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Now, everybody of gentle ladies, let us make out further new and prospect nursing career by our hands looking at the light of the candle of Nightingale with love and serving spirits.

II. RECENT NURSING REGULATION:

Next, we are going to speak a little bit of the regulations for nurse published recently.

The regulation of nursing in Japan had been decided on the 4th year of Taisho(1916), afterwards, according to changes of various affairs of Japanese country and requirements of nursing conditions, revision of the nursing regulation was unavoidable.

On the 22nd year of Showa(1947), the new ordinance had been announced regarding public health nurse, midwife, A and B class nurse, the next year 1948, passed the national assembly as "Public health nurse, midwife and nurse law", among the law, let us pick up the item of A class nurse for guidance.

To grow A class nurse, is necessary to pass A class National nurse examination and get the license of the Welfare Minister. This examination includes the necessary courses for A class nurse and technical examinations. The qualification for receiving the examination should be given to those graduated a nursing school designated by the Welfare minister or Education minister as the school to train A class nurse.

The studying period of this school is for three years, the entering qualification to this school is ruled to be graduate of high school of new system, however, for a time, the graduate of former girls' high school will have the qualification.

The nursing school is equipped with twice or more sick-beds of the capacity of students and attached to the general hospital which prepared with all courses of internal, surgical, pediatrics, obstetric and hygenologics etc., and to be prepared with a adequate boarding house to contain the students, the studying period being for three years, one or more class room for one school year to be prepared, and nursing practice room, laboratory room(researching room)as well as cooking room are to be installed. Teachers are 15 persons or more out of which 4 teachers must be full time nursing teachers for the school.

The school courses ~~which~~ to study for three years are about as follows:- theory and practice -.

General basic nursing.
Anatomy and physics.
Pathology.
Bacteriologist and Disinfection.
Pharmacology.
Preparing method.

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Hygienics.
Nutrition.
Diet - medical treatment.
Sociology.
Education.
Psychology.
Nursing career.
Nursing ethics.
Internal medicine and nursing.
Surgical medicine and nurisng.
Communicable disease medicine and nursing.
Pediatric medicine and nursing.
Obstetric and gynecology medicine and nursing.
Mental science and nursing.
Etc.

Beside the courses, clinical practice is needed. To tell a bit of the clinical practice, it includes, all clinical practices of internal, surgical and pediatric coursesand all other clinical courses, and the practices for bringing up child, kitchen room and operation room etc. Once per week vacation is authorized plus four weeks per year are also authorized.

The nursing schools due to this law are going to be established a few schools per prefecture, beside, there are some more schools to be established as " nursing specialists's school" which are due to be designated by the Education Minister.

III Re FUTURE OF NURSE:

Now, let us think about the future of nurse.

In the above paragraphs, we have already stated about the commission of nurse, career and regulation through which, we believe you, been able to understand the matters. When finished these courses, are tobecome professional nurse who has special technique, adding the technique to the scientifical knowledge, and serves to publics with the charitable spirit. In hospital, be a good clinical nurse, be a leader for public health and be an educationist; especially, A class nurse is widely required of her knowledge and technique and spirits so that very important person to carry out the charge in hospital.

On the one hand,when walked out to the social circle, the workable field is very wide such as public health of general persons, leading and instructing of the public health etc.,if married fortunately, for bringing up the child and home nursing. Thus, by actively working with professional knowledge can save life and prevent from wide spreading of communicable diseases. There are further many deeds can be accomplished.

Is'nt it a lively task or commission? To reconstruct Japan to the lightful and cultural country. According to the new law, the qualification of A class nurse is necessay for growing the public health nurse, midwife in future.

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Next, we are going to state about the public health nurse and midwife.

IV - Re PUBLIC HEALTH NURSE

The public health nurse must be passed the national examination of the public health nurse after graduated from A class nursing school and further 1 year studied in the public health nursing school.

The public health nurse is to lead and instruct how to live in healthy condition, further, having connection with other various social concerns, to make every endeavour to lead from every house to health, in case any patient appeared, attend to nursing, or teach how to nurse.

How it will be enjoyful life if all peoples on earth can live healthy fortunately. The public health nurse has to work to make the world so happily. The public health has an important commission for future social circle working as a necessary field of nursing, and trust that will be a-dequate profession for woman.

