

EXHIBIT No. 3111

(15)

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Translated by
Defense Language Branch

Suggestions Regarding Improvement of Health
Conditions of Prisoners of War Camps
(Investigation Squad of Army Medical College)

Despite the fact that ~~in the treatment of prisoners of~~ war we follow international law and other pertinent stipulations, sometimes regrettable events do take place and give enemies material for propaganda, because the persons concerned are not well acquainted with the customs of the enemy countries and often allow misunderstandings to arise. Especially about daily matters such as food, clothing and habitation, disputes rise the more frequently.

When our people are going through hardship and deprivations there is no need to satisfy to the full the desires of the prisoners of war whose countries have been satiated with natural wealth. It would be enough to guarantee for them the lowest standard of living allowable from the human standpoint. On the other hand, however, when we face the question from the point of view of the utilization of their labour it proves necessary to preserve their health and ensure their working ability by creating good living conditions which will improve their labour efficiency.

We also fear that those prisoners of war who have lived under unhealthy conditions in the fighting zone and have contracted various diseases might carry epidemics to our people on their being transported to our homeland and put to work in all areas as labour material. It is not only for their health ~~we should give the necessary consideration~~ that ~~we should give the necessary consideration~~ to maintaining them in a good health.

From the above point of view, we studied the conditions of the P.O.W. Camps in Tokyo and now make the following suggestions for the improvement of their health conditions:

(1) Generally speaking, the prisoners of war are pale and under-nourished. Especially not a few of the patients in hospitals have lost 20 to 30 per cent of their pre-war weights. There may be many causes for this poor under-nourished condition, but the most decisive of them seems to be the lack of proper and sufficient supply of nutriment. These nutrition troubles seem to have originated mostly during the fighting and the subsequent P.O.W. camp life in

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the occupied areas. Though we recognize a general tendency for gradual recovery after their landing in Japan, there are not a few cases of malnutrition growing worse and causing death.

When we study the causes of the prisoners' lack of proper and sufficient nutriment, we find that, despite its sufficient caloric value, Japanese diet causes, because of a fundamental difference of food customs, a comparative lack of albumen and fat and over-supply of carbohydrate, and as a result, the prisoners suffer from want of main nutrition and vitamins, and begin to show symptoms of unbalanced nutritions.

Accordingly, what we must do seems to be to obtain for them such food as suits their food customs and have them cook it to their taste. It seems also necessary to prepare for sick people in the P.O.W. camps and hospitals special food suiting their taste. (They seem not to like rice-gruel.)

As vitamin B deficiency diseases are most noted unpolished rice and barley should be given for their main food; and for those who show marked cases of neuritis or beriberi, an additional ration of rice-bran should be effective.

(2) Prisoners of war are generally in dirty, ragged clothes and many carry lice. It must also be noted that a considerable number of them have died of pneumonia very likely because of their weak resistance to the cold Japanese winter, and of their light clothing meant for the warm climate of the tropics, where most of them were originally stationed. It is necessary to have them mend and wash their clothes often enough and to provide them in necessary seasons with more clothes even though they may be of rough material. Especially for those who work in the cold regions it could be better somewhat to modify their mode of clothing so that their labour efficiency might be increased. As for their habitation, care must be taken to prevent draughts from coming in and thereby to have as few cases of influenza as possible develop among them.

(3) Their skins are generally dry and atrophied and many suffer from eczema and the itch. According to an English doctor who is a P.O.W., they severely suffer from a skin disease called the "rice itch," caused by their living on rice. This, however, seems merely a logical result of their losing skin vitality through malnutrition and having no chance

for bathing and resor^ting to scratching until they develop eczema all over the body this being aggravated by lice and mites. Those who have serious mite itches are extremely filthy, abscesses covering the entire body.

For preventing the above, it is recommended to have them take a cold baths frequently, or hot bath if possible, as often as we can afford to have them take, keep their clothes clean and dry, and have their hair cut short. Effort should be made to segregate those who have the itch, have them take medicated baths or apply ointment over the entire body so that they may quickly recover.

