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V. 24 From November, SHOWA 17, 1942  
to December, SHOWA 18, 1943.

Excerpt from the Mukden-Report.

Preventive Measures against epidemics adopted in  
the Mukden P. O. W. Camp.

I here by certify that this document is the correct excerpt from  
the documents under the custody of our government.

June, 27th, Showa 22.

/S/ NAKANISHI Sadaki  
The secretary of the  
Chief of P.O.W. Investi-  
gation Bureau.

MONTHLY REPORT OF THE MUKDEN P.O.W. CAMP.

Excerpt from number 2 of  
the Monthly report.

Report of work situation of the temporal  
prevention epidemics squad.

Feb. 21st, SHOWA 18 (1943)

I. Situation of the work: --

The temporal Prevention Epidemics Squad of "the Kuan-Tung Water Supply and Purification Department" organized according to "No. 98, C, of Kuan-Tung Army General work order" arrived to Mukden on Feb. 14th, and immediately established its work-place in the Mukden P.O.W. Camp, and the practical work was opened on 15th. The work was promoted smoothly by the effort of the Chief and members of the squad and by the positive aid of the Mukden Military Hospital, and on 19th the investigation of pathogene of the intestinal system of isolated-patients was finished; accordingly attaching importance to diarrhoea-patients, the pathogene of all prisoners was investigated.

II. Conditions of the patients:--

Diarrhoea-patients are 247 among 1305, total number of prisoners. (This number is those who had passages more than three times a day, 19th) Those who were put in isolated-ward as diarrhoea-patients through the diagnosis of the Surgeon of the P.O.W. Camp are 124, (In the present time, 19th, there are 90 diarrhoea-patients) Other 123 patients who had diarrhoea are living together with men of healthy condition, for they are only slightly conscious of the symptom of their own illness. The number of the dead from February 13th to 21st was five.

III. Situation of the pathogene-investigation:--

1. The result of investigation of pathogene of intestinal system for 124 patients who were in isolated ward is as follows:--

| Pathogene          | Number of positive patients | % for persons who were examined |
|--------------------|-----------------------------|---------------------------------|
| Dysentery-Bacteria | 33                          | 26%                             |
| Dysentery-Ameba    | 15                          | 12%                             |
| Tricomonus         | 11                          | 9%                              |
| Xylomachiz         | 1                           |                                 |

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The dysentery-Bacteria is mainly of different type-Bacilli.  
But it seems that there are some regular Bacilli, now under further investigation.

2. Cases of mixed infection of intestinal system pathogene is as follows:--

Dysentery-Bacteria, dystentery améba and Toricononus, ...1.  
Dysentery-Bacteria and dystentery améba .....4.  
Dystentery-Bacteria and tricononus .....1.  
Dysentery-améba and tricononus .....3.

3. The result of investigation of pathogene of all prisoners shall be reported later.

4. At the examination of 117 prisoners who have had Malaria-an-  
amnesia fever protozoa was proved among 18 persons and Tropical  
fever-protozoa was proved among two persons on 3rd.

5. In another case, "A. type-para-typhus bacillus" was found in his  
blood and excrement.

IV. Some opinions on autopsy:--

Nine cases of autopsy werevisually judged that they were  
bacterial dysentery or Améba-dysentery. Among three cases of in-  
vestigation of protozoa about contents and etc. in colony, one  
case of dysentery-Améba, one case of A. type para-typhus-bacillus  
and one case of dysentery-Améba were found.

V. Clinical condition of illness:--

It is as another document.

VI. Situation of prevention epidemics.

According to the plan of preventive measures against epidemics,  
as attached elsewhere, we are in excusion of the third term of the preventive  
prevention method.

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About the clinic situation of so called malnutrition-patients in the Mukden P.O.W. Camp Feb. 17th, Showa 18 in Mukden.

Mr. Nagayama, the Chief of the Medical Section.

