RESTRICTED

ALLIED TRANSLATOR AND INTERPRETER SECTION
SUPREME COMMANDER FOR THE ALLIED POWERS

RESEARCH REPORT

No. 124 DATE: 18 Jan 47

SURVEY OF JAPANESE MEDICAL UNITS

RESTRICTED

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS

A.P.O. 500
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Published for the information of all concerned.

By command of General MacARTHUR:

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ALLIED TRANSLATOR AND INTERPRETER SECTION
SUPREME COMMANDER FOR THE ALLIED POWERS

RESEARCH REPORT

SUBJECT: SURVEY OF JAPANESE MEDICAL UNITS I. G. No. 6160

DATE OF ISSUE 18 January 1947 **No.** 124

SUMMARY:

1. This report deals with Japanese Medical Units.

2. Information is given on bacterial warfare, on medical and dental units, on malaria, plague, cholera, and dengue fever, and on cases of infringement of medical ethics.

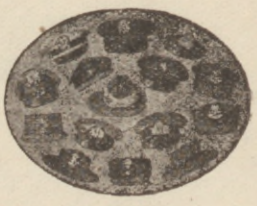
A. W. Stuart

A. W. STUART
Colonel, Infantry
Commanding

RS/TH/BH
Distribution H

SOURCES: Captured Documents.
Statements of Prisoners of War.

[INFORMATION SHOULD BE ASSESSED ACCORDINGLY]



CONTENTS

Section I. MALARIA, PLAGUE, CHOLERA, AND DENGUE FEVER

1. MALARIA

a. Failure of Japanese to Anticipate Malaria Losses

The problem of malaria would seem to be one of the major considerations for an army about to invade tropical regions, yet most of the information derived from prisoners of war and from document translations indicates the failure of the Japanese to anticipate this menace. In their earlier campaigns the Japanese suffered heavily from the dislocation and mortality caused by malaria. Their efforts to correct the results of their short-sightedness were hampered by the inadequate training of medical officers in tropical diseases, by the inferiority and insufficiency of anti-malarial drugs and equipment, and by the irrational military psychology which required convalescent soldiers to return to regular duties and forced officers to "save face" by avoiding early hospitalization.
(ATIS Research Report No. 81, pages 26 and 41)

(1) Extract from loose, handwritten sheet, "Medical situation during WAU Operations", owner and unit unknown, undated:

"No matter whether in the valleys or on the ridges of the interminable mountains, the malaria mosquitoes flourish everywhere, and cases of fever occur every day. However, the correct treatment of rest and medicine cannot be given, and it is impossible to carry out most of the duties of the battalion. The standard treatment of administering quinine to reduce the fever temporarily has to be deferred."
(ATIS Bulletin No. 276, page 4)

(2) Statement of Prisoner of War, member of 13 Infantry Regiment ,6 Division, captured BOUGAINVILLE, 30 June 1944:

"Majority of the men were afflicted with malaria but were required to perform their duties and carry the same equipment as the healthy. Only serious cases were sent to the rear. There were some deaths resulting from malaria and dysentery."
(SOPAC Interrogation Report Serial No. 0894, page 9)

(3) Extract from undated mimeographed booklet, "Principal Illnesses Among Combatants in the South Seas Area (Data for Lectures)", dealing with malaria, issued by 8 Army Medical Section. Owner and unit not stated. Place and date of capture not recorded:

"The principal wartime illness in the South Seas Area is malaria. Because of this disease the all-important fighting strength of our men is depleted, and in not a few instances the battle operations of the Army are greatly hindered."
(ATIS Current Translations No. 118, page 11)

b. Malaria Rate in Southwest Pacific Area

Captured medical records indicate the malaria rate in the Japanese Army in SWPA was very close to 100% and that the death rate was exceedingly high. In the BUNA campaigns the number of casualties from malaria was estimated at 16 times that of combat casualties. On LAE 5/6 of 51 Division were patients, with malaria patients in the majority. Eighty-two percent of all patients in the ADMIRALTY Islands were malaria cases, and in western NEW BRITAIN the figures range from 60 to 90 percent at various times. During the PHILIPPINE campaign 50 to 60 percent of all troops had malaria. On RABAUL there was a 50 percent recurrency rate.

(1) Extract from diary of 2nd Lieutenant EBUCHI, Shigeru, 144 Infantry Regiment, NANKAI SHITAI, November 1942:

"Comparison of casualties and malaria cases.

"Casualties: 34 (wounded 18)
(bomb 16)

"Malaria : 552

"Casualties to Malaria—1 : 16 ratio."
(ATIS Current Translations No. 15, page 31)

(2) Notebook, owner unknown; dated 11—15 May.
Extract:

"5/6 of 51 Division are patients of which the greater part are malarial.

"Total personnel of MARUOKA BUTAI

(102 Inf Regt)

"Total personnel	1800
"Hospital, Malaria	700
"Medical care in quarters	800 (5/6)
"Personnel working	300 (1/6)

"Since landing, 1000 of 20 Division and 600 of 41 Division have contracted malaria. (TN—This item is not dated.)"

(ATIS Bulletin No. 438, page 8)

(3) Medical Prisoner of War, member of RINJI SHICHO TAI (Revised Transport Tai), captured GIRUWA January 1943:

"PAPAKI—Malaria and other tropical diseases prevalent. PW estimated the incidence of malaria was practically 100% in forward areas. The death rate was not less than 10%. Relapses were universal."

(ATIS Interrogation Report Serial No. 86)

(4) Prisoner of War, member of 120 Shore Duty Coy, captured December 1942, BUNA.

"Malaria and dysentery prevalent in NEW GUINEA. Malaria claimed victims as early as 3 days after landing. Certain medicines ran out 3 days after landing, and it appeared to him that only very limited supplies had been brought from RABAUL.

