

HEADQUARTERS
U.S. STRATEGIC BOMBING SURVEY
(PACIFIC)
APO #234
C/O POSTMASTER, SAN FRANCISCO

PLACE: Tokyo.

DATE: 11 Nov. 45.

INTERROGATION NO. 317

Division of Origin: Medical Division.

Subject: Medical Supplies.

Personnel interrogated and background of each:

Dr. MIYATA, Kimio, Chief of Urological Clinic, Imperial University, Tokyo, is of Japanese-Australian ancestry and speaks impeccable English. It is not believed that he had any army or navy service during the war, as he is inclined to speak of the Army and Navy Departments in Japan as having caused many of the shortages in civilian medical supplies.

Where interviewed: GHQ (at 1400, 8 Nov. 45)

Interrogator: Lt Col Herold B Hilton, MAC

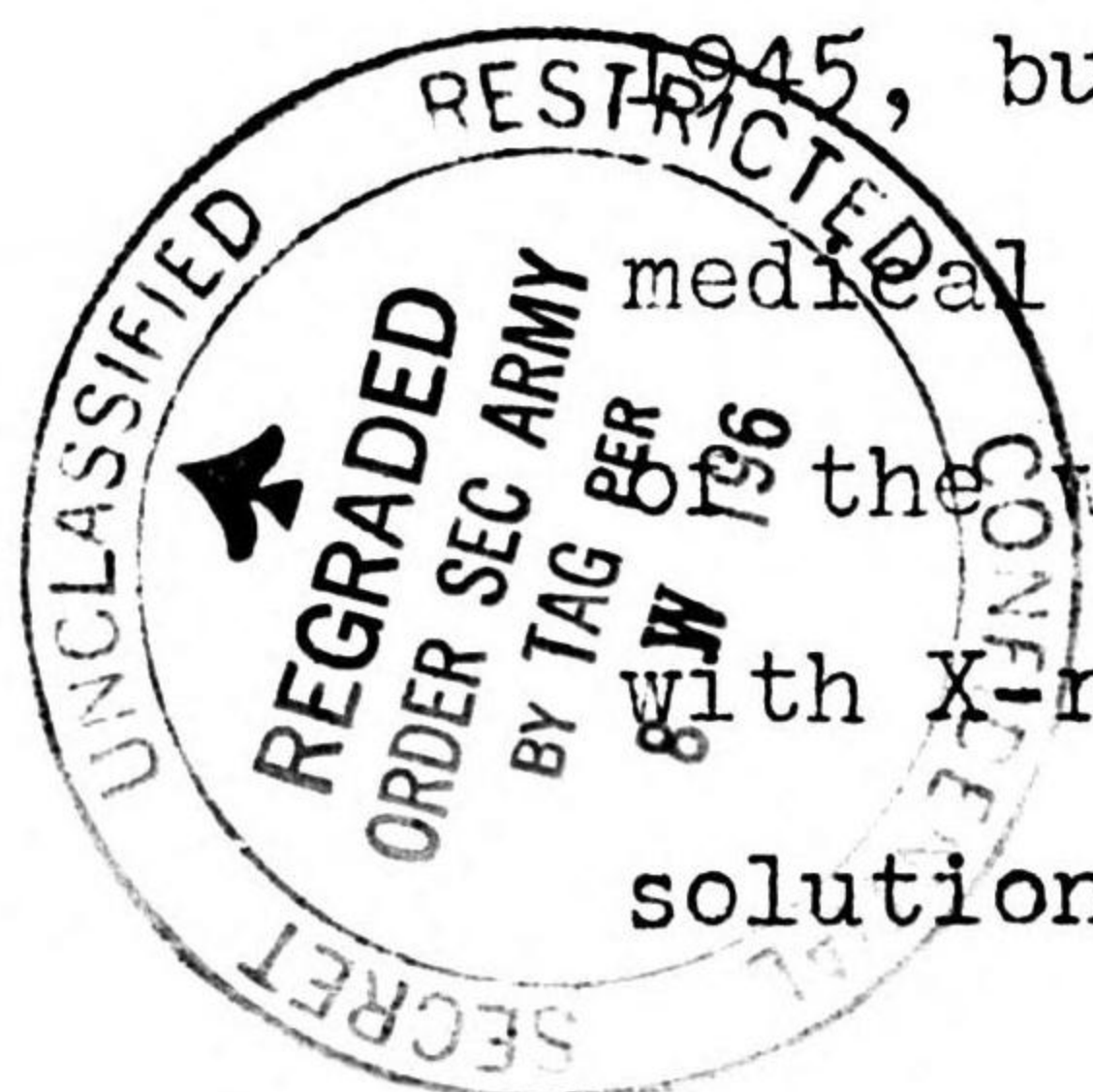
Interpreter: None

Allied Officers Present: Maj Charles L Lecker, MAC, of the Committee for the Technical and Scientific Investigation of Japanese Activities in Medical Science.

Summary:

Dr. Miyata states that the importation of medical supplies was stopped by blockade in 1941. This caused shortages in the sulfa drugs, and dyes for bacteriological staining such as methylene blue were difficult to obtain. Alcohol did not become really scarce until after the bombing of Japanese factories started.

He further states that the drug manufacturing plants in Tokyo were 50% destroyed, and that this decreased the production of medical supplies for all Japan by at least 50%. People began to suffer, according to Dr. Miyata, from lack of drugs in March, 1945, but there had been a continual shortage of all classes of medical supplies for the civilian population since the beginning of the war. He states that they were able to struggle along with X-rays, but there was a shortage of developer and fixing solution at all times.



At no time were surgical instruments manufactured for the use of the civilian population since the war started, according to Miyata. The army and navy needed the metals for their purposes. Since nearly all x-ray machines manufactured in Japan, according to the Doctor, were made in Tokyo or the Tokyo-Yokohama industrial districts, he stated that 3/4 of these plants were bombed. As to whether there were enough x-ray machines before the bombings, he stated that there were. After the bombings, there were not plenty, "but enough".

After the bombings, there were no surgical supplies available to the civilian population. The army and navy took them all. Before the war, Germany supplied 50% of the total surgical supplies used in Japan. After the war started, 90% of the supplies had to be manufactured locally.

Dr Miyata brought out an interesting point by saying that no Japanese soldier was ever immunized against tetanus until he had been hit in combat, and then he got but one injection. The army provided no blood plasma for the Front until 1944, and for civilian use there was hardly any at all.

In answering the question, "What effect did the decrease in production of medical supplies and equipment have on the National health rate in general?", he stated that there was no particular change in the National health rate of civilians during the war, but that lack of these supplies plus a lack of vitamins, food, etc, will have a long-lasting effect on the general health of his country.

According to Dr Miyata, the larger hospitals were permitted to keep their beds, but the private hospitals had to give them up to the needs of the army and navy for more and more metals.

He stated that the vitamins sold on the Japanese drug market were improperly labelled and were misleading. The doctors could no longer depend on the labels attached to Japanese products.

INTERROGATION NO.317 (Cont'd.)

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There was a shortage of morphine for civilian use, and so it was used only on the most serious cases. The typhoid rate rose in 1944 (this statement should be checked with Maj Yaukey of Medical Division, USSBS) at least tripling the normal rate. However, no compulsory immunization against typhoid was ever carried out. There was an increase in the manufacture of the vaccine to combat the disease.