

DEF. DOC. #1256

Translated by
Defense Language Branch

INTERNATIONAL MILITARY TRIBUNAL FOR THE FAR EAST

UNITED STATES OF AMERICA, et al

- vs -

ARAKI, Sadao, et al

Sworn Deposition

Deponent : -- ARIMA, Gen

born: August 13, 1900

SUIKOEI No. 1 1-Chome

NAKAMEGURO MEGUROKU,

Tokyo

Having first duly sworn an oath as on attached sheet and in accordance with the procedure followed in my country I hereby depose as follows..

I. I am at present Chief of the Medical Section of the Second Demobilization Bureau.

II. The outline of my official career is as follows:

September 15th, 1938 member of the Medical Bureau of the

Navy Ministry

June 1st, 1942

Chief of the Quarantine Section of the Sanitation Bureau of the Civil Government under the South-west area fleet.

DEF. DOC. #1256

IV As to the stock of medical stores, it was a fundamental principle of the Navy to keep materials which would last for a year for peacetime national defense, out of necessity caused simply by the fact that it has forces under it. However, it was a basic standard regardless of the sort of enemy country or the term of the probable war. In the case of the last war, therefore, the outbreak of the war found us provided with this quantity.

In other words, concerning medical stores, we had no particular instruction to take steps to enable us to wage war for four years against America, Britain, Holland, and others. For we learned about the outbreak of the last war and its scale only from ordinary news, reports and, as far as medical materials were concerned, we faced the war unprepared.

V. As to the disposition and numerical increase of surgeons and medical men following the increase of prisoners, the navy had no plan to manage prisoners of war as previously mentioned; therefore, the number of men in a unit which was in temporary charge of prisoners was increased. In view of this, a step to increased surgeons and medical men to cope with the increase of its number was adopted. However, on account of the rapid increase in the army's strength and the unexpected organization of various troops after the outbreak of the war,

DFP. DOC. #1256

Translated by
Defense Language Branch

INTERNATIONAL MILITARY TRIBUNAL FOR THE FAR EAST

UNITED STATES OF AMERICA, et al

- vs -

ARAKI, Sadao, et al

Sworn Deposition

Deponent : -- ARIMA, Gen

born: August 13, 1900

SUIKOEN No. 1 1-Chome

NAKAMEGURO MEGUROKU,

Tokyo

Having first duly sworn an oath as on attached sheet and in accordance with the procedure followed in my country I hereby depose as follows..

I. I am at present Chief of the Medical Section of the Second Demobilization Bureau.

II. The outline of my official career is as follows:

September 15th, 1938 member of the Medical Bureau of the

Navy Ministry

June 1st, 1942

Chief of the Quarantine Section of the Sanitation Bureau of the Civil Government under the South-west area fleet.

DEF. DOC. #1256

November 1st, 1942	Surgeon Captain
November 20th, 1943	Chief Medical Officer, the First Fleet dispatched to the South.
May 9th, 1945	Chief of the First Section, the Medical Bureau of the Navy Ministry.

III To begin with, the authority of handling prisoners of war was in the hands of the army, and the navy was not supposed to keep and manage prisoners of war; therefore, we had no special stock of medical goods for prisoners of war. Accordingly, when the navy interned prisoners as a temporary step during the period between their capture and their transfer to the army, the unit which was in charge of managing them was supplied with medical stores for the total number of soldiers in the unit and prisoners, and all medical treatment for them was carried out without discrimination treatment for prisoners was on the same standard as the sick and wounded of the unit; seriously ill prisoners were allowed to enter a navy hospital exactly as Japanese officers and soldiers.

Thus, the navy neither treated them particularly warmly because they were prisoners nor treated them especially coldly. Medical treatment for them was carried out strictly and fairly, in accordance with "Navy Regulations for Handling Prisoners of War".

DEF. DOC. #1256

IV As to the stock of medical stores, it was a fundamental principle of the Navy to keep materials which would last for a year for peacetime national defense, out of necessity caused simply by the fact that it has forces under it. However, it was a basic standard regardless of the sort of enemy country or the term of the probable war. In the case of the last war, therefore, the outbreak of the war found us provided with this quantity.