"Hospital accommodations very primitive. Patients left outside and even accommodated in trenches. Many died from exposure and lack of attention."

(ATIS Interrogation Report Serial No. 31, page 9)

(5) The information below is contained in a research report concerning malaria conditions in the early months of 1942. Extracts from statements of three captured medical officers regarding malaria in the PHILIPPINES, dated 8 July 1944:

"Incidence of malaria in MANILA was extremely high. Patients had weekly recurrence. RYUKI (quinine), a substitute for ENKI (quinine), was used to combat it. After coming to SWPA, recurrence was usually monthly.

"About 50 to 60 percent of troops had malaria.

"About 50 percent of troops had malaria and 10 percent of these had to be hospitalized."

(ATIS Research Report No. 81, page 40)

(6) Statement of Medical Officer Prisoner of War—MAGARIAPPU, 3 January 1944—28 January 1944:

"50 to 60 percent of garrison troops had malaria, and 20 to 30 percent of these men required hospitalization. 60 to 70 percent of combat troops had malaria, and 20 to 30 of these troops had to be hospitalized."

(ATIS Research Report No. 81, page 36)

c. Preventives and Treatment

(1) Mechanical Preventives

As mechanical preventives the Japanese used nets, protective clothing, punk sticks and smoke. None of these repellents was especially effective, and it would seem that the discipline necessary for adequate protection was lacking. The average Japanese soldier had very little training in malaria prevention. Special malaria control units were said to have been organized and trained in the Japanese Army and Air Forces, but information regarding their methods and extent of operation is lacking.

(a) Statement of Prisoner of War who was a member of 13th Infantry Regiment, 6 Division, captured BOUGAINVILLE:

"PW had never heard of special malaria control unit. Mosquito nets were brought from RABAUL but not used. No punks used and repellents were ineffective."

(SOPAC Interrogation Report Serial No. 0894, page 8)

(b) Medical Bulletin (Routine meeting), dated 5 May 1943. Conclusions after enforcing malaria prevention regulations. From file of Coy orders, presumably of No. 1 Maintenance Coy, 22 Airfield Battalion:

"Although during May the number of patients in the LAE Air Forces greatly decreased, there are still one or two forces in which the number is large. Due to the inconsistent manner in which some units are carrying on, it is necessary to take strict precautions to see that all units enforce malaria prevention regulations.

"The use of anti-mosquito punk sticks is not sufficiently enforced. Especially endeavor to place them in the patient's room; after doing this, put up mosquito nets.

"Diagnosis and isolation of patients are irregular. The staff will see to it that diagnosis and isolation are strictly carried out."

(ATIS Enemy Publications No. 83, pages 8 and 9)

(c) Extract from report of 41 Division Medical Unit, dated 26 May 1943

"In an effort to disseminate thorough knowledge of malaria, every Saturday is being designated hygiene day, and once a month a medical examination of the force will be held. Yet it is most regrettable that as the days go by there is an increase in the number of malaria patients. The monthly malarial situation is shown in

attached chart No. 1 (TN—Chart missing). Every month about 10% of men contract malaria."

(ATIS Current Translations No. 118, page 7)

(2) Medicines and Treatment

In their earlier campaigns the Japanese used quinine and plasmochin in the prevention of malaria. Doses were usually 1 tablet of quinine daily or 2 tablets daily with 1 tablet of plasmochin every ten days. Later there was a tendency to change from quinine to atabrine. Three possible reasons for this are:

Quinine supplies in SWPA were getting low.

Their strong feeling that quinine given to malaria patients caused blackwater fever.

In an effort to reduce their high malaria rate they were experimenting with atabrine. (ATIS Research Report No. 81, page 9)

(a) Statement of Prisoner of War, member of 1 Coy, 33 Independent Engineer Regiment, captured NAMBARIWA, January 1944:

"One quinine bisulphate tablet per day was taken after evening meals as preventive. Atabrine was taken only after man became ill."

(ATIS Interrogation Report Serial No. 401, page 9)

(b) Statement of Prisoner of War, 2d Lieutenant Medical Officer, member of 65 Brigade Captured March 44:

"First seven days one 0.3 gram atabrine ampoule per day by intramuscular injection. Next five days one 0.03 gram plasmochin ampoule per day by intramuscular injection. Quinine was not used because it was thought to cause malignant malaria or blackwater fever. For malignant malaria the above treatment was given intravenously."

(ATIS Research Report No. 81, page 15)

(c) Prisoner of War, Medical Orderly, 238 Infantry Regiment, captured between LAE and SIO, 13 October 43:

"*Malaria treatment*: Twenty-eight days were required for a patient to complete one course of treatment with atabrine, plasmochin, and quinine. After this course a blood test was taken to ascertain if all malaria germs had disappeared. If not, a further course was given. Most patients were cured by one course. Every member of PW's Company had contracted malaria at one time or another.

"For daily recurrence of fever half a tablet of plasmochin was given 3 times a day for 3 days; then 1 atabrine tablet 3 times daily for 4 days. This course was repeated.

"For recurrence of fever on every third day or on every fourth day quinine was given."

(ATIS Interrogation Report Serial No. 331, page 8)

(d) Prisoner of War, member of 1 Shipping Engineer Regiment, captured NATOMO, December 1943:

"Malaria patients received two atabrine tablets per day after meals. If they did not respond, an injection of plasmochin was given."

(ATIS Interrogation Report Serial No. 381, page 11)

(e) Interesting clinical experiments in treating malignant malaria cases with intravenous and intramuscular atabrine were conducted by Major HIRAGA, Tsuyoshi and staff of 1st Field Hospital, 20 Division. Detailed clinical files of nine cases thus treated are reproduced in Appendix "B" of ATIS Research Report No. 81. A summary of the document indicates:

"All cases were malignant malaria and extremely ill upon admission.