1. The public health nurse will be pleased to accept any conference for living with good health.

1. The public health nurse will be pleased to accept any conference for the birth of healthy baby and bring-up strongly.

1. The public health nurse will be pleased to accept any conference for preventing diseases.

1. The public health nurse will be pleased to accept any conference for making nutritive body.

1. The public health nurse will be pleased to accept any conference for nursing patients.

V - Re MIDWIFE:

What is the midwife according to the new law? we will tell you how is the profession brings brightful hope to human being below:

For becoming the midwife, after graduated from A class nurse school, studied for one year in the midwife school, and pass the national examination.

The working field for the midwife is: assistance for delivery, instruction and leading of health for pregnant-woman, new born etc.

The death rate of the children at breast at present shows twice of U.S.America, the number of died babies per year shows 200,000 which is really sorrowful and surprised figure. As the

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result of investigation, the cause has been made clear that a majority of them could save if enough care took before the delivery of the babies during the pregnancy, in this viewpoint, the midwife is very important profession which is to guard Japanese hope in future.

As we stated above, the commission of nursing will be really significant, every body who select your future profession will be recommended to go on this way with your prospect for the happiness of man life, development of human being and with the spirits of love and volunteer services.

Now, what nursing schools are there? Contents of schools? Arrangement of entering school? or for any other details, you can get satisfactory anser if you will refer to:-

About schools throughout Japan:

To Nursing Section, Medical affairs bureau
Welfare Ministry,
Shirokane-daimachi, Shiba, Minato-ku, Tokyo.

To Educational Committee,
Japan Midwife, Nurse and Public Health Nurse Association,
c/o Japan Red Cross Hospital,
1 Miyashiro-cho, Shibuya-ku, Tokyo.

Re schools in each prefectural ~~xxxxxxx~~ government:

To Nursing Section, Sanitation Department of the prefecture, or nursing sub-section of medical affairs section.

.....END .....

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昭和二十三年

あなたの未來は輝いて居ます

厚生省醫務局看護課

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新に職業を求めて居られる若き女性の皆様へ

この世に生を受けた人は凡て何らかの道によつて、人類社會に對して奉仕する使命をもつて居ります。そこに私達の生きる價値があり、又喜びがあるのです。

皆様、人類の幸福のために、健康な明るい社會をつくるために、愛の奉仕者としての看護婦の道をお選びになりませんか。

看護婦という職業は病氣や負傷で苦しんでいる不幸な人々に優しい愛と奉仕の精神をもつてみとりの手をさしのべ、健康恢復の喜びを與え、更に社會のすべての人々を健康に導いて行くことを使命とし、人々の幸福のために、社會の進歩向上のために、直接奉仕することのできる本當に立派な尊い職業であつて、數多い職業の中でも最も女性の特性に適した、むしろ女性でなければできない尊い職業であるといえます。

高く美しい愛と奉仕の精神こそ、看護婦の生命とする所でありますが、看護婦の大きい使命を立派に達成するためには、この精神の上に更に看護に必要な科學的知識と技術とを學ばなければなりません。

精神と知識と技術とこの三つが揃つて始めて完全な看護のピラミットができ上るのであります。

看護は科學であり、藝術であり、そして職業でもあります。

今までの日本では、看護婦の地位は決して高いものではありませんでした。そしてその教育程度もある一部のもの以外は余り高くなく、完全に看護の使命を達成するということが困難だつたのです。

國家はこの職業の重要性を認めて、最近看護婦に關する新しい法律を定めました。後に示しましたようにこれからの看護婦は、この法律によつて定められた看護婦學校を卒業して、所定の試驗に合格することが必要であつて、これにより看護婦の資質の向上も圖られ、從來の社會的通念も是正されて、その地位も自ら上つて參ります。

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一、看護の歴史

それではこゝで今迄の看護の歴史について少し考えてみませう。

我が國に於ける看護の歴史は、何時頃から始まつたのでせうか。

昔々の原始時代に於いて、母親が熱のある愛兒の頭を小川の水で冷したという、その愛情、即ち看護の基源は母親の尊い愛情なのです。

看護と宗教、そして戰爭とは日本に於ても世界に於ても非常に密接な關係にあり、奈良朝時代に於ては、看護者の大部分は熱心な佛教信者でした。

又光明皇后の御事業には、貧困者の看護施療院の創設等がございました。明治の時代までは特に看護の專門的技術はなく、看護は家庭の婦人の仕事の一つでした。

明治初年、西洋文化が入ると共に、醫學に關する事も次第に進歩して參りました。西南の役の時、傷病兵の看護に當つたのは同じ兵隊でしたが、病人の氣が非常に荒く、手のつけられない狀態でしたので、試みに婦人が看護に當ることになり、非常に好成績を示し看護は婦人に限ると云うことが實證されました。これが日本の職業的看護婦の始祖となつて居ります。

