

**Evidences of Japan's Wartime Medical  
Atrocities and Silence of Japanese  
Government and Medical Authorities**  
**日本战时医学暴行的证据以及日本政  
府和医学权威的沉默**

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**4. Silence of Japanese Medical Authorities 日本医学权威的沉默**

# 1. Introduction 引言

Between 1932 and the end of World War II, Japanese researchers—mostly under the aegis of the Japanese Army 日本陸軍—killed thousands of humans in medical experiments.

Many of the human experimentation 人体実験 took place at Unit 731 七三一部隊 and other facilities in Japanese-occupied Manchuria 偽滿州国 and China, although the Japanese army also operated experimental centers in Southeast Asia and on the main Japanese islands.

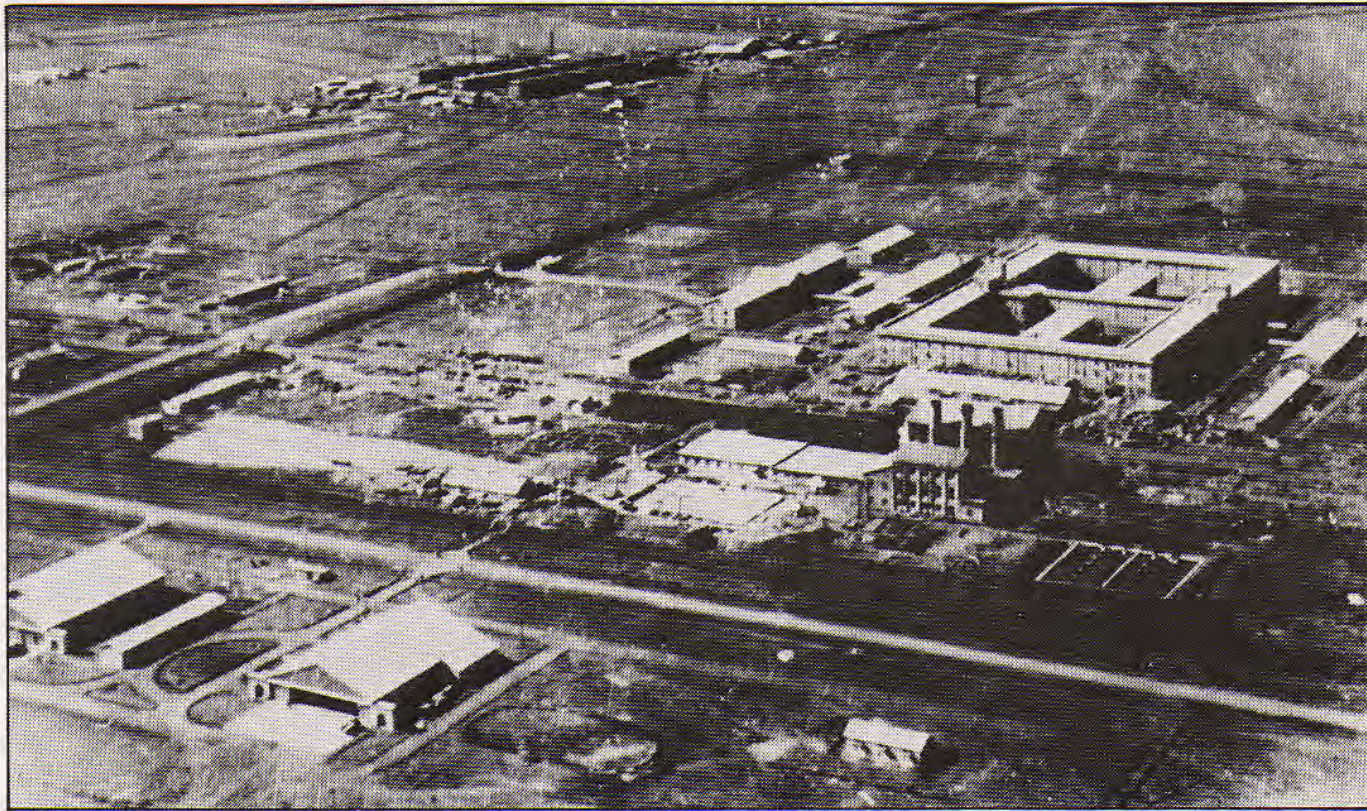
Most of the victims were Manchurian or Chinese “criminals,” political prisoners, or prisoners of war.

Because of an immunity arrangement with U.S. officials 美国免責, most of the researchers involved were never brought to trial.

In return, the United States got secret access to the results of Japanese biological warfare experiments that had been performed on prisoners 美国独占人的研究成果.

Many of the human experimenters went on to prestigious civilian careers 研究者出世, leaving both Japan and the United States with unresolved ethical issues that now date back about 70 years.

The main building of Unit 731 had two special prisons 特設監獄 in its inner yard, so that escapees could never get outside.



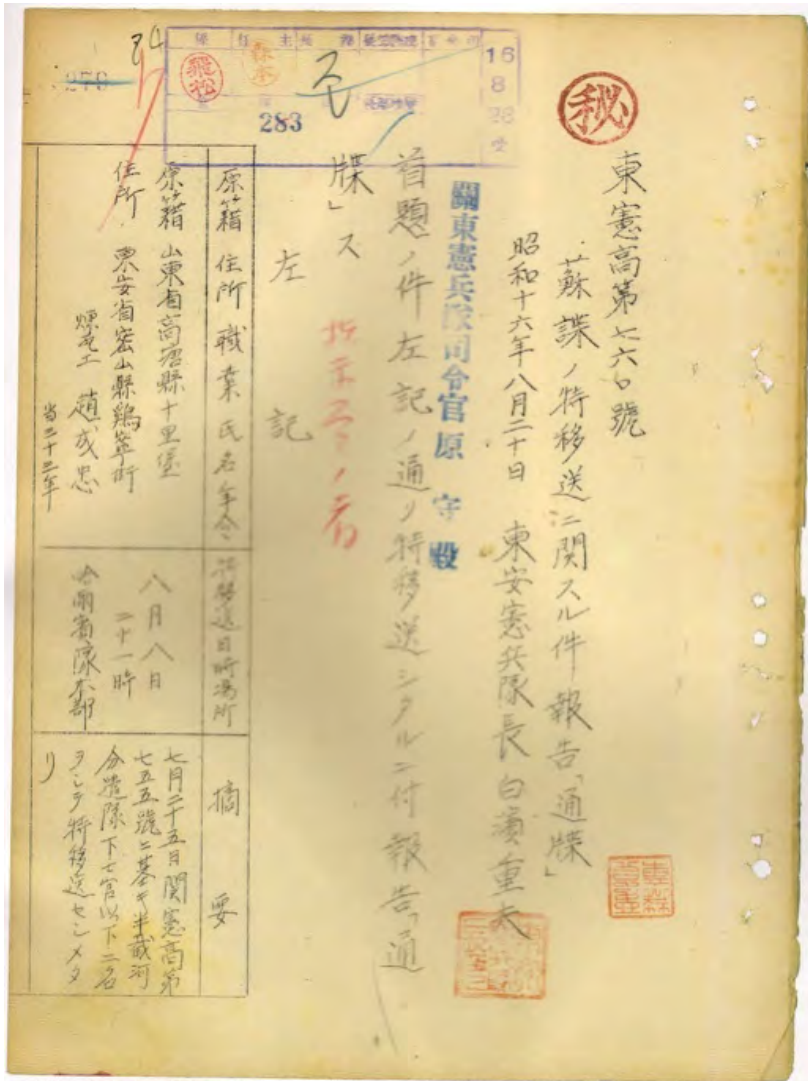
### 悪魔の第七三一部隊の全貌

第七三一部隊航空班・写真班によって撮影された部隊施設全景。カタカナの「ロ」の字形をした通称「ロ号棟」と呼ばれる部隊本部建物や、「ロ号棟」に囲まれた特設監獄(俗称マルタ小屋)が、はっきりと見える。

The prisons of Unit 731 usually held 200 to 300 captives, including some women and children, but that their maximum capacity was said to be 400 最大収容四百人.