"The maximum dosage for one day is 0.6 grams, but the usual dosage was 0.2 grams daily in conjunction with intramuscular injection in buttocks.

"Cases were given supportive treatment of stimulants and Ringer's solution.

"There was no secondary reaction from the use of intravenous atabrine.

"All cases were clear of delirium in 1 to 14 days, with most of them having normal temperature in 7 days."

(ATIS Research Report No. 81, pages 12 and 13)

2. PLAGUE AND CHOLERA

a. Preventive Measures for Troops

The Japanese Army made adequate preparations to combat plague and cholera during the war. Military personnel were usually inoculated every six months, and in epidemic areas, every three months. Strict quarantine regulations were enforced at the slightest signs of the diseases. Due to these extensive measures there was no serious epidemic of plague or cholera among Japanese troops.

(1) Prisoner of War, Corporal, member of 55 Infantry Regiment, captured 25 December 1943, stated:

"About three weeks prior to leaving JAPAN for overseas, he received inoculations for the following diseases: cholera,

bubonic plague, typhoid, and dysentery. He received one injection for each of these diseases, given at 24-hour intervals, and finally one combined injection against all four. Troops overseas were reinoculated if there were any particular diseases prevalent."

(ATIS Research Report No. 92, page 3)

(2) Prisoner of War, medical orderly, member of 55 Division Medical Unit, captured BURMA, 26 February 1944:

"When proceeding overseas all troops were given injections as protection against plague and cholera. The medical services were careful to provide 'booster' doses of inoculations at short intervals, usually of three months. This was not always possible under active service conditions."

(ATIS Research Report No. 92, page 3)

(3) ATIS Research Report contains extracts from "Report on Eradication of Infectious Cholera" in South CHINA, of 02, presumably 66 Infantry Regiment (Medical General Affairs) No. 165, dated 9 October 1942. Stamped "Secret". Detailed instructions on health measures are given, such as isolation of patients, bacterial examinations, disinfection of buildings, clothing and bedding.

(ATIS Research Report 92, page 10)

b. Plague and Cholera in Civilian Areas

There were sporadic outbreaks of plague and cholera among civilians in territories occupied by the Japanese. Plague was encountered in JAVA, BURMA, MANCHURIA, and South CHINA. The majority of the cases seem to have been among the natives. There was an outbreak of cholera in SHANGHAI in 1943. The epidemic spread to TAKAO in FORMOSA by August 1943 and from there to SINGAPORE, MACASSAR, PHILIPPINE Islands, and TRUK. It so alarmed the Japanese that they seriously considered the inoculation of natives in and around MANILA.

(ATIS Research Report No. 92, pages 4 and 6)

(1) Extract from file of War Ministry Circulars, dated 10 June 1942—20 September 1943:

"In accordance with No. 3, Item 1, Article 7, of Quarantine Regulations for ships under Army jurisdiction, RANGOON Area is designated for the time being as a plague epidemic area."

(ATIS Bulletin No. 766, page 4)

(2) Prisoner of War, medical officer, member of 1st Amphibious Brigade, captured PARRY Island, 23 February 1944:

"Plague was epidemic in MANCHURIA about five years ago; the center of the epidemic was NOKIGAN, a city of Mongol population. As preventives the Japanese used powder made of vermifuge chrysanthemum, applying it to the body and clothes to kill lice. White birch oil sprayed on the body or used as soap was also employed."

(ATIS Research Report No. 92, page 4)

(3) Two loose mimeographed sheets, "Reports on prevention of Diseases", compiled by 18th Army Medical Section, dated 15 Jun 1943:

".....Many cases of plague south and northwest of MANDALAY."

(ATIS Bulletin No. 558, page 3)

3. DENGUE FEVER

Information on the incidence or severity of dengue fever encountered by the Japanese in the Southwest Pacific Area is almost completely lacking in ATIS; but that this disease caused much concern is shown in a report by Captain (Med) NAGAOKA, Yutake. The report is based on two years of observation of dengue fever cases and a study of the reinfection condition of 282 dengue fever patients over a one-year period. Included are descriptions of 13 experiments with hypodermic inoculations of dilute solutions of blood taken from dengue fever patients, with charts and graphs of results.

NAGAOKA's conclusion was that the hypodermic inoculation of 0.1 ml of 1000 to 1 and 300 to 1 dilutions of blood of dengue fever patients with an interval of 16 days between inoculations is the dengue fever preventive inoculation which should be carried out for all personnel.

(ATIS Enemy Publications 354, page 12)

Section II. BACTERIAL WARFARE

4. GENERAL

The use of bacteria, filterable virus, and other pathogenic organisms as weapons of war was a subject of profound interest to the Japanese military. These weapons, capable of being deposited by a single agent or sprayed from the air, could create sudden and violent epidemics. The difficulty in determining the source of, and adopting effective counter measures against, bacterial attack made its use a constant temptation and an ever present dread.
(ATIS Enemy Publications No. 381, pages 1 and 2)

5. PROBABLE TARGETS AND METHODS OF ATTACK

Information extracted from bound mimeographed file, "Defense Against Bacterial Warfare", issuing authority not stated, undated, captured Central LUZON, 14–21 March 1945, lists possible targets and methods of attack.

a. Targets

(1) Troops

Troops and headquarters make suitable targets. Closely billeted forces which do not have sufficient medical facilities are especially susceptible to attack.

(2) Rear Bases

Attacks are made against military installations, food supplies, forage dumps.

