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U. S. NAVAL TECHNICAL MISSION TO JAPAN  
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11 December 1945

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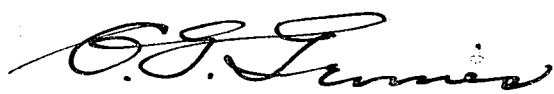
From: Chief, Naval Technical Mission to Japan.  
To : Chief of Naval Operations.

Subject: Target Report - General Medical Statistics.

Reference: (a) "Intelligence Targets Japan" (DNI) of 4 Sept. 1945.

1. Subject report covering Supplementary Questionnaire "I" of Fascicle M-1 of reference (a), is submitted herewith.

2. The investigation of the target and the target report were accomplished by Comdr. Payson B. Ayres, (MC) USNR.



C. G. GRIMES  
Captain, USN

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**M-I**

**GENERAL MEDICAL STATISTICS  
JAPANESE ARMY AND NAVY**

**"INTELLIGENCE TARGETS JAPAN" (DNI) OF 4 SEPT. 1945  
FASCICLE M-1, SUPPLEMENTARY QUESTIONNAIRE "I"**

**DECEMBER 1945**

**U.S. NAVAL TECHNICAL MISSION TO JAPAN**

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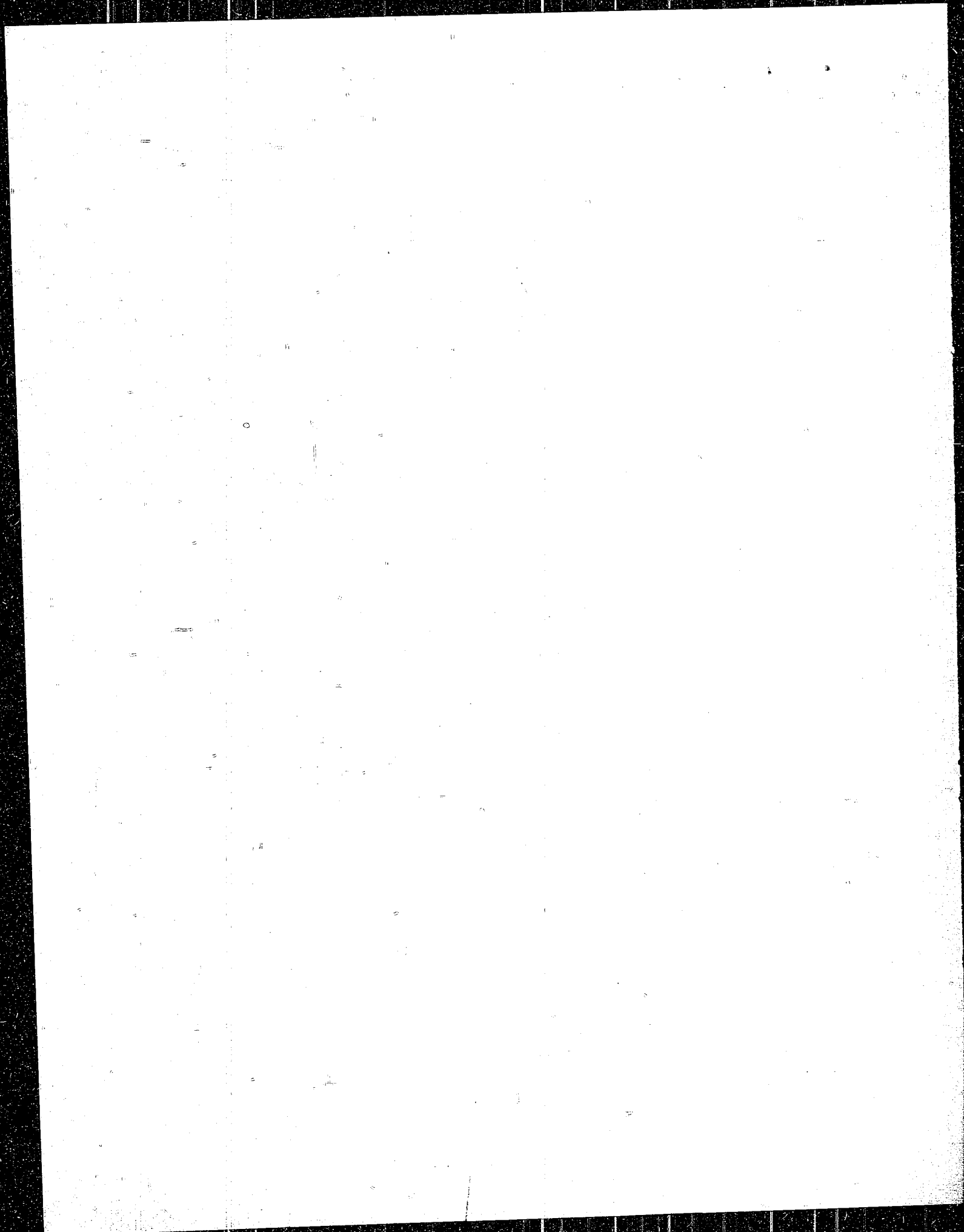
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# SUMMARY