The Kwantung Military Police 関東憲兵隊 sent 400 to 600 captives to Unit 731 every year under the Special Transfer Procedure 特移扱, a system the Japanese army developed to supply human subjects. At least 3,000 people were tortured to death at Unit 731 from 1940 to 1945. [600 by 5 years = 3000] But this number does not include victims before 1940 or at other medical experimentation sites 一九四〇年以前や七三一部隊以外の犠牲者は不含.

# 戦後発見された関東憲兵隊「特移扱」文書



(『七三一部隊』 罪行鉄証—関東憲兵隊「特移扱」文書』黒龍江人民出版社、2001年、pp.30-31)



(『七三一部隊』 罪行鉄証—関東憲兵隊「特移扱」文書』黒龍江人民出版社、2001年、p.80)



The activities of Unit 731 researchers 七三一部隊的研究者 were only a part of the medical atrocities 医学的虐殺乃一部 committed by Japan.

Deadly experiments 致死的研究 were performed also in other permanent EPWSDs 防疫給水部 such as Units 1644 in Nanjing 南京一六四四部隊 and 1855 in Beijing 北京一八五五部隊.

American, Australian, and New Zealander POWs 戦争捕虜 were forced to participate in experiments by Surgeon Captain Einosuke HIRANO 平野英之助 of the 24th Field EPWSD in Rabaul, Papua, New Guinea. Eight U.S. airmen were killed in surgical experiments at Kyushu Imperial University 九州帝国大学 in Fukuoka 福岡, on the Japanese home islands.

Japanese medical atrocities 医学的虐殺 can be classified into three major and sub categories according to their purposes:

1. Research with Humans 人的研究
  - 1-1. Explaining diseases 病態解明
  - 1-2. Development of therapies 治療法開発
  - 1-3. Development of biological and chemical weapons 生物・化学兵器開発
2. Training of Army Surgeons 軍医訓練
3. Biological Warfare Maneuvers 生物兵器使用

Due to researches by historians and journalists, many evidences of Japanese medical atrocities have been found so far 歷史家和報道發見多証拠.

Here I can introduce only a few examples with documents 我唯少例紹介.

But there suppose to be great many left unrevealed still 証拠大半未發見, because of lack of systematic investigation by public authorities 欠如公的探究.

## **2. Some Evidences of Japanese Medical Atrocities**

**日本战时医学暴行的证据**

## **2-1. Research with Humans**

### **人的研究**

**Experiment for identification of  
the pathogen of epidemic  
hemorrhagic fever**

**流行性出血熱病原体確定実験**

Shiro KASAHARA 笠原四郎, a researcher at Kitasato Institute 北里研究所 in Tokyo, worked for Unit 731 for several years.

In 1944, Kasahara, Surgeon General Masaji KITANO 北野政次, Commander of Unit 731 from August 1942 to March 1945, and others published a paper in the Journal of Japanese Society of Pathology 日本病理学会会誌.

It was concerning identification of the pathogen of epidemic hemorrhagic fever 流行性出血熱, the etiology of which was then still unknown.

It reads:

“We made an emulsion with 203 ground-up North Manchuria mites and salt water, and injected it into the thigh of an ape hypodermically 猿腿皮下注射. This first ape 猿一號 became feverish 發熱 with a temperature of 39.4 degrees Celsius 攝氏 on the 19th day after injection and moderately infected 穩感染. Then we took blood of this feverish ape and injected it into the second ape 猿二號, which became feverish 發熱 and produced protein in its urine. Typical epidemic hemorrhagic kidney was found at its autopsy 解剖 . . . Epidemic hemorrhagic kidney was never found at autopsy in the most feverish period 發熱最盛期.”



## 2. 流行性出血熱の病原體の決定

笠原 四郎, 北野 政次, 菊池 齊, 作山 元治, 金澤 謙一,  
根津 尚光, 吉村 濟夫, 工藤 忠雄 (陸軍 指導 北野 政次)

Entscheidung des Erregers des epidemischen haemorrhagischen Fiebers.

Shiro Kasahara, Masaji Kitano, Hitoshi Kikuchi, Motoharu  
Sakuyama, Kenichi Kanazawa, Naomitsu Nezu,  
Masuo Yoshimura und Tadao Kudo,  
Japanisches Militär. Leiter: M. Kitano.

昭和18年4月、本學會に於て流行性出血熱の感染経路に就て報告した。その際發病原は Chamberland L<sub>2</sub> 濾過管を通過することを證明したので、病原體學の通念として病原體は濾過性病毒であらうと論じたが、他方患者及び感染實驗動物發熱極期の血液塗抹標本或は臟器押捺標本を鏡檢中、その一部に於てタイレリア様小體を窺見したので、原蟲類にタイレリアも亦病原體闡明上一應は考慮を要すべき旨を述べた。其後の研究により流行性出血熱の病原體を決定するに至つたので茲に其概要を述べる。尙本研究の一部に就ては昭和18年9月滿洲醫學會總會及び日本傳染病學會總會に於ける特別講演にて北野が述べた。

### 1. 實驗材料

病原分離に就ては昨年本學會に於て報告した如く、昭和17年11月北滿孫吳で捕獲した40頭のマウスに附着してゐた北滿トゲダニ *Laelaps jettmari Vitzthum* から病原を分離したのである。即ち北滿トゲダニ203疋を磨碎し食感水乳劑となし之を猿の大腿皮下に注射した。此の初代猿は接種後19日に至り39.4°Cの發熱があり中等度に感染したのであるが、此の發熱時の血液を以て接種した第2世代猿は潜伏期12日で發熱し尿蛋白陽性を示し剖檢により定型的流行性出血熱を證明したのである。爾來發熱極期血液乃至臟器材料を以て猿累代接種を行ひ本病原を確保して種々の實驗を行つた。

### 2. 病日と血液の感染性

患者血液から新に病原體を分離する場合、或は猿累代接種により永く病原體を確保し置くためには第何病日の血液を採血使用すべきかは病原體を究明する上に當面の必要なる問題である。現在迄の實驗成績によれば發熱極期(發熱當日及び其翌日)及び發熱前、殊に體温38°C前後の初期と思はれる頃の血液は感染力強く、發熱極期以後、殊に體温が平熱に近づいた時の血液には感染力がない。

### 3. 病日と臟器の感染力及び其病變、殊に流行性出血熱腎との關係

發熱極期(病勢極期の意ではない)に剖檢すれば本疾患に特異的な解剖所見を以て我々が強調してゐる流行性出血熱腎を検出した驗しがない。唯腎は肉眼的に充血を認めるだけである。然しかゝる時期の腎・肝・脾こそ感染力は絶大なのである。之に反し下熱期或は體温が全く平熱に復してから剖檢するに茲に甫て流行性出血熱腎は認められるのであるが、かゝる病變顯著の諸臟器は既に感染力を消失してゐることを學んだ。