In other words, concerning medical stores, we had no particular instruction to take steps to enable us to wage war for four years against America, Britain, Holland, and others. For we learned about the outbreak of the last war and its scale only from ordinary news, reports and, as far as medical materials were concerned, we faced the war unprepared.

V. As to the disposition and numerical increase of surgeons and medical men following the increase of prisoners, the navy had no plan to manage prisoners of war as previously mentioned; therefore, the number of men in a unit which was in temporary charge of prisoners was increased. In view of this, a step to increased surgeons and medical men to cope with the increase of its number was adopted. However, on account of the rapid increase in the army's strength and the unexpected organization of various troops after the outbreak of the war,

the increase in number of surgeons and medical men, who must have special education, could not meet the necessity.

VI A plan for distribution of medical materials, providing for the supply of the basic quantity for the total number of the unit plus the estimated quantity made necessary by the particular duties and sanitary conditions of its station, was adopted in accordance with the account and Supply Regulations of Medical Stores. (refer to Notice no. 237 issued in July 1941).

The person responsible for distributing these materials was the chief of the medical stores section of the medicine bureaus of the respective navy hospital. Otherwise the apothecary officer of a navy hospital ship supplied them at the request of a medical officer or a surgeon in charge of handling the military materials of a unit.

Even though a demand be made, it was impossible to supply it when there was no stock in the navy stores or Japan proper. At distant places sometimes supplies did not arrive because of sinking. When communications and traffic between many points on the battle-front were stopped or were strained as in the latter half of the war, it was impossible to supply demands.

VII The chain of command concerning medical business in the navy included the chief of the Medical Bureau of the Navy Ministry, who was an assistant to the Minister and commanded or ordered his subordinates not directly but only

DEF. DOC. #1256

in the name of the minister. Regarding military administration, commanders-in-chief of naval districts, guard districts or fleet headquarters were under the control of the Minister. Each of the staffs of these commanders included a chief medical officer, who was an assistant to the commander-in-chief.

Under a commander-in-chief, there were war-ships, units, schools, naval hospitals, etc. Temporarily-keeping and managing prisoners of war, till the time of handing them over to the army, was done by the above mentioned war-ships and units. Prisoners who needed medical treatment were received into the infirmary of the unit. In that case, the person directly responsible for their treatment was the surgeon in charge of that infirmary, who was under the control of the chief medical officer. The chief medical officer was directly subordinate to the unit commander; accordingly, he received orders from the unit commander. Sometimes he received suggestions and advice on medical affairs from a superior medical officer who was the staff-officer of the commander-in-chief, but they were not commands or orders.

Those who are seriously ill among the prisoner patients belonging to the infirmary of a unit were transferred to a navy hospital, just as Japanese officers and men were.

This may be shown in Diagram No. 1 on the separate sheet hereto attached.

DEF. DOC. #1256

VIII Regarding general health problem, especially those concerning dwellings, clothes, and labor, the Medical Bureau of the Navy Ministry paid particular attention in the earlier days of the war mainly to problems in the tropics; and in the latter days of the war, mainly to maintenance of the physical strength of soldiers in the homeland following food and fuel shortages; searching for a scientific method as the subject of special war-time study made by the Research Section of the Navy Medical School and unofficial scientists, we exerted ourselves to the utmost to put our conclusions into practice on troops but under the situation, it was most difficult to carry out.

Our national strength at that time was quite insufficient to meet the general demand. For example, we were in such a condition that even when the "penicillin cure" was needed, we could by no means use it for the general clinic as we had such a small quantity that it could be used only for clinical study. And when we wanted D. D. T., we had only a test tube of it as study material and even though we thought of using it universally as the Occupation Forces are doing, we could not realize this goal.

IX Concerning medical treatment, now the death of prisoners from diseases in Japan proper is the subject of grave discussion but a large number of Japanese soldiers died from diseases in the various stages of the war.

DEF. DOC. #1256

Under conditions existing in our country after 1944, the ration for soldiers deteriorated in quantity and quality until, if computed in calories per day, it dropped below 1,700 calories, and even below 1,500 calories.