(3) Cities

Cities which are centers of government, business and communication may become targets. However, large cities usually have extensive medical facilities which helps prevent infection through the mouth by pathogenic organisms.

(4) Water

Sources of water are the best targets since they are suitable for organisms which cause contagious diseases of the intestinal tract, such as cholera, typhoid fever, dysentery.

(5) Factories

(6) Cattle and agricultural products

b. Methods of Attack

(1) Spraying bacterial solutions by airplane

(2) Spraying powdered bacteria

(3) Dropping ampoules containing bacteria

(4) Dropping infected insects, animals, animal tissues

(5) Dropping bombs filled with bacteria

(6) Firing shells and bullets containing pathogenic organisms

(7) Leaving pathogenic organisms behind when retreating

(8) Spreading bacteria by agents

(ATIS Enemy Publications No. 381, pages 6 and 7)

6. BACILLUS BOMB

Though the Japanese made no mention of it in their publications, extracts from documents would indicate that they were experimenting with a bacillus bomb.

a. An extract from a Japanese document captured at KWAJALEIN Atoll, translated 19 May 1944, lists 9 types of bombs, among which is a "Mark 7 Bomb", termed a "Bacteria Disseminating Bomb". Further evidence of this is indicated in an extract from a chart, taken from a notebook belonging to an Air Corps Enlisted Trainee, which lists thirteen types of bombs, One of these was "Special Bomb Mark 7". The markings were "green-purple-gray-purple," and it was described as "(Bacillus Bomb) for special circumstances". There are no documents in ATIS files which indicate the contents of the bacillus bomb.
(ATIS Research Report No. 84, pages 17 and 18)

7. JAPANESE PROPAGANDA REGARDING BACTERIAL WARFARE

From captured enemy documents it would seem that Japanese propagandists, in order to disguise their own intentions and to impress the need for defensive alertness upon soldiers and citizens, accused the Allies of experimentation with and use of bacterial warfare.

a. Extracts from a Japanese pamphlet,

"The Truth About Bacterial Warfare", captured CAPE GLOUCESTER, 26 December 1943:

(1) "Especially in the SOVIET UNION experiments in the technique of bacterial warfare progressed most rapidly and on the largest scale in the world. In the vicinity of VLADIVOSTOK there is a great experimental station which holds some tens of thousands of scientists. Bacteria was clearly included in the strategy and tactics of the Red Army. Not every country has gone so far as the SOVIET UNION, but each, under such names as 'Special Tactics', 'Strategic Warfare', 'XX Warfare', etc, has secretly been hard at work developing the technique of bacterial warfare.

(2) ".....Again, at the 1932 GENEVA Disarmament Conference, it was concluded that poison gas and bacterial warfare should not be permitted from the standpoint of humanity, and an agreement banning their use was reached.

"In order to wage war, all methods are used to the utmost. Practically speaking, the League of Nations today is completely defunct, and the agreement prohibiting the use of bacteria has no power. The Chinese, whom the League of Nations had backed and supported on all previous occasions, tried to stop the advance of the Imperial Army to NANKING after the break-through at SHANGHAI, by scattering cholera in the wells in the summer of 1937.

"Even in KIUKIANG there was a sudden epidemic of cholera because the fleeing Chinese Army scattered cholera in the wells. There was absolutely no harm to our soldiers because of rapid and efficient steps to prevent disease, but the innocent populace became the victims of the Chinese Army's bacterial strategy and were attacked by the poisonous hands of the invisible death demon. When these techniques of bacterial warfare are observed, they closely resemble those of the SOVIET UNION. Here we must recall the late Spanish War. Also, we must consider the changed tactics of the Red Army after NOMONHAN and the progress of the Red Army mountain warfare after the Russo-Finnish War. But bacterial warfare has not been carried out in the Russo-German War as yet. Judging by the above, is the SOVIET UNION letting the Chinese Army carry on experiments in bacterial tactics, and is the SOVIET UNION planning to develop bacterial warfare on a large scale as a decisive step in the Russo-German War? Or is it abandoning bacterial warfare in EUROPE because of the high development of thought and of medical facilities, and building a strategy with the main stage for bacterial warfare in China and Manchuria, which are comparatively inferior in those respects? Or is it planning to combine both the above factors for the next war?"

(ATIS Research Report No. 84, pages 4 and 5)

8. BACTERIA CULTURE MEDIA

The following bacteria culture media information is taken from an enemy publication entitled "Methods of Making Culture Media". Issued by No. 1 Section of SASAKI, KO Force, dated June 1941. Captured BUTIBUM Village 3 December 1943. Particular attention is paid to discussions of:

a. Peptone used for cholera cultures

Gelatine culture medium for cholera bacilli

Alonzon's culture medium, used for cholera bacilli

b. Concerning tubercle bacilli

Details are given of LOWENSTEIN medium

The following are mentioned:

SASAKI's culture medium

PETROF's culture medium

HONE's culture medium

BERTRAM's culture medium

Glycerine and potato medium

Glycerine and bouillon medium

(ATIS Enemy Publications No. 96, page A)

Section III. JAPANESE ARMY MEDICAL AND DENTAL UNITS

9. MEDICAL UNITS

a. Field Hospitals

A striking feature of the organization of medical units was the high degree of flexibility achieved in some of the more forward commands. Even division medical units were exceedingly adaptable. They seem to have been so well organized that any section could have been assigned to function as a separate unit.

(1) Extract from ATIS Research Report:

"The organization of field hospitals is extremely flexible. The field hospital is so organized that it can easily be divided into sections which can operate independently. Splitting the unit in half to function in different areas is common practice in jungle warfare. Their equipment being lighter and extremely well packed, a section of a field hospital can be compared to the U.S. Army Portable Surgical Hospital. This comparison is not entirely satisfactory because the Japanese have more personnel and care for a larger number of patients."