### 4. 血液成分の感染力

發病原が血液中の如何なる部分に存在するかを知ることは病原體闡明の上にも示唆を與へるものである。即ち本疾患病原體が若しタイレリア或はバルトネラに屬するものとすれば感染力は血液液體成分よりも有形成分に於て強大なるべきであり、又血清にも感染力が相當に存するものとすれば病原體は擧る濾過性病毒に近いと推定せらるゝであらう。實驗成績により發病原は血液有形成分(赤血球、白血球、血小板)に存在するのみならず血清中にも、又血清中にも存在することを知つた。

### 5. 濾過試験

流行性出血熱病原保有材料を以ての濾過試験は7回行ひ其内2回は陰性に終つたが他の5回は陽性成績を得た。陰性であつた例は技術上遺誤があつたを考へられるので之を除外するこゝが出来た。被濾過材料としてはヒルゼン血漿、枸橼酸血漿及び臟器(肝・脾・腎)乳劑を使用し濾過管としては Chamberland L<sub>2</sub>, L<sub>3</sub>, L<sub>5</sub>, L<sub>6</sub> 及び Seitz EK を用ひたが、實驗の結果は流行性出血熱病原體が此等の濾過管を容易に通過することを確認した。茲に本病病原體は細菌類に非ず、バルトネラに非ず、タイレリアに非ず濾過性病毒に屬することを確證したのである。

They in fact vivisected the “ape 猿,” because in order for surgeons to “autopsy in the most feverish period 發熱最盛期,” the subject needed to be alive 活.

Moreover, “the ape” must have been a human being 人, because the normal temperature of an ape is higher than that of a human being; 39.4 degrees Celsius is normal for an ape 猿平熱.

In another paper, Kasahara and his colleagues noted that apes do not become feverish from this disease 猿不發熱.

So seems probable that they infected humans and vivisected them.

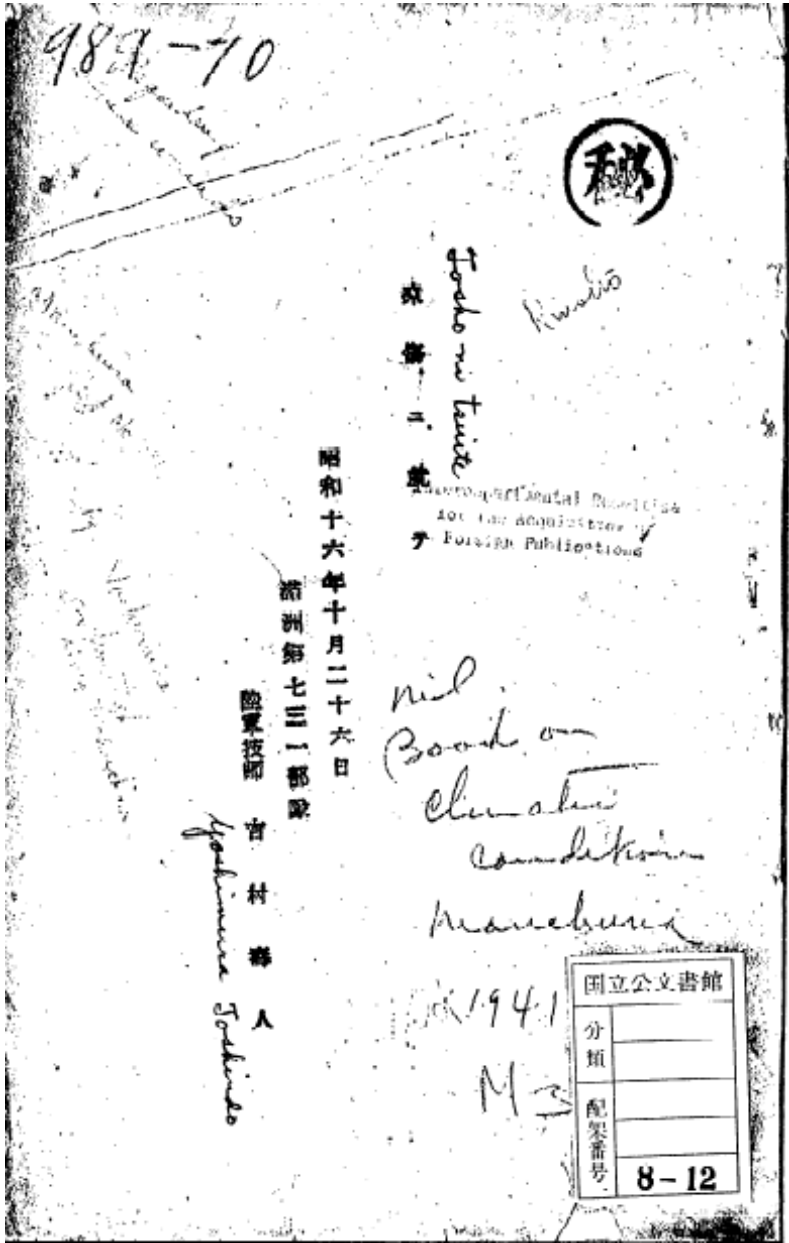
Kasahara 笠原 himself confessed 告白 in a interview by British TV researchers in 1985.

“I feel very guilty 罪惡感 about what I have done and I think I did wrong. There were very few instances but, when a spy did die 致死 as a result of human experiment 人的實驗 . . . I felt terribly sad and I always arranged for a memorial service 慰靈式 to be held in the main hall of the Ishii Unit 石井部隊 . . .”

(Williams & Wallace, *Unit 731: The Japanese Army's Secret of Secrets*. London: Hodder & Stoughton, 1989, p.40)

# **Frostbite Studies**

# **凍傷研究**

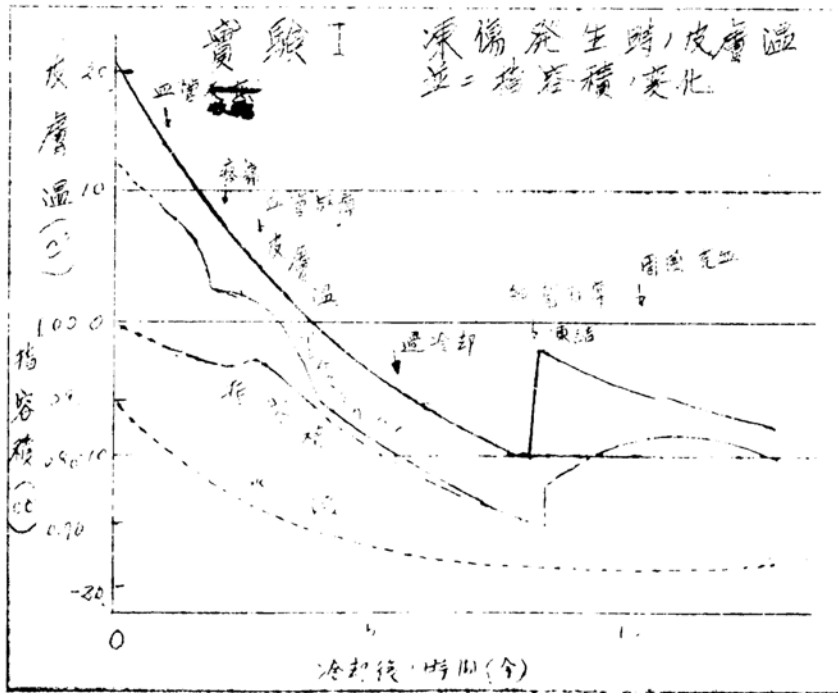


Hisato YOSHIMURA 吉村寿人 stayed Unit 731 from 1938 to 1945. He used captives in studies of frostbite 凍傷研究. Yoshimura himself gave a lecture 講演 on his frostbite studies in Harbin 哈爾濱 in 1941.