## MEDICAL TARGETS

### GENERAL MEDICAL STATISTICS, JAPANESE ARMY AND NAVY

The following material has been gained from interrogation and from charts submitted by various Japanese Medical Officers and Bureaus. However, evaluation of given Japanese figures must always bear in mind these factors: (1) diagnostic inaccuracies, (2) non-return of patients from war-zones to home island hospitals for the last year prior to the end of hostilities, (3) reluctance on the part of the Japanese Naval Medical Corps to submit unfavorable statistics, and (4) the poor system of statistical reporting and compilation that existed.



## REFERENCES

## A. Japanese Personnel Who Assisted in Collecting Documents and/or Equipment:

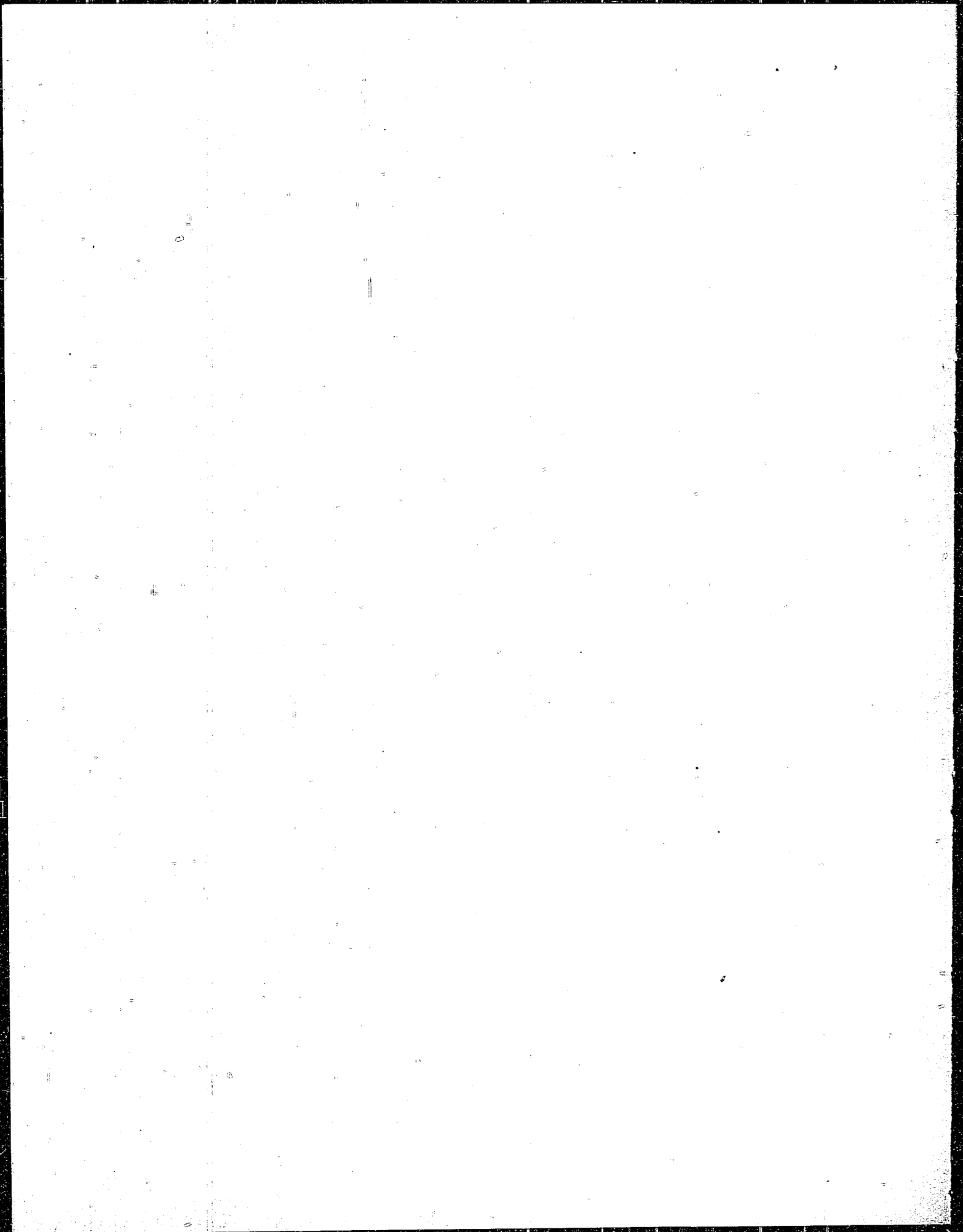
Vice Admiral KANAI, (MC) IJN, Research Director of the Navy Medical School, TOKYO.

Vice Admiral HORIUCHI, (MC) IJN, OinC of the Medical Bureau, Japanese Navy Department, TOKYO.

All OinC's mentioned in reference "B" of "Data Relative to Life in the Jungle" NavTechJap Report, INDEX NO. M-01, M-08.

## B. Japanese Personnel Interrogated:

Same personnel as listed in Reference "A".