(2) In certain areas field hospitals were inadequate, and equipment was primitive.

Prisoner of War SAWATARI, Zengoro, Medical 2d Lieutenant, Provisional Transport Tai, captured 20 January 1943 at GIRUWA:

"Agreed that field equipment was primitive. No beds were provided for patients in forward areas. Beds had been constructed at the hospital at RABAUL, and during the earlier part of the NEW GUINEA campaign patients were evacuated from forward areas to GIRUWA and then on to RABAUL. PW believed patients were then sent back to JAPAN. PW was not a qualified surgeon, but performed many minor operations owing to the absence of qualified men. No special buildings were available for operations, but tents were used."

(ATIS Interrogation Report, Serial No. 143, page 8)

b. Personnel

(1) Line Officers

Line officers commanded the medical units except in circumstances where they were needed in more urgent capacity. The duties of most medical officers were purely professional, but they were required to keep complete medical records, particularly at regimental and battalion levels. The division surgeon's duties were advisory; the remainder of his staff dealt with personnel and supply.

(ATIS Research Report No. 83, page 11)

(2) Nurses

Nurses (female) were of non-commissioned rank only. They were not trained by the army but drawn from civilian life. The chief nurse had the rank of NCO and others that of private. They drew the pay of their rank. Most of them were assigned to army hospitals, hospital ships, and hospital trains; occasionally they were stationed at line of communication hospitals. They did not assume the responsibilities or duties assigned to Allied nurses.

(ATIS Research Report No. 83, Page 11)

c. Equipment and Supplies

(1) Supply Procedure

Statement of Prisoner of War, Lieutenant Colonel (Pharmacist), 2 Army Field Freight Depot, captured between SARMI and MANOKWARI, 9 July 1944:

"Medical Department was responsible for supply and manufacturing of drugs and for procurement of drugs from contractors. Requisitions were placed according to rate of consumption and usually three months in advance. Amounts carried by Field Freight Depots were established by the Medical Section of Army Headquarters. (See Appendix "A")

(ATIS Interrogation Report, Serial No. 663, page 5)

(2) Emergency Supply to Front Lines

Packages which contained medical material for emergency supply in the southern area were specially marked and were given priority over the general supplies. They were to be used for emergency supply of front line troops only and not for rear lines except in rare instances. Contents were such

items as surgical life-saving equipment, malaria medicines, vitamins, hemoglobin-producing medicine, etc. One package represented the necessary amount for about 200 men per month.

(ATIS Bulletin No. 1614, pages 7 and 8)

(a) Extract from a copy of report on Medical Material for Emergency Supply to Front Lines, 22 September 1943, GO Force Chief of Staff:

"The contents of each package is divided into two parts and put in rubber bags, which makes the packages waterproof and buoyant. Each rubber bag is to weigh about 8 kg.

"When these packages are to be thrown down from the air, the outside box must be removed, and the contents, in a paper box, must be attached to a parachute. A list of the contents and instructions for use will be attached to each package."

(ATIS Bulletin No. 1614, page 8)

(3) Distribution

Statements of Prisoners of War would indicate an adequate store of medical supplies in some sections, a very definite lack in others.

(a) Prisoner of War AOKI, Tsuneo, Medical NCO assigned to KYOTO Army Hospital, captured GOODENOUGH Island, 8 March 1943:

"Thought that there were ample supplies of medical equipment in JAPAN and in RABAUL. Any lack of equipment in NEW GUINEA might be put down to inadequate supplies during latter stages of operations. There was a plentiful supply of gauze in JAPAN, as well as cotton bandages."

(ATIS Interrogation Report, Serial No. 218, page 8)

(b) Prisoner of War YADA, Nobutaro, P. O. 2c, Kure No. 6 SNLF, captured 21 July 1943 at RENDOVA, stated:

"While at RABAUL medical supplies always seemed sufficient, including quinine, atabrine, and plasmochin."

(SOPAC Interrogation Reports, Serial No. 02103, page 8)

(c) Notebook, dated 24 May 1944–6 March 1945, owner and unit not known. Writer notes lack of medical supplies in MANILA:

"One cannot afford to get sick here, for the supply of medicine is said to have been exhausted a year ago."

(ADVATIS Bulletin, Serial No. 589, page 1)

(d) Extracts from "Medical Report on FINSCHHAFEN Force", by Army Medical Captain MORI, Kiyosuke of ASA No. 2055 Force. Directed to Army Medical Department Commanders, MO Force, ASA Force. Date unknown, received ATIS SWPA 26 October 1943:

"The medical supplies now on hand at FINSCHHAFEN consist of one medical pannier for gas and three bales of medical supplies (for use of HQ Unit only). The materials for each battalion have not arrived as yet. Medical supplies are practically depleted. We are suffering particularly from lack of malarial medicine. (A telegram has been sent for the immediate delivery of medical supplies for each battalion.) Also, due to sinkings and the exhaustion of all medical supplies, the attached units (21st Infantry, 51st Engineer, 30th Engineers, Independent Light Trench Mortar Unit, and a field construction unit) have no medical supplies at all. The 1st Medical Regiment of the 41st Division and the 238 Infantry possess only meager medical supplies.....

"Furthermore, there is no warehouse or hospital at FINCHHAFEN, and the supply of medical materials is almost depleted. We have a feeling of great uneasiness."

(ATIS Current Translations No. 92, page 11)

(4) Contrast Between Quality of Equipment and Treatment

According to ATIS Research Report No. 83, the medical equipment of the Japanese Army was of high quality. But there seems to have been a great contrast between the high quality of the equipment and the treatment (especially post-operative) given to patients.