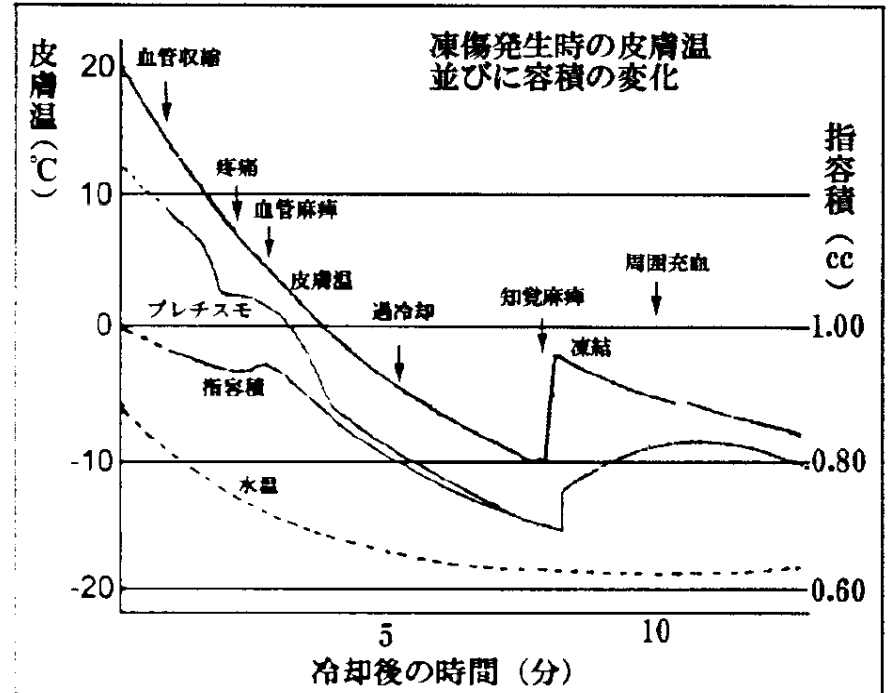
# Yoshimura explained in a chart how the temperature and dimension of a human finger changes when freezes 人指凍結時皮膚温度及容積变化図.

Left: original chart from Yoshimura's paper 左: 原図

Right: contemporary engrossment of handwriting 右: 今日の浄書



(吉村寿人「凍傷ニ就テ」第十五回満洲医学会哈爾濱支部特別講演、1941年10月26日〔復刻版、田中明・松村高夫編『七三一部隊作成資料』不二出版、1991年、p.237〕)



(刈田啓史郎「旧日本軍第731部隊『凍傷実験室』および、凍傷実験について」『15年戦争と日本の医学医療研究会会誌』第6巻2号、2006年9月、p.15)

# STUDIES ON THE REACTIVITY OF SKIN VESSELS TO EXTREME COLD

## PART II. FACTORS GOVERNING THE INDIVIDUAL DIFFERENCE OF THE REACTIVITY, OR THE RESISTANCE AGAINST FROST-BITE.

HISATO YOSHIMURA AND TOSHIYUKI IIDA\*

*Institute of Physiology, Kyoto Prefectural Medical College, Kyoto, and  
Institute of Physiology, Hyogo Prefectural Medical College, Kobe.*

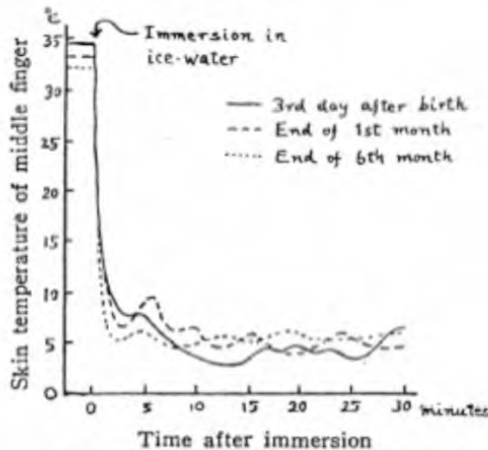


Fig. 2. Temperature reaction to cold observed on a baby.

Table 1. Sexual difference of reaction index estimated on Orochons

Age (years)	Male		Female	
	Nos. of subj.	Reaction index	Nos. of subj.	Reaction index
10-14	5	7.20	2	7.50
15-19	4	8.00	1	9.00
20-29	3	8.66	7	7.59
30-39	4	8.00	3	7.33
Total	16	7.87 ± 0.14	13	7.61 ± 0.12

Remark : Values after  $\pm$  is the probable error of the mean. It is the same in all the following tables.

about 20 Chinese pupils of 7 to 14 years. The results obtained were averaged on groups of every 5 years, and changes of the reaction index with progress of age were observed as is seen in fig. 1. The maximum reactivity was found at the ages of 25 to 29 years, and, as the age became younger or older, the reactivity generally decreased more and more, except that in childhood it was higher than in puberty. Thus the general aspect of change of reactivity with age was similar to that of the other physiological functions.

Though detailed studies could not be attained on children below 6 years of age, some observations were carried out on a baby. As is seen in fig. 2, the reaction was detected even on the 3rd day after birth, and it increased rapidly with the lapse of days until at last it was nearly fixed after a month or so.

As to sexual difference of the reactivity, only an outlining aspect was obtained from the observation on Orochon subjects, which are described in table 1. The reactivity of

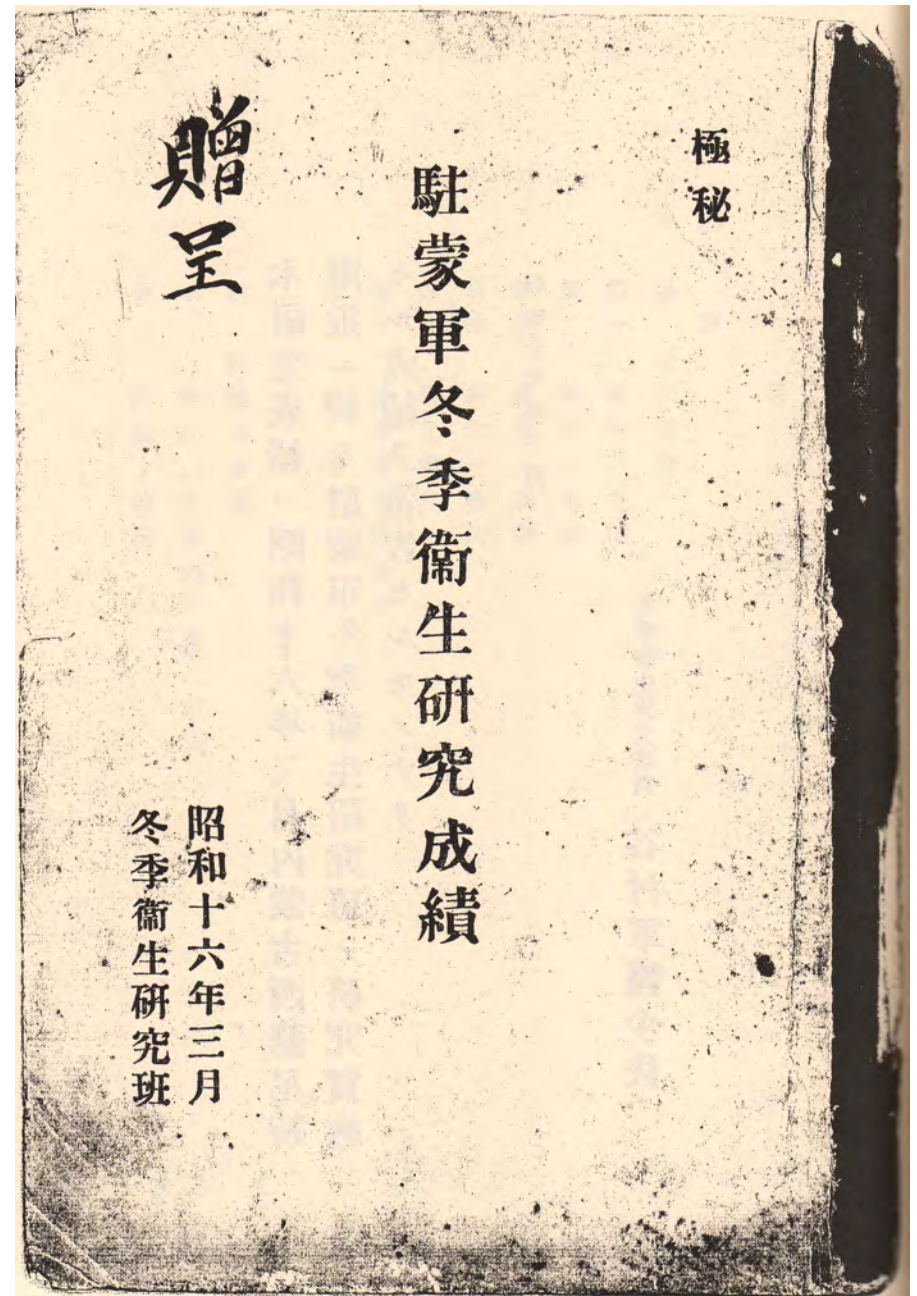
Early in 1950's he and his colleagues published three papers on these frostbite studies in The Japanese Journal of Physiology in English 日本生理学会英文誌. He did not show the chart of freezing he showed in Harbin 1941, but wrote Women, children, and even a 3 days old baby 生後三日 嬰兒 were included in the experiments.