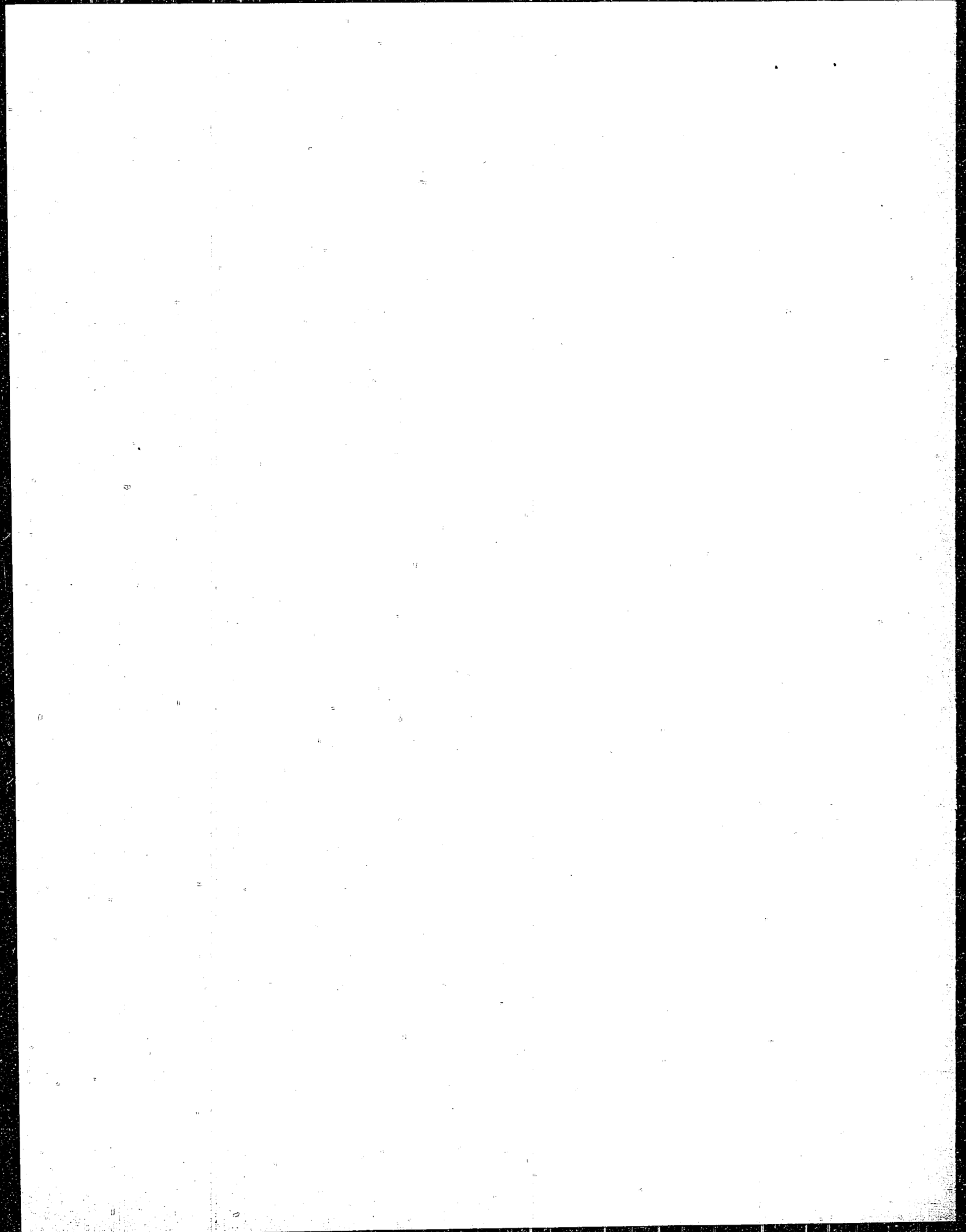


# INTRODUCTION

All statistical charts have been collected by the Public Health Department of SCAP from the Japanese Army, Navy and civilian sources during the month of September, 1945. The following report covers the field as well as possible under the existing circumstances. Due to the policies established by higher authority, figures for the Army and the civilians, as noted above, cannot be obtained.

The points enumerated in the summary should be reconsidered in evaluating this report, as overall statistics without full knowledge of pertinent factors is misleading.





# THE REPORT

## 1. Methods used to report mortality and morbidity statistics from the field.

Statistical reports were made up by the medical officer and submitted to the commanding officer of the unit. The commanding officer reported (by radio, when possible) to the personnel department of the base or home port of the unit. The base personnel department notified the next of kin of all the enlisted personnel directly, and reported the officer casualty statistics to the Navy Ministry in TOKYO. Another channel of reporting was by use of air mail from the field to headquarters. Dissemination of such information to families often required two to six months.

## 2. Incidence of special diseases.

a. Endemic, or murine typhus, was scarce in JAPAN proper, although it was reported that a "considerable" number of cases had occurred in KOREA and MANCHURIA.

b. Epidemic, or louse borne typhus, broke out in JAPAN last year, a "few" cases being reported.

c. Scrub typhus, was encountered in MALAYA by the Japanese Army who acknowledged a "few cases". "Tsutsugamushi" or Japanese scrub typhus, is unknown in the Navy, since it is confined to the lowlands of the north-western provinces of JAPAN, and naval personnel had had no opportunity for infection. The disease is said to affect only a very few civilians per annum at the present time. Reference for accurate details is made to the "Report of the U.S. Typhus Commission in JAPAN on the researches in JAPAN, September to December 1945."