Anglo-American officers and men surrendered and taken captive by the formidable onslaught of Japanese army at Corregidor and Bataan were in a condition of being extremely worn out by desperate fight, lacking in food-materials and suffering from pestilence. For a certain purpose, it was decided that 1485 prisoners of them be put in the Mukden P.O.W. Camp. (Colonel Nagamatsuda) Since December of last year, they were in transportation and during the difficult voyage, being constantly menaced by enemy's submarines the food-supply turned out inevitably very bad, consequently the general health-situation of prisoners became much worse, and on the way, at Fushian and other places, 57 persons died. At present, those who are under treatment in the squad are 160 persons, epidemic-patients (mainly A. type para-typhus) in the Mukden military hospital are 8 persons and those who are healthy and engaged in daily work are no more than about 300 persons. Being guided by the head of P.O.W. Camp and his subordinates, I examined the general clinic situation of patients in the squad with Mr. Tomura, the chief of the squad, and also being guided by Lieutenant surgeon Kuwashima and sublieutenant surgeon OKI of the squad and in company of Surgeon Major Kobayashi and others who had come for a study and prisoner-surgeons of America and Britain as assistants examined in detail about 20 cases of typical diseases among in-patients. Now the outline of the clinic views are described as follows:--

The main clinic condition of this disease is the headstrong dysentery causing gauntness in high degree, anemic Marasmus, general prostration and tendencies of abdominal dropsy.

External features:--

Nutrition becomes extremely bad; gauntness is so strong as if the bone is covered nothing but skin; especially gauntness is seen distinctly in the limbs. Complexion is pale; eye-sockets fall down, eye-light grows dim; nose-top becomes sharp; languid in passive way and thus latent chronic marasmus disease can be traced from some time past.

Temperature:--

Temperature Close examination of temperature shows; no high fever; the pulse, of most patients are normal; no distinct slow pulse; in some serious cases the number of pulse increases but

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regular; generally speaking, feeble; in some serious cases, often intangible.

Consciousness:--

It is seen that even in serious cases there are no distinct obstacles in Consciousness; no brain-disease and etc.; responses to questions are generally distinct; but serious patients pass urine unconsciously; according to the report of surgeon, many of them were clear in their consciousness until the last moment when they suddenly succumb. The conjunctives and the mucous membrane manifest anemia more than the middle degree in accordance with the progress of the disease. Pupil shows tendencies of the middle sized dilatation or contraction; reflection of light seems to be some what slow; obstacles of the sight is not apparent; but there are some cases where after cornea-disease (cornea-softening disease) white spots appeared in cornea; on night-blind; hearing is not obstructed.

Visible mucous membrane inside of month:--

This mucous membrane is pale caused by anemia; in the pharynx no congestion; in pale palate is seen the enlarged blood-Vessel; no bleeding, injury and etc.; tongue is rather flat; papilla drooped and the surface of tongue is flat, smooth and moist; the degree of drooping is in parallel with epidemic conditon; sometimes there is injury, the kind of "AFTER", around of tongue. No sore generally felt in Lymphatic gland of the cervical region by several touching.

The Chest:--

In chest, the long and slender collar bone and the ribs are arisen and can be counted; by tapping generally low feeble sounds is heard resounding.

Lung and Liver:regions are between the fifth and sixth ribs along the right mammary gland; no traces of dilatation of the heart. Respiratory Sound; no distinct change except rough in a few cases; in one or two cases exist symptom of bronchial pneumonia; but cordial sound, common to accidental combined illness is generally low especially in the case of serious patient; sometimes it is heard monotonously; at the apex of heart it rises to the first sound in impurity or into soft noises or the second Sound in vibrating nature; accordingly the second Sound is heard distinctly. At the bottom of the heart, it rises into the second lung-artery-sound or sometimes the second-artery-sound.

The abdominal region:--

No distinct corpulent by visual-examinations, but in some cases bowel-pulse in somewhat strong; among serious patients, bowel sinks

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sometimes clearly in the shape of a boat; abdominal wall-vein is enlarged clearly, and sometimes by touching examination, undulation proved suggesting the existence of ascites.

Spleen:--

Sometimes spleen is felt in a degree that its dull-sound region is enlarged, but no tangible example. The edge of Liver can but be slightly felt but not felt entirely in many cases. The liver rim is slightly felt but not felt in most cases; There are some patients who feel oppressive sore in the part of the Liver. The dull-region of the Liver suggests a little rise of Lung and Liver regions but the lower region is not clearly felt in many cases; at the time of touching-examination, the strain of abdominal wall was found in many cases, accordingly no feeling such as touching soft air-cushion or cotton. The main condition of disease is that soring rope-like thing often felt in the bone-hollow of left bowels. The rope-like-thing can be touched distinctly through thin abdominal wall; it does not move, but is nervous against pressure; there are some other cases that the above mentioned rope-like-thing can not be touched, but there are some cases when the bone-hollow of left bowels grows nervous by "Deuphense pressure"; sometimes partial pulse of bowels is felt in the bone-hollow of the left bowels; in right side neither sore nor swelling was found. No distinct sudden pain before evacuation nor gripping pain after passage, but at the beginning of excreta-feeling, some cases feel a slight colic.