They wrote:

“The temperature reaction in ice water was examined on about 100 Chinese coolies 中国人苦力 from 15 to 74 years old and on about 20 Chinese pupils 中国人兒童 of 7 to 14 years.... Though detailed studies could not be attained on children below 6 years of age, some observations were carried out on a baby 赤兒. [T]he reaction was detected even on the 3rd day after birth 生後三日, and it increased rapidly with the lapse of days until at last it was nearly fixed after a month or so.

As to sexual difference 性差 of the reactivity, only an outlining aspect was obtained from the observation on Orochon subjects....The reactivity of the female subject 女性受試者 was a little lower than the male's in adult age 成人男性受試者, while they were nearly the same with each other in childhood 幼兒期.”

Surgeon Major Kazuharu  
TANIMURA 谷村一治軍  
医少佐 of Datong Army  
Hospital 大同陸軍病院  
organized a detachment  
and went on an  
expedition into Inner  
Mongolia from Jan. 31 to  
Feb. 11, 1941. They  
performed various  
human experiments  
including frostbite study  
and made an exhaustive  
report with nearly 400  
pages.







# The Confinement of the Subjects



天幕建設中、生體監視

（冬季衛生研究班『駐蒙軍冬季衛生研究成績』一九四一年三月、復刻版四五頁）

# The Frostbite Experiment



凍傷實施

(冬季衛生研究班『駐蒙軍冬季衛生研究成績』一九四一年三月、復刻版二六七頁)

# The Frostbite — 24 Hours Later



凍傷發生（二十四時間後）

**Field Surgery Experiments**

**戦場手術実験**

Tanimura 谷村 and his colleagues experimented with field surgery during their expedition to Inner Mongolia.

They wrote in their log that on Feb. 4, 1941, they performed enteroanastomosis 腸吻合術 (intestinal bypass) on “living material No. 1 生體一號[劉].”

On the next day, “In order to follow up wounds, using living material No. 3 生體三號[楊], we amputated the left thigh 左大腿切斷, cut and sewed right thigh skin 右大腿切斷縫合, and cut open the skin of the left hypogastrium 左下腹部切開.

Treatments of dummy perforate gunshot wounds 假想貫通銃創 処置 were performed on the left arm and right thigh of living material No. 7 生體七號[張], and on the left waist and left chest of No. 6 生體六號[郝].”

On Feb. 7, they shot 射擊 No. 8 生體八號[陳] to make perforate wounds 貫通銃創, then performed transfusion 輸血 and tracheostomy 氣管切開 on him.

# Intestinal Bypass Surgery in the Tent



天幕內開腹術（腸吻合術）其ノ三

（冬季衛生研究班『駐蒙軍冬季衛生研究成績』一九四一年三月、復刻版二三五頁）

# Amputation in the Tent



天幕内（切斷術）其ノ二



# **Hemostasis and Transfusion Experiment**

**止血及輸血實驗**

Tanimura and his colleagues also performed hemostasis and transfusion experiments 止血及輸血實驗 to develop methods to save lives of bleeding soldiers on the battlefield.

On Feb. 5, they experimented hemostasis on an arm wound on subject No. 6 and a thigh wound on subject No. 7 生體六號[郝]上腕及生體七號[張]大腿止血. Subjects No. 1 and No. 3 had transfusions 輸血 of blood and Ringer solution at room temperature 生體一號[劉]及生體三號[楊]輸血.

On Feb. 6, they cut No. 5's arteries in the leg and performed hemostasis with clamps 生體五號[高]下腿動脈切開止血. They transfused blood kept in a thermos bottle, blood that had been frozen and then thawed, and sheep blood 保存血凍結血羊血輸血.

On Feb. 8, they performed various experiments with tourniquets on No. 5 生體五號[高]止血帶實驗. To No. 1 they transfused blood 生體一號[劉]輸血 taken from the heart of a corpse of subject No. 8, who had been shot to death on Feb. 7 生體八號[陳]射殺屍體血.

# Transfusion of Blood Kept in Thermos Bottle



保存血輸血（魔法瓶）

（冬季衛生研究班『駐蒙軍冬季衛生研究成績』一九四一年三月、復刻版二二七頁）

# Transfusion of Frozen-thawed Blood



凍血輸血

(冬季衛生研究班『駐蒙軍冬季衛生研究成績』一九四一年三月、復刻版二二六頁)

All the eight subjects were finally shot or vivisected to death.

Officers shot No. 8 生體八號[陳] to death at night of Feb. 7, in order to take his blood for a transfusion experiment 射殺屍體血採取.

In the morning of Feb. 8, six were killed by gunshot 六人銃殺 and one was vivisected with general anesthesia 一人全身麻醉生體解剖. All corpses had autopsy.

In that evening, surgeon officers had funeral of victims 犧牲者慰靈祭及埋葬. Tanimura read condolence 弔詞.