(4) On examining faeces of P.O.W. at a few camps, we got the results of 21.7% at Yokohama, 11.2% at Kawasaki, and 6.8% at Tsurumi, of carriers of dysentery amoeba. Out of 2039 prisoners, 76 people, ^{or} 3.73% had malarial infection in their blood. In the Hongkong Camp, many diphtheria cases have occurred since last June. There have also been some cases of diphtheria among the P.O.W. held in the homeland, and the Investigation squad has discovered 2.6% diphtheria carriers among them. From the above facts, we greatly fear that if we let these carriers work outside the camps and allow them to come in contact with the Japanese people, there will be a great danger of spreading an epidemic in the country. As preventive measures against the above, we should not only inspect them both before and after their landing in Japan and give them necessary treatment and isolation in order to prevent importation of germs but also give them frequent physical examinations in the camps so that the infected may be quickly discovered, isolated and properly treated and the diseases prevented from spreading throughout the camps. Against the coming summer when these epidemics, if left alone will surely rage, we must take preventive measures ^{at the} earliest possible time. When we are obliged to send germ-carrying P.O.W.'s among Japanese people, it is necessary to have measures taken for their isolation, treatment and prevention of mosquitoes and flies.

(5) Examinations of cases of serious nutrition troubles among P.O.W.'s show various complicated conditions, which, however, may be summarized roughly in the following categories:

- (A) Wasting after chronic dysentery or chronic enteritis.
(extremely many)
- (B) Anæmic wasting after malaria. (fairly many)

- (C) Beriberi (comperatively few)
- (D) Polyneuritis accompanying nutrition troubles.
(This closely resembles beriberi of the wasting type, but, probably because of the racial difference, there are no such symptoms seen in the patients of this illness as shown by Japanese beriberi patients. Symptoms of neuritis such as pain and thinning of the legs (sometimes arms) are notable. Symptoms of papillitis accompany comparatively many cases. (This illness has not been noted so far independently in the list of illnesses caused by unbalanced nutrition.)

(6) Wasting after chronic dysentery or chronic enteritis has a high mortality rate and requires adequate and timely hospital treatment. Polyneuritis gives severe pain in the legs and especially in the soles. We have had a case in which we were obliged to amputate one leg because of the necrotic trouble that developed through the exposure of the pained leg to coldness which seemed to ease the pain. Though vitamin B-1 has some effect, it is completely powerless in serious cases. Early treatment is therefore absolutely necessary.

The present East II and SAGAMI HARA army hospitals are not adequate to accommodate all the sick or infected prisoners for adequate early treatment so that it is recommended to provide small-scale hospitals or enlarge dispensaries in the camps and utilize prisoner doctors for medical care of the patients, the last resource being in accord with the economizing of the P.O.W.'s labour requirements.

Polyneuritis is often accompanied by heart trouble or breakdown of the motor centre so that overwork for such a patient sometimes results in sudden death. This fact must be taken into consideration in assigning different kinds of labour and deciding the necessity of rest for prisoners.

(7) The attached table shows the cases of death, classified by the diseases:

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Table of deaths classified
 by diseases. Feb. 23

The medical office, Tokyo P.O.W. Camps

	Chief Camp		1st Branch Camp		2nd Branch Camp		3rd Branch Camp		5th Branch Camp		Total
	C.	H.	C.	H.	C.	H.	C.	H.	C.	H.	
Dysentery		11		4		5					20
Enteritis	2		4		2		18	4			30
Neuritis		1									1
Unbalanced nutrition		2			1						3
Pneumonia	1	1	1		4		1				8
Septicaemia		1			1						2
Hirnebolie			1	1							1
Jaundice and hepatitis			1	1					1		2
Beriberi			1		10				2		13
Encephalitis				1							1
Malaria			1		1						2
Mental diseases			1								1
Diphtheria							1				1
Total	3	16	9	5	20	5	20	4	3		85

Note: 1. C represents deaths at camps and H represents deaths at hospitals.

2. The fourth branch camp has no patients as it has just been opened.

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Certificate

"Suggestions Regarding Improvement of Health
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College Investigation Squad)"

It is hereby certified that the above is a true and
exact copy of a document in the custody of this section.

7, June 1947.

Medical Section Chief,
Works Department
No. I Demobilization Bureau

/s/ INOUE, Yoshihiro (seal)