(ATIS Research Report No. 83, page 7)

(a) Prisoner of War, Superior Private of 55 Engineer Regiment, captured 25 January 1943, GIRUWA:

"There has been a hospital near KOKODA and another near GIRUWA. They were situated along the line of communication and made of wood. There were about 20 patients to a ward but no medical officers. When patients went to the hospital, they got worse instead of better. Part of the time they ate grass roots."

(ATIS Interrogation Report, Serial No. 264, page 7)

(b) Prisoner of War YAKUSHIJI, Hajime, Superior Private, 6th Division, 45 Infantry Regiment, captured 15 March 1944 in TOROKINA Area:

"Medical facilities were inadequate on BOUGAINVILLE. He had heard hos-

pitals were virtually divested of all medical supplies, and proper care could not be taken of patients. Frequently wounds were merely bandaged because of lack of medicine and medical help."
(SOPAC Interrogation Report No. 01229, page 15)

10. DENTAL UNITS

a. General

Dental work in the Japanese Army was done by civilian dentists until 1942 when a Dental Corps was organized under the Medical Department with a Major-General as Chief Dental Surgeon.
(ATIS Research Report No. 91, page 3)

b. Personnel and Training

The system of commissioning trained personnel who volunteered and of giving only non-commissioned ratings to those who were drafted probably caused friction.

(1) Statement of Prisoner of War (JA 147935), a civilian bacteriologist employed by the Army and Navy since 1939, captured at HOLLANDIA, 12 May 1944:

"Graduate dentists who volunteered were given commissions and sent to the Army Medical College at TOKYO, where they received training for three months to a year. Following that they were assigned to hospitals, where they instructed enlisted personnel for a three to six months' period. They did only professional work and were not assigned extra duties.

"Graduate dentists who were drafted received non-commissioned rank only. Their duties and responsibilities were the same as the volunteer (therefore commissioned) officers. For this reason it was often found that non-commissioned officer dentists did better work than the commissioned dentists."

c. Standards of Treatment

Evidence would indicate that the Japanese standard of dental treatment was inferior to that of the Allies. There seems to have been a shortage of trained personnel, and obviously dental treatment in the field was of the simplest type.

(1) Prisoner of War (JA 147102), 2d Lieutenant, Medical Officer, 141 Infantry Regiment, captured TALASEA Area March 1944:

"There was no dental officer in this regiment, nor in the field hospital. All dental work was done at Regimental Headquarters by Superior Private FUJISAWA, in civil life a graduate dentist. There was a dental officer in the line of communication hospital."
(ATIS Research Report No. 91, page 5)

(2) Prisoner of War (JA 147935), civilian bacteriologist, captured at HOLLANDIA 12 May 1944:

"There were approximately two dentists in a division. There were enlisted personnel trained in dentistry in a regiment, but not in a battalion since trained dental enlisted personnel were scarce. There were usually two enlisted men in each regiment."
(ATIS Research Report No. 91, page 5)

(3) Only temporary dental treatment was given at line of communication and field hospitals. Extractions and fillings were done in the field. Dentures were available only in the homeland.
(ATIS Research Report No. 91, page 4)

Section IV. INFRINGEMENT OF MEDICAL ETHICS AND THE LAWS OF WAR

11. KILLINGS AND ATROCITIES BY JAPANESE MEDICAL DEPARTMENT

a. Killings of Wounded Japanese Soldiers

While Western medical equipment has been ably copied by the Japanese, they have retained their native ethical standards. Even medical personnel have a callous disregard for human life. Many incapacitated soldiers, not seriously wounded, were disposed of on the ground that they were useless to the Emperor.

(ATIS Research Report No. 117, pages 2 and 3)

(1) Extract from mimeographed file of 17 Division Operation Orders, issued at GAVOVU, dated 12 January—18 February 1944. Issuing authority not stated. Stamped Military Most Secret."

"Arrangements to send the wounded and sick to the rear are being made, but if this causes too obvious an obstruction to the efficient execution of the withdrawal, unavoidable instances when wounded and sick must be disposed of are to be expected."

(ATIS Bulletin No. 883, page 5)

(2) Prisoner of War ENDO, Ishimatsu (JA 147072), Superior Private, member of 23 Field Artillery Regiment, captured near KARA-AI, 24 February 1944:

"The lack of stretcher bearers resulted in many suicides when men were told they could not be evacuated and that, rather than risk being taken prisoners of war, it was their duty to do away with themselves. Hand grenades were distributed, and some officers offered loan of revolvers. Those who pleaded for a chance were given a hypodermic, ostensibly an opiate, placed on a stretcher as if for evacuation, and carried out of the compound. They died within ten minutes. Prisoner was unable to state who gave orders for such injections, but assumed it was a responsible medical officer whose decision was probably actuated by humane motives."

(ATIS Interrogation Report, Serial No. 422, page 11)

b. Atrocities Upon Allied Prisoners of War

There is evidence that medical personnel were as guilty of atrocities upon Allied Prisoners of War as any other branch of the Japanese Army. Accounts exist of decapitation and of vivisection for the purpose of anatomical demonstration.

(1) Informant, Captain, Indian Medical Officer, recovered Japanese Prisoner of War, stated:

"On more than one occasion in SINGAPORE, the Japanese used large numbers of Prisoners of War as subjects for experiments they were carrying out with regard to certain diseases, particularly dysentery and malaria."

(ATIS Research Report No. 117, page 4)

(2) Extract from diary, dated 19 June—20 November 1942, presumably belonging to leader of a Pioneer Unit. Following entry made while at BASA:

"19 November 1942—A patrol from No. 2 Sentry Group encountered an enemy patrol near No. 2 plantation, fired 2 shots, and took 2 prisoners. These prisoners were disposed of by Medical Captain KATO, Medical Officer of 14th Pioneer TAI."