# Tanimura read condolence at the funeral



班長弔詞朗讀（生體慰靈祭）

（冬季衛生研究班『駐蒙軍冬季衛生研究成績』一九四一年三月、復刻版四七頁）

惟時皇紀二六〇一年二月八日

研究班生體ノ靈ニ告ク

御身等ハ生國生年月日ハ異レトモ東亞ノ一角中華民國ニ生ヲ受ケ不幸

ニシテ誤レル思想行動ヲナシ蔣介石ノ走狗トナリ公明正大ノ正義ノ皇

軍ニ不利ナル對敵行動ヲナスニ至ル

捕エラレテ獄舎ニアリ死刑ヲ宣告セララル

時ニ當研究班編成セラレ內蒙古ノ地ニ皇軍幾百萬ノ否全世界人類ノタ

メ醫學術研究ヲ擔當ス

御身等ハ選ハレテ既定ノ死ヲ尊キ研究實驗ニ捧ケ本日終焉ス

其ノ世界人類ニ貢獻セル所大ナリ

以テ冥スヘシ

茲ニ祭壇ヲ設ケ靈ヲ慰ム

在天ノ靈來リ變ケヨ

二月八日

研究班長 谷村少佐

# Tanimura's Condolence

# **Biological Weapon Experiments**

## **生物兵器実験**



Extensive data regarding the dose at which 50% of those exposed would develop various diseases, the so-called minimum infectious dose for 50% (MID50 半数感染量), were described in a U.S. investigator's report 米軍調査官報告書.

Japanese researchers infected humans to learn the MID50 of anthrax, plague, typhoid, paratyphoid A and B, dysentery, cholera, and glanders. Experiments were performed to determine the MID50 for a variety of pathogens that were introduced into humans subcutaneously, orally, and through respiration of infected air samples.

Some of the infections were not fatal, but many of those exposed died.

SUBJECT: Brief Summary of New Information About Japanese C&E Activities

against & old orally; however, the living spores vaccine in humans was followed by such violent reactions that it was concluded it could not be employed except in emergencies.

#### d. Bomb trials

Full details and diagrams of the field trials are given. In most cases the human subjects were tied to stakes and protected with holsters and body armor. The bombs of various types were exploded either statically, or with time fuses after being dropped from aircraft. No determinations were made of cloud concentration, size of particle size, and the meteorological data are rather crude. The Japanese were not satisfied with the field trials with anthrax. However, in one trial with 15 subjects, 6 were killed as a result of wounds from the bombs, and 4 were infected by bomb fragments (3 of these 4 subjects died). In another trial with a more efficient bomb ("GUP") 6 of 19 subjects developed a definite bacteremia, and 4 of these were considered to have been infected by the respiratory route; all four of these latter subjects died. However, these four subjects were only 25 meters from the nearest of the 2 bombs that were exploded in a volley.

#### e. Pollution of pastures

The usual experiment was to explode five bombs vertically five meters from the ground in a straight line across a field, and then have various animals graze along lines at different distances from the bomb burst. It was found that all types of animals grazing within 20 meters of the explosion sites and within an hour after the explosion, contracted the disease, and 60 - 100% of those grazing 50 meters away became infected. The contaminated grass was infective for at least 4 days, and after one month about 55 per cent of the spores was still found on the grass. During the observation of animals after trials of this type, it was found that usually 25 per cent of normal animals kept in the same barns with the infected animals developed secondary infections.

#### f. Spraying experiments

In a typical experiment four human subjects were placed in a glass room 10 m<sup>3</sup> in size, and 300 cc. of a 1 mg/cc suspension were introduced using an ordinary disinfectant sprayer. No particle size determinations were made, but two of the four subjects developed skin lesions which eventually resulted in generalized anthrax.

#### g. Stability

For example, U.S. investigator Norbert H. Fell wrote about spraying experiments of anthrax 炭疽噴霧実験 in his report to the Chief of the Chemical Corps on June 20, 1947:

"In a typical experiment four human subjects were placed in a glass room 10 m [3] in size, and 300 cc. of a 1 mgm/cc suspension were introduced using an ordinary disinfectant sprayer. No particle size determinations were made, but two of the four subjects 四人中二人 developed skin lesions which eventually resulted in generalized anthrax."

Fell also described anthrax bomb tests 爆弾実験:

“In most cases the human subjects were tied to stakes and protected with helmets and body armor. The bombs of various types were exploded either statically, or with time fuses after being dropped from aircraft.... in one trial with 15 subjects, 8 were killed as a result of wounds from the bombs, and 4 were infected by bomb fragments (3 of these 4 subjects died). In another trial with a more efficient bomb (“Uji 宇治”), 6 of 10 subjects developed a definite bacteremia, and 4 of these were considered to have been infected by the respiratory route; all four of these latter subjects died. However, these four subjects were only 25 meters from the nearest of the 9 bombs that were exploded in a volley.”

# Chemical Weapon Experiments

## 化学兵器実験

極  
秘

注射薬ニ因ル皮膚傷害  
の症狀觀察

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An unknown researcher in Unit 731 describes a large human experiment of yperite gas 毒氣 (mustard gas) on September 7-10, 1940.

20 subjects were divided into three groups and placed in combat emplacements, trenches, gazebos, and observatories. One group was clothed with Chinese underwear, no hat, and no mask, and was subjected to as much as 1,800 field gun rounds of yperite gas over 25 minutes.

Another group was clothed in summer military uniform and shoes; three had masks and another three had no mask. They also were exposed to as much as 1,800 rounds of yperite gas.

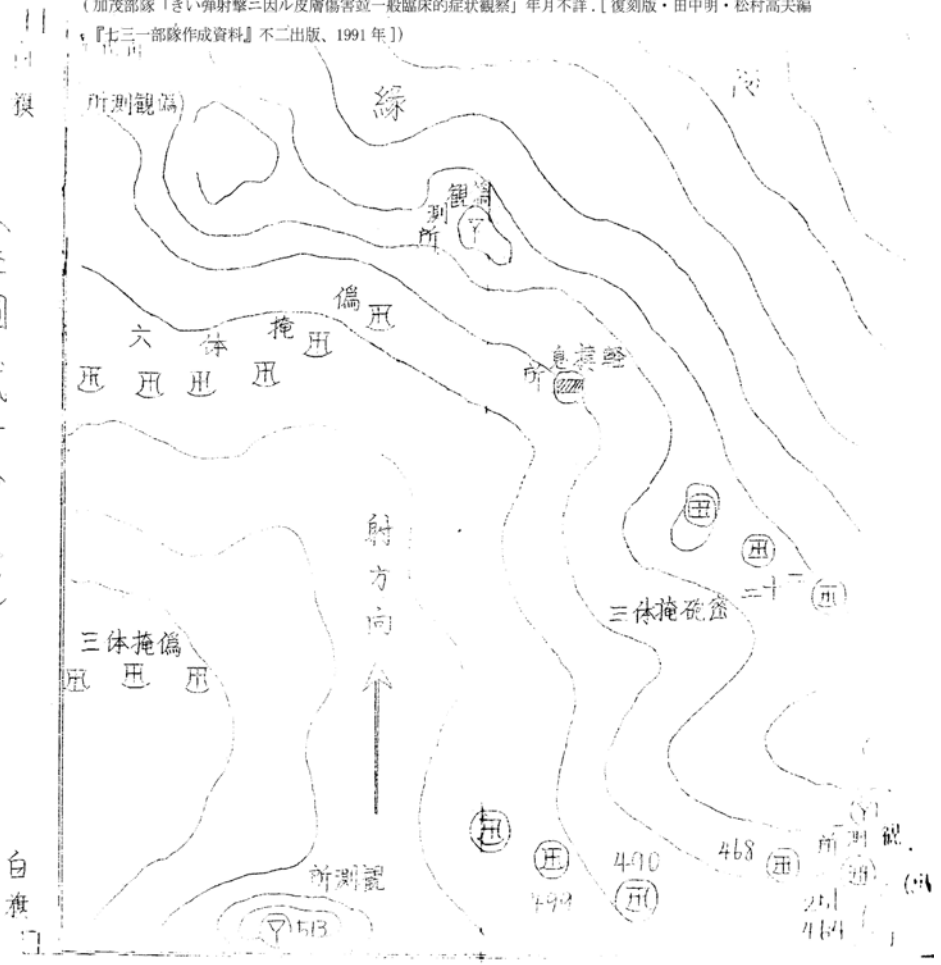
A third group was clothed in summer military uniform, three with masks and two without masks, and were exposed to as much as 4,800 rounds.