d. Cholera was reported as being almost unknown in the Navy. It was admitted that cases might have occurred in CHINA port bases, and that the Army had an epidemic in MANCHURIA five to six years ago. HONG-KONG and SHANGHAI were mentioned as potential centers of cholera.

e. Plague - Apart from the endemic plague reported in CHIBA, HYOGO and YAMAGUCHI Prefectures, outbreaks were denied. It was reported that in MALAYA and MANCHURIA the Army had admitted to some few cases.

f. Small Pox - For the first time in years, a few sporadic cases broke out throughout JAPAN "last year". No epidemic was experienced. This being chiefly among civilians, the Army and Navy were not affected appreciably.

g. Tuberculosis - The incidence was estimated at one percent of the population for all JAPAN, of the pulmonary type. All other types of tuberculosis were reported as affecting three percent of the population. Statistical data is reported under Target Report M-07 of Fascicle M-1 on this subject. It was admitted that there was "greater evidence" of this disease among the troops (Japanese) in CHINA.

h. Rabies - This disease was unknown in the Japanese armed forces for the past several years.

i. Typhoid Fever - The rate was declared to be "decreasing", but paratyphoid "A" "was frequently seen" in Army, Navy, and civilian personnel.

j. Dysentery - Bacillary dysentery was frequent in all areas and in all ranks of personnel. Particularly after bombing and fire raids, outbreaks of epidemic proportions were reported from all towns and cities devastated. (1945)

k. Leishmaniasis - No cases were known in JAPAN. It was thought a "few" victims in the Army had been reported from SHANGHAI. One case had been reported to the Navy.

l. Japanese B Encephalitis - No epidemics had occurred in any area in the past year. (Statistics listed in Table II)

m. Peptic Ulcer - It was reported that, contrary to our information, few service personnel suffered from this disability, but that the incidence among combat troops was "definitely higher".

n. Hyperthyroidism - A few cases occurred in JAPAN, none having been reported from the armed forces abroad.

o. Asthma - No cases were known to have occurred among Army or Navy personnel.

The following tables (Tables I, II, and III) were supplied by the statistical department of the Naval Medical Bureau in reply to specific written requests for information as to the incidence of the above mentioned diseases. Other records were reported as being non-existent, or "not kept".

TABLE I

DISEASE	DATE OF EPIDEMIC	NUMBER OF CASES	PLACE
Typhoid	March 1945	About 400	KANOYA, KAGOSHIMA Prefecture
Typhoid	March 1945	About 650	IZUMI Air Group, KAGOSHIMA Prefecture
A-type Para-typhoid	August 1944	About 50	OMURA Air Group, NAGASAKI Prefecture
A-type Para-typhoid	August 1944	About 100	HARIO Naval Barracks, NAGASAKI Prefecture
A-type Para-typhoid	May 1945	About 20	KAWATANA Assault Unit
Typhoid	March 1945	About 400	Naval Personnel

The figures for epidemic meningitis for the Japanese Navy are as follows:

TABLE II

"Encephalitis"- Including (Germ) Carriers	
INCIDENCE PER 1000 MEN	
YEAR	RATE
1941	0.62
1942	0.38
1943	0.78
1944	1.89

TABLE III

INCIDENCE PER 1000 MEN						
Diseases	1940	1941	1942	1943	1944	1945**
Eruptive Typhus	*	0.01	0.04	0.03	0.08	2.66
Cholera	*	0	0.02	0.02	*	*
Plague	0	0	0	0	0	0
Smallpox	0.01	0.02	0.01	0.01	0.01	*
Tuberculosis	*	9.09	7.79	3.99	2.99	*
Rabies	0.01	0.01	0	*	*	*
Typhoid Fever	*	1.42	1.74	1.32	0.75	*
Dysentery	*	3.51	4.56	4.30	3.18	*
Leishmaniasis	*	*	*	*	*	*
Jap B Encephalitis	0.06	0.01	0.03	*	*	*
Peptic Ulcer	0.24	0.41	0.46	*	*	*
Hyperthyroidism	Not Clear					
Asthma	0.22	0.26	1.09	*	*	*

\*No data available. Statistics not available classified as to location such as CHINA, FORMOSA, and JAPAN.