(ATIS Bulletin No. 66. page 2)

(3) Information contained in ATIS Research Report No. 117, page 4:

"While B-363 was at KHANDOK, he saw the following committed on a healthy, unwounded African Prisoner of War: 'The man was tied to a tree outside the HIKARI KIKAN Office. A Japanese doctor and four Japanese medical students stood around him. They first removed the finger nails; then, cutting open his chest, removed his heart on which the doctor gave a practical demonstration."

(CSDIC Information Section Report No. 40, page 3)

12. VIOLATIONS OF INTERNATIONAL AGREEMENTS REGARDING MARKINGS AND USE OF MEDICAL FACILITIES

a. Abuses of Hospital Ships and Airplanes

Throughout the war the Japanese violated international agreements regarding markings and use of medical facilities. Hospital ships were used to transport combat personnel and non-medical supplies. In some instances, airplanes bore insignia similar to standard Red Cross Markings, apparently to deceive Allied pilots and to seek immunity from Allied attacks.

(1) Prisoner of War ISHIHARA, Chuji (JA 147185), Sergeant Major, member of 2 Field Hospital, 17 Division, captured enroute from IOKI to TALASEA, 24 March 1944, stated:

"Ships converted into hospital ships carried troops from JAPAN to battlefronts, but were painted the same as ordinary transports. Hospital ship on which Prisoner of War travelled from UJINAHAN-KOW, August—September 1939, carried approximately 20 sick personnel and about 500–600 other troops, including infantry.

"A few were painted white with a red cross for identification, and these also carried troops to battle stations."

(ATIS Interrogation Report, Serial No. 584, page 3)

(2) The following statement is found in ATIS Research Report 117:

"Informants, repatriated Prisoners of War, stated: 'In 1942 the Japanese transport CHUKI MARU was alongside at TANDJOENG PERAK SOERABAJA (EAST JAVA). Informant with about 300 other Prisoners of War worked day and night loading this vessel with rails, scrap iron, 7.5 cm guns, ammunition, tanks, trucks, anti-aircraft guns, large quantities of cement in paper bags, diverse material from demolished houses.

"Before loading, a large red cross painted on cloth was stretched across the superstructure about the level of the captain's bridge."

(NEFIS Interrogation Report No. 7915, page 17)

(3) Prisoner of War FUJITA, Mutsumi (JA 148328), First Class Private, member of 1 Air Route Department, captured at sea near MOEMI, 12 July 1944, stated:

"He understands four captured Douglas transports were used periodically in Southwest Pacific Area and that all of them bore a red cross. He believes that two of them were destroyed while at HOLLANDIA. PW saw two of them arrive together at WAKDE in either April or May 1944. They came from MANILA via AMBON and BABO, one arriving empty, the other carrying a radio transmitter, one motor generator, and a quantity of ropes and cloth. The empty Douglas refueled and took off immediately for HOLLANDIA. He was told by his commanding officer that this airplane was to pick up personnel of 4 Air Army at HOLLANDIA and transport them to MENADO. He did not know whether these personnel were hospital cases or not. The second airplane unloaded at WAKDE and departed, he understood, for MANILA the day after its arrival.

"Each of the two airplanes had a red cross painted on each side of the fuselage and located about halfway between wings and tail. This red cross was about 3 feet square. The airplanes themselves were not painted. Rising suns were painted on the top and bottom of each wing.

"PW had not heard of hospital airplanes being in use, and this is the only instance that he had seen a red cross on an airplane."

(ATIS Research Report 117, page 8)

(4) Prisoner of War ISHIHARA, Masayoshi (JA 145484), Sergeant, member of 50 Anti-Aircraft Battalion, captured GOODENOUGH Island, 9 March 1943, stated:

"At RABAUL, up to date of his departure, he had noticed that approximately one-third of the fighters observed in the air had a red cross on a white background within a red circle on both sides of the body of the planes.

"Same size and in place of usual insignia. He had noticed this marking on planes which he knew were going on operations against MORESBY.

"Planes with this red cross marking were identical with others in the flight, and the marking was considered by PW to be unusual."

(ATIS Interrogation Report, Serial No. 151, page 1)

b. Hospitals Camouflaged

Japanese hospitals in forward areas were usually camouflaged and seldom had Red Cross markings. These hospitals were rarely distinguishable from the air as non-operational installations.

(ATIS Research Report No. 117, page 9)

(1) Prisoner of War MARUYAMA, Eizo (JA 148274), Civilian Employee (technician), member of 12 Field Meteorological Unit, captured GEMJEN, 13 June 1944:

"YOTENDAI, PW stated that this term was used in reference to surrounding hill as well as mission at WEWAK. "Yo"

comes from code name for 6 Flying Division and "TENDAI" means "rolling hills". Mission was being used in November 1943 as headquarters of 4 Air Army.

"It was a concrete building with a red roof and white sides; There was a white cross painted on the roof. It was used until March 1944, when it was destroyed by Allied air raids."

(ATIS Interrogation Report, Serial No. 655, page 14)

(2) Prisoner of War MINAMI, Shigeo (JA 14570), Corporal, member of unidentified field artillery regiment, captured near TALASEA, 9 April 1944:

"He heard that Allied airplanes attacked TSURUBU mid-September 1943. 2876 Force Field Hospital suffered heavy casualties when hospital buildings hidden in jungle and without Red Cross markings were demolished. Hospital equipment was lost and food depots destroyed."