Then their general symptoms and damage to skin, eye, respiratory organs, and digestive organs were observed at 4 hours, 24 hours, 2, 3, and 5 days after the shots. Injecting the blister fluid from one subject into another subject and analyses of blood and soil were also performed.

Five subjects were forced to drink a solution of yperite and lewisite gas in water, with or without decontamination.

# 報告書本文の一部と、実験場における被験者の配置を示した付図

(加茂部隊「きい弾射撃ニ因ル皮膚傷害竝一般臨床的症狀観察」年月不詳。【復刻版・田中明・松村高夫編『七三一部隊作成資料』不二出版、1991年】)



(要圖) 貳十分ノ壹

## 第一章 緒言

自昭和十五年九月七日―至昭和十五年九月十日間砲四門（六〇〇發）十榴八門（六〇〇發）ニヨルキ彈射撃ヲ實施セリ

第一地域發射彈數ハ毎ヘクター一〇〇發總數一、八〇〇發（野砲ニ換算ス）射撃時間ハ四十分、十五分間射撃、十五分間休、十分間射撃ナリ

第二地域ニ於テハ發射彈數ハ毎ヘクター二〇〇發總數三、二〇〇發第三地域ハ發射彈數毎ヘクター三〇〇發總數四、八〇〇發ナリ

被撃物ハ地域内ノ野砲係掩体、壕、輕機息所、観測所、掩蓋MG座監視所、特種機築物内等ニ各々配置セリ

第一地域陸地ニ配置セルモノハ無暗帽服下着上靴ヲ着用セシメ無裝面トス

第二地域陸地ニテハ無暗夏軍衣袴上靴ヲ着用セシメ無裝面者三名、裝面者三名トス

昭和十五年九月十日

## **2-2. Training of Army Surgeons**

### **軍医訓練**



At Datong Army Hospital in Datong 大同陸軍病院, Shanxi, in June probably of 1941, Surgeon Major Kazuharu TANIMURA 谷村一治軍医少佐 and Surgeon Lieutenant Rihei MIURA 三浦理平軍医中尉 conducted a three-day training program that involved lectures on military surgery and exercise surgeries such as suturing of blood vessels and nerves, thoracotomy, celiotomy, craniotomy, blood transfusion, various anesthetizations, appendectomy, and nephrectomy, performed serially on “six bodies of prepared materials.” Judging from confessions about similar cases, the “materials” probably were arrested Chinese resisters who probably were killed in these exercises.

# A Surgical Training Program

方針

駐蒙軍軍醫將校軍陣外科學集合教育課程表

大同醫院

昭和十五年陸軍軍醫學校第一次在支衛生部將校教育ノ復講並ニ昭和十六年北支方面軍骨傷治療教育ノ復講ヲ基トシ現下軍陣外科ノ趨勢ヲ知悉セシメ第一線勤務ニ必要ナル外科的職能ヲ向上セシムルニアリ

教官 大同醫院附陸軍軍醫少佐 谷村 一治  
同 同 陸軍軍醫中尉 三浦 理平

考 備	六						月 日 時	課 目	摘 要
	七		六		五				
	午後	午前	午後	午前	午後	午前			
/ 毎日八時三十分開始、十七時三十分終了 2 實習ハ概ネ四名一組ノ各班ニ區分實施スルモノトス 3 本課目順序ハ都合ニヨリ變更スルコトアリ 4 本課目ノ外適時病室廻診臨床經過觀察スルコトアリ 5 〇〇資材六體準備使用ス	/ 開胸術 (肺内異物摘出)ノ實習 2 血液實驗 3 蟲媒突起切除術實習 4 腎臟摘出術ノ實習	3 各種麻醉法ニ就テ 2 輸血法及保存血ノ調製使用ニ就テ / 開頭術	3 開腹術 (腸管切除術、腸々吻合術) 2 神經縫合術實習 / 血管縫合術實習	4 開腹術ニ就テ 3 開胸術ニ就テ 2 神經手術ニ就テ / 血管手術ニ就テ	2 四肢骨折ノ鋼線牽引法實習 / 副本ノ製作並ニ装着實習 附ギブス繃帶使用法	3 骨戰傷治療ニ就テ 2 手術全般ニ就テ / 第一線戰傷外科全般ニ就テ		/ 外科器械、骨折器械、神中式、キルシネル式副木供覽 2 主トシテクライメル氏副木ノ使用法外 輕副木、鎖骨副木 應用ブラウ副木 血管手術器械 氣胸器械供覽	

(冬季衛生研究班「駐蒙軍冬季衛生研究成績」一九四一、復刻版附録)

## **2-3. Biological Warfare Maneuvers**

### **生物兵器使用**

In 2011, an article by Surgeon Major Junichi KANEKO 金子順一, a cadreman of Unit 731, was found in the Library of Japanese Diet 国立国会図書館. It was a paper for the Bulletin of Epidemic Prevention Laboratory of the Army Medical College 陸軍軍医学校防疫研究報告 in 1943, and compiled into his doctoral thesis at Tokyo University 東京大学博士学位請求論文 in 1944.

It discusses measurement of effectiveness of plague weapon ("PX"), namely fleas contaminated with plague. He made a table of effectiveness of six biological warfare operated by Unit 731 from June 1940 to August 1942 既往作戰效果概見表.

This paper proves Japanese Army operated biological warfare in China 細菌戰的鐵証.