On the other hand, owing to fuel shortage, there was no heating in winter season, warm baths became impossible, clothes and bedclothes which were necessary for warmth were wanting and, in general, maintaining body warmth was impossible; consequently, a disproportion arose between calories absorbed and calories consumed per day, and the number of calories consumed was always larger this fact resulted in loss of physical strength and nourishment. Such condition of illness seldom broke out among older soldiers who were accustomed to military life but often broke out among younger ones who were not accustomed to military life. This kind of general physical weakness caused many persons to suffer from such complications as pneumonia and diarrhea. This retarded their convalescence.

The navy called it "Prostration resulting from inability to adjust oneself" and decided to distinguish it statistically from malnutrition in the overseas war front.

The number of cases of this disease reported to the central authorities at that time was more than 6,000 in the navy alone throughout the country. Of this number more than 500 patients died; however, it is inferred that the actual number was more than 10,000, of which more than 1,000 patients died, Erroneous diagnoses of these cases called pneumonia or

diarrhea, which were actually only complication of the disease, the major disease and prostration only a result was observed.

X. As to the death of prisoners from disease, we must keep in mind the difference in resistance to bacteria in the case of foreigners.

Concerning the comparative ability of war prisoner and Japanese to resist disease, we have made no experiment or study and I am consequently in no position to draw a scientific conclusion. However I am of the opinion that from study and experiment on animals and epidemiological observation, it is possible to state as follows:

(a) Animals brought up in a favourable environment have less resistance to bacteria infection than animals grown in a natural environment.

(b) Men exposed to bacteria from their childhood in an unfavorable environment have greater resistance to bacteria than men who have grown in a favorable environment from their childhood, it may be inferred that prisoners were more susceptible to bacterial infection than the Japanese. In addition, such handicaps may be supposed among the prisoners as the following:

- (1) spiritual restlessness, (2) inability to acclimatize,
- (3) unfamiliarity with Japanese food, (4) difference in customs,
- (5) lack of communication with the Japanese due to the language barrier. As the result of these difficulties, it is possible to infer that patients had trouble and took a longer period in recovering from a disease. - 8 -

Def. Doc. No. 1256

The result of experiment on animals and the epidemiological facts which formed the foundation of this conclusion are as follows:

1. Examples of experiments on animals;
 - (a) When a domesticated mouse and a wood-mouse living in natural surroundings were compared, the former died with less bacteria for its weight than the latter.
 - (b) When a canary and a wild Japanese white-eye were compared as to resistance to "bird malarial protozan", the canary was more strongly infected with it than the white-eye; that is, the former showed less resistance to bacteria than the latter.
2. Epidemiological observation on human beings:
 - (a) It often happens that when persons who have grown in a rural district where there are few tuberculous bacteria come to a city later, come in contact with many people with active tuberculosis and fall ill suddenly, they die in a short period. On the contrary, when persons who have grown in a city from their childhood and often resisted tuberculosis infection, fall ill, they pass into a chronic state and in many cases their convalescence is better compared with that of the former.
 - (b) In case of malaria, the same result as the above

- 9 -

was observed.

When a tribe grown in a place where malaria prevails becomes immune racially from malaria for a long period, they seldom die of acute malignant malaria. But when inhabitants of the temperate zone who have never been infected with malarial protozoa enter the place where malaria prevails they are immediately attacked by acute-malaria and their condition grows serious.

(c) In the case of dysentery, the same tendency may be observed.

XI. The sanitary environment of Japan must be regarded as a reason for weakening the prisoners' resistance. As to Japan's climate, it may be said that the summer is that of subtropical climate and the winter is severely cold. Even if a person grew up in Japan from his childhood, he would have much trouble until he became acclimatized. On account of this, many weak persons are attacked in their childhood, by various kinds of diseases and die. Besides, during the wartime, even the Japanese accustomed to Japanese food were not satisfied, due to the shortage of food materials, especially of albumin and fat. Furthermore, owing to the lack of chemical fertilizers, human manure was used by private homes for cultivation of vegetables; consequently the

density inside the bowels of parasites such as intestinal worms and hook-worms was raised. Thus even the resistance of the Japanese to diseases was generally lowered; and cases of dysentery, typhoid fever, eruptive typhus, pneumonia, and tuberculosis increased. Thus as an environment, Japan was in a considerably unfavorable condition. I am afraid that large number of health troubles arose among prisoners coming to such an environment.