Tendon-repulsion (the Kne-pan) rises distinctly in almost half the cases; in almost  $\frac{2}{3}$  it decreased. The clonus of foot is not found. Kernig-condition of disease is positive in some cases. Oppressive-pain in the head-region of spleen-intestinal muscle exists 100%. Abnormal Peripheral sense of limbs is more or less in some cases. The sound of artery in the elbow-hollow and in thigh is of degree of audible only when stethoscope is pressed strongly in the case of almost  $\frac{1}{3}$ . But in one example it was easily and distinctly heard.

Bleeding and its tendency in one case; (serious case) -- a slight extravasation-region in skin was found in almost palm-sized space spreading over the upper part and lower part with heart-hollow part as its centre; Rumpelrode-phenomena is atonic in one example; blood-pressure in one case dropped to be 95-70; showing descension of highest blood-pressure; in the case of serious patients, this tendency is found.

Besides, skin is generally dry and is of epidemic feature and have many wrinkles. (face is seen old in comparison with their age) In the latter period of the disease anasarca appears at the end of limbs back of hand and foot. (there is a tendency of producing anasarca together with ascites).

No blister in testicles; no jaundice; prisoner-surgeon diagnosed

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illness of the Brown moss-like skin (Scale-itch-like-moss) in lower thigh as Peregra, but it needs more investigation for its decision. In another case, there were two examples which seemed to be Ray-disease (in nether limbs) or specially caused gangrene; there were some patients who complained nervous irritation at the end of their lower limbs. The main complaint was diarrhoea and incessant thirst (the middle condition of disease, they drank water three litres in a day) and powerless feeling; in many cases, they had rather good appetite comparatively.

Urine is from several times to about 20 odd times in a day; water-like-excreta (sometimes mix mucus); blood-excreta rather rare; mixes sometimes foam; the quantity of urine is not recorded, but seems to be of considerable quantity; especially some patients said that the quantity of their urine was increased in the night. On the point of their constitution, (primary cause) according to the chief of the squad, these prisoners were inferior in their physical power, for the reason that they were technical experts especially chosen for the job. by our examination, it seems that ordinary paralysis-type and consuming-energy-type may occupy large part of them at least.

The above is the condition of disease merely in the case of regular type condition and serious cases. By increasing examples, more or less addition may be needed. To conclude the above, the patients may come under so called "Losing-flesh-type-was-malnutrition-disease".

(1) Fundamental symptom of this disease is mainly chronic colitis type-diarrhoea, and stress must be put on the investigation of infectious disease of intestinal system, especially bacterial dysentery and Améba and other protozoa. It is of course necessary to pay special attention to the mixed infection.

(2) They that have malaria-anamnesis are not few. No spleen-hypertrophy, but latent malaria shall be regarded carefully.

(3) Some have neuritis, the symptom of beriberi, But the present condition is not of the main cause of a mere malnutrition or avitaminose as prisoners themselves are inclined to think.

(4) Haemorrhage and its tendency and anasarca (abdominal dropsy) are the type seen in serious chronic dysentery.

(5) Some patients are in serious condition, and their prospects are bad, but others can be assured recovery from illness by careful medical treatment.

(6) The clinic treatment shall be as follows:--



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(1) It is necessary to take off obiyalbumia. (It is necessary to give albuminous nourishment of the quality of good absorbtiveness. Milk is the best. Among all, incessant transfusion of blood is necessary.)

(2) Liver-Protection-Treatment: (Injection of Insulin, Vitamin C and B or giving them through mouth and giving Lemon-Liver Preparation)

(3) The Cause-Treatment:-- Yatren-drug for Malaria, Ameba-dysentory and etc. That is to say, Emetin, Quinine, Rembon etc.

(4) Binding-drug (Atropin and Morphia-opium drug).

(5) General Nutrition Treatment: (Drug for stimulating digestion; drug for promoting the secretion of digestive fluids and Lactic ferments-drug).

(6) Water-Supply : (Especially Cranis bill-drug).

(7) Others: ( Adrenal Grand Cortex-drug. VL, VD, and Heart-Stimulant).

(8) Convalescence period-Treatment: (Arsenic ferrous Medicament; each kind of vitamin and etc.)