\*\*To July.

3. Leading causes of death and morbidity in the Japanese Army and Navy.

The consensus of opinion among the senior naval medical officers as to leading causes of death of all service personnel was given in the following order, although no rates would be hazarded:

Chief Cause of Death  
Army and Navy

- a. Combat Casualties
- b. Tuberculosis
- c. Malaria
- d. Malnutrition

The Navy Medical Statistical Department furnished from its records the following tables (Tables IV and V) for naval personnel.

TABLE IV

Principal Causes of Death and Death Rate	
Name of Disease	Per 1000
Machine-gun and rifle wounds	2.16
Bomb wounds	2.06
Tuberculosis	1.08
Wounds caused by explosions	1.03
Drowning	0.82
Gun wounds	0.74
Burns	0.64
Fracture of the skull	0.64
Bodies crushed to bits	0.54
Malaria	0.26
Encephalitis	0.09
Typhoid	0.07
Dysentery	0.07
Accidental death	23.56

TABLE V

Leading Causes of Death and Morbidity in the Navy			
Diseases	Number of Deaths		
	1940	1941	1942
Typhus	15	14	25
Bacillary Dysentery	22	16	25
Malaria	17	13	94
Cerebrospinal Fever	16	10	34
Tuberculosis	459	500	520
Gas-intoxication	1	5	72
Injuries and Wounded in action.	249	504	2860
Heat-stroke	0	6	29
Drowning	53	882	297
Other accidents and diseases	96	204	8566

4. Rates, frequency, and distribution of infectious hepatitis in Army and Navy.

There has been very little infectious hepatitis in the Army and Navy. What little has occurred has been among land troops in MANCHURIA (Army), and none is recorded for the Navy.

5. Rates, frequency, and distribution of syphilis and gonorrhea in Navy.

Three percent in the Navy had gonorrhea; one percent is the figure given for the rate of luetic infection. More data is noted under Target Report M-09 of Fascicle M-1. The incidence per 1000 men of "Venereal Diseases Reported" in the Navy is given as follows:

TABLE VI

YEAR	VENEREAL DISEASES Incidence per 1000
1938	39.68
1939	32.02
1940	25.38
1941	23.04
1942	21.50
1943	14.73
1944	13.98

6. Rates, frequency, and distribution of tetanus and gas gangrene among Japanese wounded in Army and Navy.

A few cases of both tetanus and gas gangrene occurred, and the figures were recorded as noted in Table VII.

TABLE VII

Incidence of Tetanus and Gas Gangrene		
Year	Rate per 1000 men	
	Tetanus	Gas Gangrene
1940	0.1	*
1941	0.03	*
1942	0.1	0.04
1943	0.2	0.3
1944	0.1	0.2

\* No data available.

7. Percentage survival of Jap wounded and percentage returned to duty.

The doctors gave no opinion on the percent of Japanese wounded who survived. The medical bureau gave 96% as the figure for the survival rate of Japanese Naval wounded, but admitted this was derived from figures submitted by the Naval Hospitals in the homeland. No figures had been compiled for over-seas casualties, partly due to the system of reporting, as noted earlier, and partly from the lack of adequate field reports. The bureau had no idea what actual losses the Navy had sustained. The following table was submitted from what records were available.

TABLE VIII

Year	Percent Survival of Wounded	Percent of Wounded Returned to Duty
1940	98.67	80.16
1941	98.25	85.85
1942	94.18	89.60