XII. I think the difficulty in understanding medical English in Japan was a considerable handicap in medical treatment of prisoners of war.

As to difficult medical terms, especially difficult phrases in the Japanese language that even the Japanese except physicians, do not understand are frequently used. In interpreting them into English, even a professional interpreter will find himself unequal to the task. On the other hand, education for physicians was carried on by medical scientists of the German school, so that surgeons in the army and navy were quite ignorant of medical English. This being the case, it is inferred that if prisoners complained about their illness, the Japanese did not understand the details of their complaint and even if Japanese surgeons or medical men gave medical advice to them, the prisoners often failed to understand what they meant.

On this 10th day of December 1947
at Tokyo.

- 11 -

DEPONENT AKIRA, Gen (seal)

Def. Doc. No. 1256

I, INAKAWA, Tatsuo, hereby certify that the above statement was sworn by the Deponent, who affixed his signature and seal thereto in the presence of this Witness.

On the same date

at Tokyo

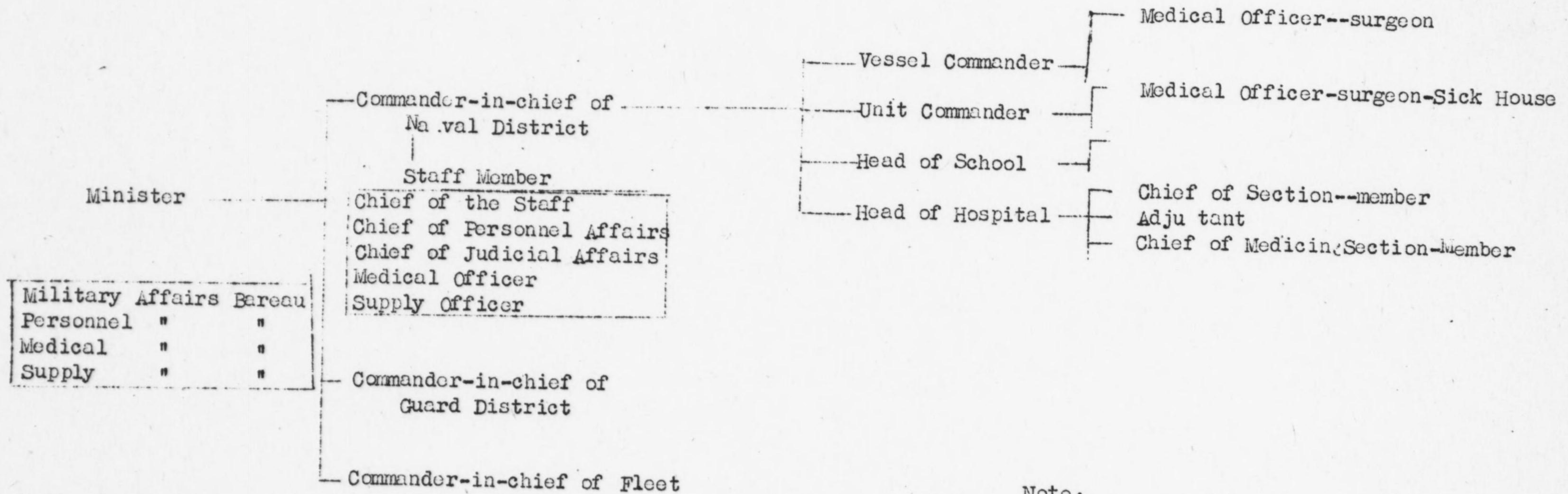
Witness: (signed) INAKAWA, Tatsuo (seal)

OATH

In accordance with my conscience I swear to tell the whole truth withholding nothing and adding nothing.

ARIMA, Gen (seal)

Naval Chain of Administrative Command (Medical Affairs line)



Note:

Shows the Chain of Command