明治十八年に、京都同志社大學に米國の看護婦が招かれ、日本最初の看護婦學校の土台を作りました。その後正規の訓練を受けた看護婦の必要を感じ段々に立派な養成所ができて參りました。

皆樣。フローレンス、ナイチンゲールと云う名を御存じでせう。

この名を聞いて、看護と云うことを連想しない方はないと存じます。ナイチンゲールは一八二〇年イタリーのフローレンスに

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生れ、裕福な上流家庭に成長いたしました。もつて生れた優しい性格は、やみがたい愛の奉仕への道として、家族の反對をも押し切つて看護婦と云う道を選びました。そして病人、貧民浮浪者等の保護指導には非常に勇敢でした。クリミヤ戰爭に於ては、血まみれとなつて多くの困難をのり越え、傷病者を看病いたしました。

このナイチンゲールこそ、近代看護の創始者であり、「手に燈を持つ婦人」と謳われて居ります。

日本の眞の看護歷史は、これから新しく生れようとして居ります。

優しい女性の皆様、愛と奉仕の心を持つて、險しい道にも常に高くかゝげられているナイチンゲールのローソクの光をみつめ乍ら、明るい新しい旺んな看護の歷史を私達の手で作つて參りませう。

二、最近の看護婦の法令

次に最近の看護婦の法令について一言申上げます。

日本最初の看護婦規則は、大正四年に定められました。その後、國情の變革及び看護婦規則の改正の必要を生じて參りました。

昭和二十二年、保健婦助産婦甲種看護婦乙種看護婦に關する新政令が定められ、昭和二十三年には保健婦助産婦看護婦法として國會を通過しました。この法の中で直接關係の深い甲種看護婦についての法令を見ることに致しませう。

甲種看護婦になるには、甲種看護婦國家試驗に合格して、厚生大臣の免許を受けることになつています。この試驗は、甲種看護婦に必要な學科試驗と技術試驗を含み、その受驗資格は、厚生大臣又は文部大臣の指定した甲種看護婦を養成する學校を卒業した者に與えられます。

この看護婦學校の修業年限は三年間で、入學資格は新制度の高等學校卒業者であることゝなつていますが、當分の間は、舊制

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度の高等女學校の卒業者も入學できます。

看護婦學校は生徒の實習のために、生徒定員數の二倍以上の病床數があり、内科外科小兒科産婦人科等の各科をもつ綜合病院に附屬し、生徒を收容する適當な寄宿舍をもつことになつています。學校は三學年制で一學級につき一個以上の教室があり、その他看護實習室、實驗室（研究室）調理室等を備えることになつています。教師は十五名以上でその中の四人は學校專任の看護婦教師が當ることになつて居ります。

三年間に學ぶ學課の大体は左の通りです。―次のもの、原理及び實習―即ち、一般基礎看護術、解剖生理學、病理學、細菌學及び消毒法、物理化學、藥理學及び調劑法、衛生學、榮養學及び食餌療法、社會學、教育學、心理學、看護の歷史及び看護倫理、内科學及びその看護法、外科學及びその看護法、傳染病學及びその看護法、小兒科學及びその看護法、産婦人科學及びその看護法、精神科學及び其の看護法その他各科等であります。

又これらの學科以外に臨床實習をしなければなりません。臨床實習の一部を述べてみますと、内科外科小兒科その他の臨床各科及び育兒室調理室手術室その他に於ける實習です。尙休暇は週一回の休日以外に年四週間あることになつています。

この法令に基く看護婦學校は、官公立病院等の附屬として、各都道府縣に數校づゝ設置されようとしている學校も數校あります。

なお、その他文部省の指定予定の看護婦高門學校として設置されようとしている學校も數校あります。

三、看護婦の將來について

さて、そこで甲種看護婦の將來について考えてみませう。

既に看護婦の使命、歷史、法律と述べて參りましたので、大体おわかりと存じますが、これらの教育課程を終りますと、專門的職業即ち、「科學的な知識に技術を加え、更に博愛の精神を以て公衆に奉仕する。」と云うお仕事をもつた人となるわけです。

