

Diagnosis for KAGESA Sadaaki.

(Age 33)

1. Name of disease Pulmonary tuberculosis
2. Progress after his entry into hospital

At the time of his entry into the hospital (May 29, the 21st year of Showa), his condition was as follows:

He was in an undernourished condition. His skin was colored yellow by atalixine!

Physical examination of the chest showed as follows: the sound of the heart, limoid; the size of the heart, normal; the respiration, generally sharp. He complained of an oppressive pain in the left side of the abdomen and neuralgia from the left shoulder to the left upper arm. The chief complaint was a cough.

His blood pressure was: 120 m.m. at the maximum; 70 m.m. at the minimum (of mercuric column). X-ray photographs showed a shadow from the left upper pulmonary region to the middle pulmonary field, a long elliptical cavity around the second intercostal part; and another little cavity under the above. It showed also an image of sclerotic infiltration at the middle pulmonary field. The tuberculosis germs contained in the phlegm showed positive reaction No. 3 according to GABUKI's (phonetic) table. A haematic examination showed: white blood-corpuscle count -- 12,200; red blood-corpuscle count -- 4,000,000; haemoglobin -- 73% (ZARI (T. N. phonetic) reaction) The white blood-corpuscles had no remarkable anomaly of classification. Descending speed of the red blood-cor-

puscles, 45 m.m. per hour. No remarkable anomaly in his urine. Body weight -- 42 kilogrammes.

After the above examination, he was treated with non-surgical treatment. His irregular fever abated some 10 days after his entry into the hospital. After that he had coughing fit at night, and was treated with cough-cure.

From the middle of June, we tried three times artificial Pneumothorax, but gave it up, as there occurred no successful constriction. After that he suffered excess of pulsation, and a continual temperature of more <sup>than</sup> 37° C. But there was no progress at the morbid cavities. From the beginning of December, his body weight increased a little and his nourishment improved, but the tuberculosis germs in his phlegm have always shown positive reaction. Recently, his temperature has been normal.

### 3. Present condition.

Nourishment -- middle class. No anemia on the skin. Physical examination of the chest shows: At the apex of the left lung --- the percussion sound is short and dull. at the apex of the right lung -- breathing sounds are sharp. X-rays examination shows no change from his entry into the hospital. The Descending speed of the red-blood-corpuscles -- 74 m.m. per hour. The tuberculosis germs in his phlegm show positive reaction No. 10 according to Govsky's table. Body weight--46.5 kilogrammes. His chief complaint is headache.

As he is now in the above described condition, it is necessary for him to remain in bed quietly, for fear of an unexpected

Def. Doc. No. 1387

setback. Therefore we conclude that it is impossible for him to appear in court.

We hereby certify that the above statement is true.

On this 23th day of April, 1947.

At the First Tokyo National Hospital.

Hospital staff. Officer of the Welfare Ministry.

Doctor of Medicine MOTOHASHI Hitoshi.

Chief of the staff. Officer of the Welfare Ministry.

Doctor of Medicine OSUZU Hirobumi.

I hereby certify that the above signature and seal were affixed hereto by MOTOHASHI Hitoshi OSUZU Hirobumi in the presence of this Witness.

At the same place, on this same date,

Witness YAMADA Hanzo (seal)

TRANSLATION CERTIFICATE

I, Charlie S. Terry of the Defense Language Branch, hereby certify that the foregoing translation described in the above certificate is, to the best of my knowledge and belief, a correct translation and is as near as possible to the meaning of the original document.

/S/ Charlie S. Terry

Tokyo, Japan

Date May 2, 1947

4

Not used

診 斷 書

影 佐

五十五年 昭

一 病 名 肺 結 核

二 入院後ノ経過

昭和二十一年五月二十九日當院轉入當時營養不良皮膚腐一アテプリ  
ン・ユオル黄染ヲ示レ胸部理學的検査所見上心音清純心界尋常呼吸  
音一般ニ銳利左側腹部ニ壓痛アリ左肩胛部ヨリ左上膊ニ巨ル神經痛  
ヲ訴フ咳嗽ヲ主訴トス

血壓最高一二〇耗最低七〇耗（水銀柱）胸部X線寫眞所見左上肺  
野ヨリ中肺野ニ巨ル陰影アリ第二肋間部ヲ中心ニ置ク長橢圓形ノ空  
洞（長徑七釐短徑三釐）及小ナル空洞ヲ更ニ其ノ下ニ證明ス  
右中肺野ニモ硬化性浸潤像ヲ證ス喀痰中結核菌ハ一ガフキー氏表八

## 三、現 症

陽陽性、血液學的検査所見上白血球一二二〇〇、赤血球四〇〇万、血色素數七八%（ゲートリー）白血球分類上著變ナシ、赤血球沈降速度一時間値四五耗尿著變ナシ、体重四二瓊

以上ノ所見ニヨリ保存療法ヲ行フコトトシタ。入院後不完ノ發熱アリ旬日ヲ寛解其後夜間咳嗽發作アリ鎮咳劑ヲ投與シタ

六月中旬ヨリ人工氣胸ヲ三回試ミタガ意ノ如ク收縮シ得ズ中止シタ其後頻脈アリ、且三十七度ヲ少シ越エル微熱ガ出沒シタガ病竈ノ進展ハ認メラレナカツタ十二月ニ入ツテ体重ハ稍増加シ營養ハ恢復シテ來タガ喀痰中結核菌ハ當ニ陽性デアル現在平熱ニ經過シテキル

營養中等皮膚貧血ヲ認メズ胸部理學的所見上左肺尖部短調右肺尖部呼吸音銳利ニ線所見入院時ト大差ヲ認メズ赤血球沈降速度一時間値七四耗尿痰中結核菌ガフキー氏表十陽陽性体重四六・五瓊咳嗽輕頭痛ヲ主訴トシテキル

前記ノ狀態ニ現在アルカラ不期ノ遂進ヲ考慮シ安靜臥床ノ必要ガアリ、

出延ハ不可能ナルモノト認ムル

右之通相違ナシ

昭和二十二年四月二十三日

國立東京第一病院内科

醫員

厚生技官醫學博士醫師

本橋

均

醫長

厚生技官醫學博士醫師

大鈴

弘文

右本橋均及大鈴弘文ハ立會人ノ面前ニ於テ署名捺印シタルコトヲ證明ス

同日 同所

立會人 山田 半藏