陸軍軍醫學校防疫研究報告  
第1部 第50號

PX 效果略算法

陸軍軍醫學校防疫研究室 (部長 石井少將)  
陸軍軍醫少佐 金子順一

軍事秘密

第 1 部
原 著
分類 385-8 441-9 338-41
受附 昭和 18.12.4

# The List of Six Biological Warfare by Unit 731

第一表

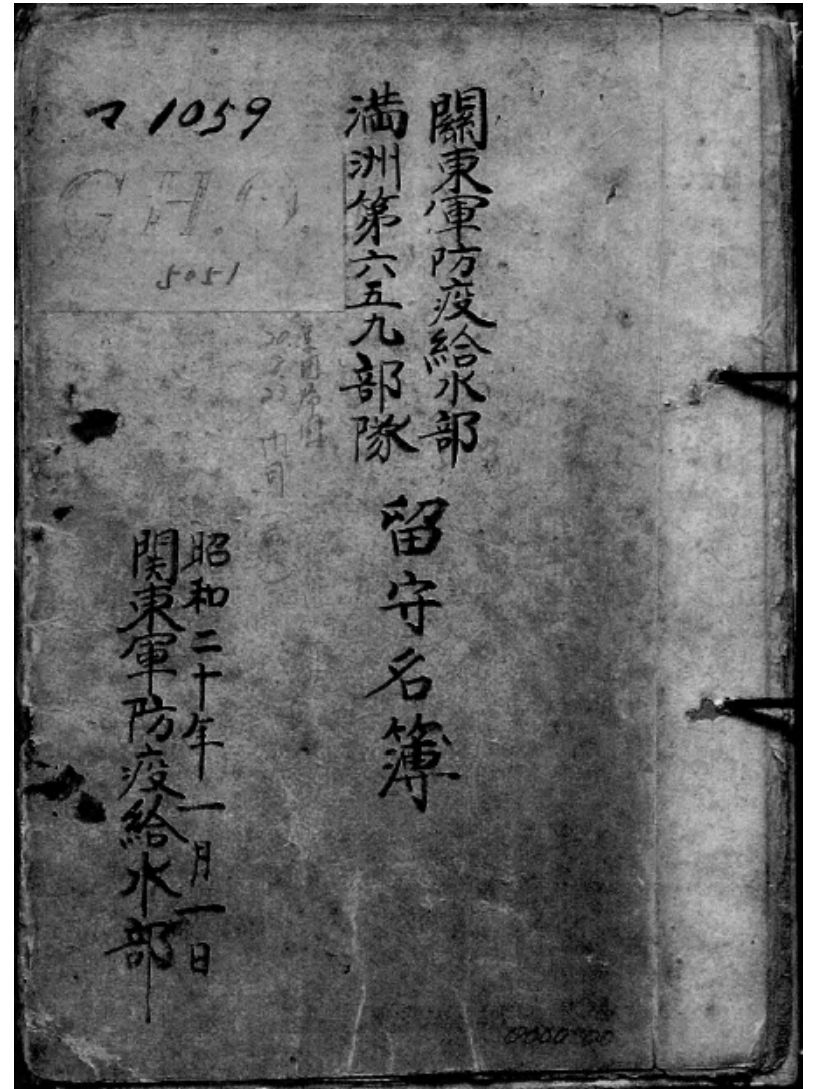
既往作戰効果概見表

攻 撃 目 標	P X kg	効 果		l . O k g 換 算 値		
		一 次	二 次	R p-r	R	C e p
15.6.4. 農 安	0.005	8	607	1600	123000	76,9
15.6.4. 農安大塚 7.	0.010	12	2424	1200	243600	203.0
15.10.4. 浙 州 縣	8.0	219	9060	26	1,159	44,2
15.10.27. 蘇 州 波	2.0	104	1450	52	777	14,9
16.1.1. 4. 常 德	1.6	510	2500	194	1,756	9,1
17.8.19 21. 高 陽 縣 山	0.131	42	9210	321	2,550	70,3

# **3. Silence of Japanese Government 日本政府的沉默**

Despite these evidences, Japanese Government still keeps silent 沈黙 on the medical atrocities. It does admit existence of Unit 731 and other facilities 認七三一部隊存在, but has never admitted what was performed there 不認医学虐殺.

Recently declassified Family Address Book of the Members of Kwantung Army EPWSD including Unit 731



From early in 1980's, in the Japanese Diet 日本国会, several representatives have asked Government 議員質問 about the medical atrocities.

Japanese Government answers EPWSDs existed, but never explain what was done there, even when asked about Kaneko's article on biological warfare 金子順一細菌戦論文.

The Official History of Kwantung Army's EPWSD, including Unit 731, only recording their establishment.

57

關東軍防疫給水部略歴										年月日	
（關東軍防疫部）											
昭	昭	昭	昭	昭	昭	昭	昭	昭	昭	昭	通称号 德第二五〇一、二五〇二、二五〇三、二五〇四、二五〇五、二五〇六、八七四七部隊 滿第六五九、六四三、一六二、五四三、六七三、三一九部隊
14	13	12	11	12	11	12	11	12	11	12	
6	6	3	12	8	3	12	8	6	12	6	
22	20	11	12	5	13	12	8	14	5	5	關東軍直轄部隊として部隊長以下全員軍医薬劑官及び衛生下士官兵をもつて編成し各部隊の防疫給水及細菌の研究予防等の業務に従事す。（昭二、一二、以前については省略） 第二次編成改正完結。（哈爾濱） 昭和十二年軍令陸甲第三号及び同四号により滿州駐屯陸軍部隊編成及び編成改正下令。 編成改正完結。（哈爾濱） 第二次編成改正完結。 第三次編成改正完結。 昭和十二年軍令陸甲第四号に基く第四次編成改正完結。 第五次編成完結。（哈爾濱） 昭和十二年軍令陸甲第四号に基く第六次編成改正完結。 關後令第一三一六号により關東軍第二防疫給水班編成下令。 編成完結。（哈爾濱）
										摘要	



Government keeps silence also in the court 裁判.  
in August 1997, 180 family members of Chinese  
victims of the biological attacks 細菌戰犧牲者家族  
filed a complaint in Tokyo District Court 東京地方  
裁判所 demanding an apology and compensation  
謝罪及賠償 from the Japanese government.

As the Government never disputed the facts but  
rather kept silent 政府不反論保沈默, the court  
acknowledged that deadly human experiments and  
biological warfare had been done 裁判所認致死的  
人的研究及細菌戰, though it dismissed the  
complaint 却下謝罪賠償, on Aug. 27, 2002.

A group of researchers have been asking declassification of documents made by Japanese Researchers of EPWSDs 日本作成資料公開 from Japanese Ministry of Defense 日本防衛省.

The documents were once taken over by U.S., but according to the testimony of a spokesman of the U.S. Army in the U.S. House of Representatives in 1986 美国下院証言, they have been returned to the Japanese Government by the end of 1950's 返還日本政府.

Now they are supposed to be kept somewhere in the MoD. But MoD has been denying their existence 防衛省否認.

# **4. Silence of Japanese Medical Authorities**

**日本医学权威的沉默**

In 2006, the Research Society for 15 Years War and Japanese and Medical Science and Services 十五年戦争和日本の医学医療研究会, Medical and Dental Practitioners for the Improvement of Medical Care in Osaka 大阪府保険医協会, Osaka Federation of Democratic Medical Institutions 大阪民主医療機関連合会, and other NGOs in Kansai area together began to ask Japanese Association of Medical Sciences 日本医学会, the federation of prestigious academic societies of medicine, to have a program on past Japanese medical atrocities in the General Assembly of Japan Medical Congress 日本医学会総会, which is held every four years.

But the executive committee of GAJMC rejected their proposal for the 27<sup>th</sup> GAJMC in Osaka in 2007.

In 2009, the NGOs including the Japanese Medical and Dental Practitioners for the Improvement of Medical Care **全国保険医団体連合会** and the Japan Federation of Democratic Medical Institutions **全日本民主医療機関連合会** organized the Association for the Verification of Inhuman Conduct by Japanese Researchers and Health Care Professionals during the War 「戦争と医の倫理」の検証を進める会, and asked the executive committee of the 28<sup>th</sup> GAJMC in Tokyo **第二八回日本医学会総会** to have a program on Japanese medical atrocities. But the proposal was rejected again. The 28<sup>th</sup> GAJMC was to be held in the April of 2011, but broken off **中止** at the earthquake disaster occurred in eastern Japan **東日本大震災**.

The attitude of denial of JAMS 日本医学会 has not changed, and the story repeated at 29<sup>th</sup> GAJMC 第二九回日本医学会総会 in Kyoto.

In 2013 AVICJRHCP met and ask the chair and the executive director of 29<sup>th</sup> GAJMC, and in 2014 the president of JAMS. But finally these persons of Japanese medical authorities rejected proposal to have a program on past deed of Japanese medical academe at 29<sup>th</sup> GAJMC in Kyoto in 2015.

JAMS and the executive committee of GAJMC explained the reasons of rejection 拒絕理由 as follows:

“There need a resolution of the board of representative. 没有評議員会的決議”

“It is not the proposal from member societies. 没有會員学会的提案”

“The program cannot drew many participants. 不人氣企画”

“The necessity to discuss this issue would not become popularly understood. 没有一般理解”