(ATIS Interrogation Report, Serial No. 583, page 6)

c. Armed Medics

Medical personnel did not wear Red Cross arm bands, but carried them in their pockets. They were usually armed, officers with swords and pistols, while enlisted men had bayonets or rifles. These were said to be for self protection only, or for use in committing suicide should there be danger of capture. Yet on one occasion 60 rounds of ammunition were issued to corpsmen of a field hospital. There is other evidence that wounded could not be evacuated because medical personnel were engaged in combat. (ATIS Research Report 83, page 29)

(1) Prisoner of War YOSHIHARA, Tatsutaro, First Class Private, member of 2 Field Hospital, 2 Division, captured CAPE ESPERANCE, 10 February 1943:

"The officers and non-commissioned officers of the 2 Field Hospital carried pistols and swords. The medical corpsmen carried Model 38 rifles and about 60 rounds of ammunition."

(SOPAC Interrogation Report, Serial No. 01893, page 26)

(2) Prisoner of War HIWATARI, Kazuo, Superior Private, member of 45 Infantry, captured TOROKINA Area, 25 March 1944, stated:

"Ordinarily all battle casualties were evacuated to the rear by stretcher bearers, but during the battle of TOROKINA this could not be done because all available men, including medical personnel, were used in direct combat."

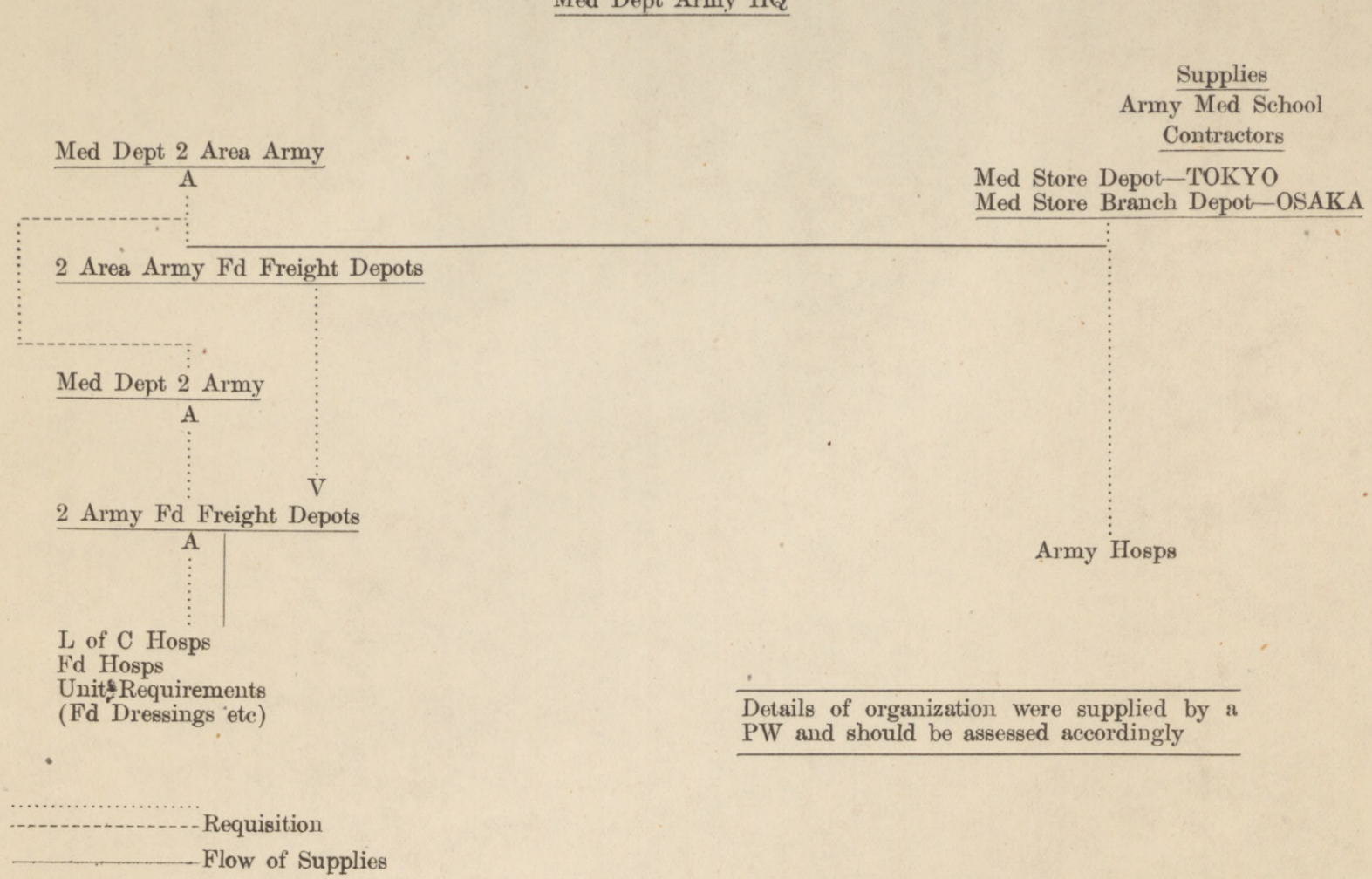
(SOPAC Interrogation Report, Serial No. 01647, page 52)

(3) Extract from document entitled "Operations of Reorganized Division Medical Units", undated, marked "Most Secret":

"The main duty of the casualty clearing unit is to advance to the front line and collect the wounded and evacuate them promptly to the field hospital. Medical troops attached to clearing units are assigned the duty of first aid during collection and evacuation. When necessary, they will assume the duty of strengthening the front line defense as a combat relief squad."

(ATIS Enemy Publications No. 247, page 4)

Line of Supply of Med Stores



Appendix A. LINE OF SUPPLY OF MEDICAL STORES

(ATIS SWPA Serial 665 Appendix D)