

Dear Albert

I should have written to you much sooner an account of our experiences ~~about~~. The turmoil of the adjustment period, the various uncertainties surrounding our work have kept me from doing so. Our Plane trip was uneventful, highlighted by a one-day stay in Honolulu, and "low-pointed", or whatever the appropriate contrast to high-light is, by a 4-hour-stay on Johnson island. Without too much difficulty arrangements for billeting were made- and here let me say, that ^{the} most useful and effectual piece of information we had, was to give ourselves the P8 rating- it is wellnigh unbeatable.

In our first conference with Col. Sams we learned, that we were to work under Japanese auspices, in the laboratories of the newly founded Japanese Inst. of Health. The laboratories had not been furnished as yet. We realized that the change in the arrangements meant greatly increased difficulties on the laboratory end, but hoped that it would be made up by a greater degree of co-operation with Japanese colleagues and easier access to hospitals. Both of those predictions have held up. My main criticism is, that we should have been notified in time of the change. I would have then taken along a much more complete set of materials and apparatus. We had proceeded on the basis of correspondence with Col. Tiggert - that is under false assumptions. Well no use crying over spilt milk.

Sofar we have seen about 20 cases of Ekiri, and we are beginning to get ideas about it. Our Japanese friends are surprised by the number. They had assured us that the disease

was dying out. According to their statistics the number of cases had dropped from 1942 to last year to about 1/20 . In the hospital for Infectious disease , for instance, only 3 cases were admitted ~~xxx~~ last year. The explanation probably lies in the wretched food situation of the hospitals, where the patients starve. This year things are better. As to the disease, most of the cases that we have seen are undoubtedly dysentery, mostly Flexner. The convulsions , at least in a goodly number of cases, differ from febrile ones, by ~~being~~ occurring not in the beginning of the illness, but with some delay, and by a tendency to repetition. Unfortunately we are not yet ready to do the chemistries, but clinically they patients have tetany. The nutritional ~~back~~ factor may furnish the background. I am told by Col. Howe, and have seen his data that the diet of the Japanese is extremely low in Ca. Owing to the lack of milk this deficiency is particularly pronounced in the 2-6th year of life, that is in the period following weening. Many of ^a the children that we have examined have rosary and flaring of the ribs. Well the serum Ca will tell the story.

The weather has been cloudy or raining for the most part, with only a few hot days. The hotel is air-conditioned, so that we look forward to a summer of comfort. Our greatest entertainment is the dinner music. They play very ~~nicely~~ pleasant music and do it nicely.

Well the paper is running out. My best regards to Sylvia and to all friends in the Research.

Enclosed is ~~a~~ item from the Stars and Stripes that may amuse you

Sam