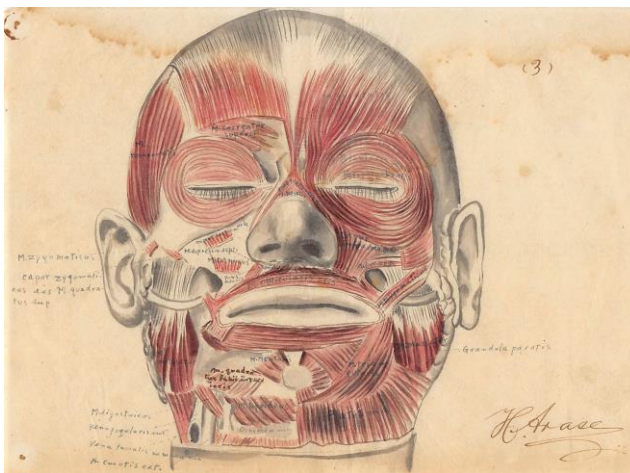


Fig. 75. Kopfmuskeln (III) von vorn.

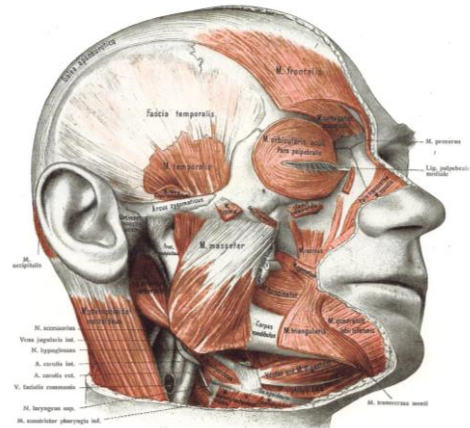
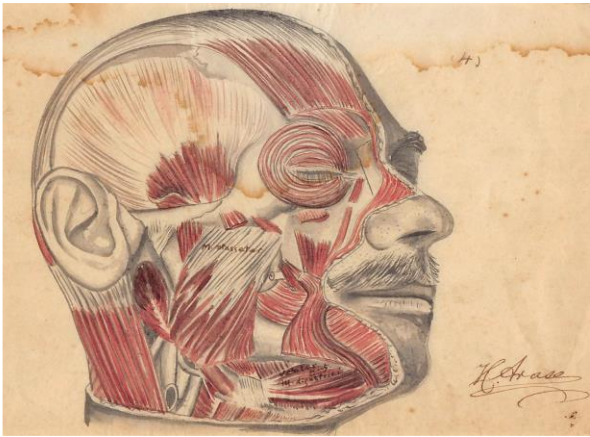


Fig. 76. Kopfmuskeln (IV) und obere Zungenbeinmuskeln.

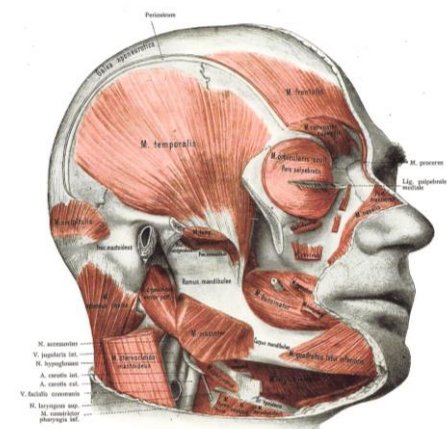
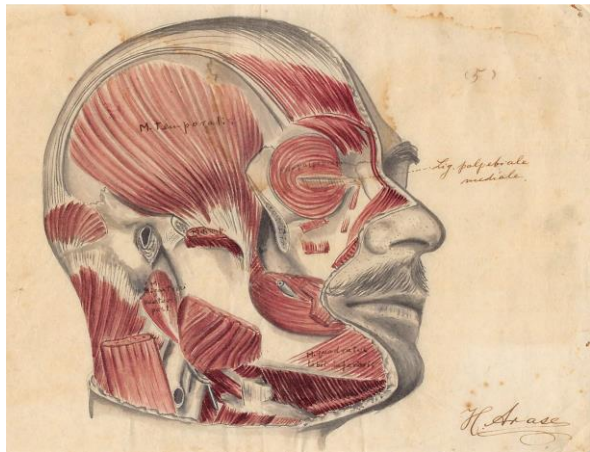


Fig. 80. Kopfmuskeln (V) und obere Zungenbeinmuskeln.

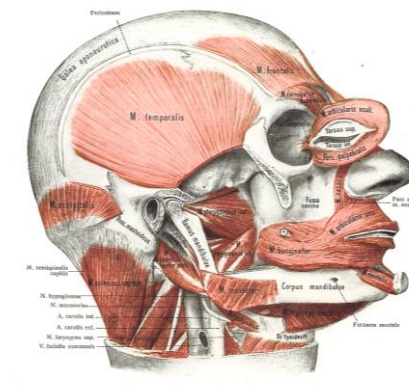
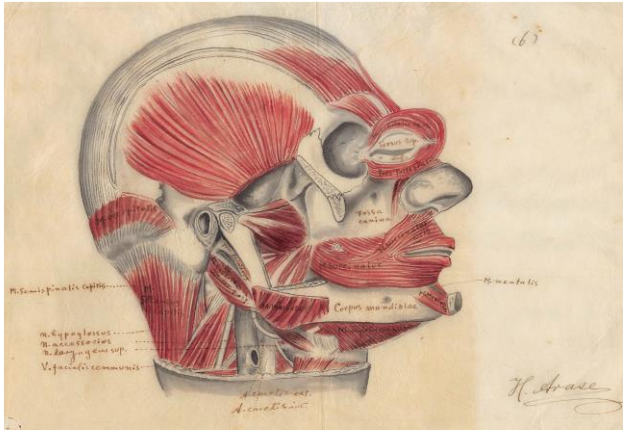


Fig. 81. Kopfmuskeln (VI) und obere Zungenbeinmuskeln.

Fig. Addendum 6a.

Left column: Head anatomical replicas drawn by Hidetoshi Arase.

Right column: The original figures from "Rauber's Textbook of anatomy of Men" 20). Vol. 3, pp.87-98, from top to bottom Figs. 73, 74, 75, 80 & 81. The mustaches in the fourth and fifth figures from the top may be drawn from Hidetoshi's wit.

(Permitting by Barbara Elias, Permissions Associate Georg Thieme Verlag KG Thieme Publishers Rüdigerstraße 14, 70469 Stuttgart, Germany)