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即ち病院にありましては、病める人々のよき臨床看護婦であり、保健の指導者であり、そして又教育者でもあります。特に甲種看護婦は、知識技術に於ても、又精神方面に於ても要求されるところが多く、指導的立場に立つて病院の任務を遂行する上に重要な人であります。

更に一歩社會へ出れば、一般民衆の保健に公衆衛生の指導に、又良縁あつて家庭の人となれば育兒に家庭看護に、その働らく分野は非常に廣範であつて、その專門的知識の活用によつて危い生命を取止め、又傳染病の流行を防止する等、その業績は枚擧に暇がありません。

將來、皆樣がこの看護の道にお進みになり、教養ある立派な看護婦として、日本の看護婦の水準を世界のそれ迄否それ以上に引上げ、再建日本を本當に健康な明るい文化國家に築き上げて行くと云うことは、最も生甲斐のある仕事であり、又使命ではないでしようか。なお、新法令では、將來保健婦助產婦になるのには必ず甲種看護婦の資格をもつことが必要と定められて居ります。

次項にこの保健婦と助產婦について述べます。

四、保險婦について

保健婦になるのには、甲種看護婦學校を卒業した者が更に一ヶ年間保健婦學校に入つて修學した後、保健婦國家試驗を受けなければなりません。

保健婦は如何にして、健康な生活を營むべきかを指導し、更に他の色々な社會事業の機關と連絡し、共に各家庭をより健康に導くよう努力する許りでなく、病人があればその看護方法も敎えます。

世の中の人が皆健康に惠まれた生活をすることができたら、どんなにか樂しい人生でありましよう。そのようになるため、努

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る大展　　け　　そ　　又力
力する分野に働らくのが保健婦です。保健婦は看護の一分野としてこれからの社會に最も大切な仕事であり、婦人の職業として
又適切なものであろうと思います。

一、保健婦は丈夫で生活するための御相談を致します。
一、保健婦は健康な赤ちやんを生み育てるための御相談を致します。
一、保健婦は病氣を予防するための御相談を致します。
一、保健婦は体に榮養をつけるための御相談を致します。
一、保健婦は病人の看護法の御相談を致します。

五、助産婦について

次に新法令で云う助産婦とはどんな者をいうのか。そしてこの職業がどんなに人類のために明るい希望をもたらすかを申上げましよう。

先づ助産婦になるには次の順序をふみます。甲種看護婦の學校を卒業した後、助産婦學校で一ヶ年學び助産婦の國家試験を受けなければなりません。

次に助産婦の仕事の分野を申上げますと、分娩の介助及び姙婦産婦褥婦新生兒の保健指導であります。

現在日本の乳兒死亡率は米國の二倍という數を示し、一年間に死亡する赤ちやんは二十万という驚き且悲しむべき數を數えて居ります。この乳兒死亡の原因を調査してみますと、その出生前母体姙娠中の生活指導がよろしければ、この悲しむべき結果の大半は未然に防ぐことができると申しても決して過言ではありません。そこで助産婦こそは、次の世代を負う日本のホープを守る鍵となる重要な役割をもつているわけです。

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以上述べましたように、看護のお仕事はこれからの婦人の職業として最も有意義なものと存じますので、新しく職業を選ばれる皆様が國家再建のために、又人生の幸福、人類の發展のために女性のもつ愛と奉仕の心をもつて、この道に進まれますよう御薦め致します。

それではどのような看護婦學校があるか？　學校の内容は？　入學の手續きは？　その他詳しいことについては左記宛お問合せになれば何でも指導して頂けます。

記

全國の學校について

厚生省醫務局看護課宛

東京都港區芝白金台町

日本助産婦看護婦保健協會教育委員宛

東京都澁谷區宮代町一

日本赤十字社病院内

都道府縣内の學校について、

各都道府縣衞生部、看護課又は醫務課看護係

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11

2-H

Collection of Nursing Students

Future nurses?

A class: graduates of 6-3-3 system or girls high schools

B class: 6-3 system or high class primary school graduates.

There are under collecting in all training schools throughout Prefecture at present:

For further particulars, please refer to the medical section of the Sanitation Department, Nyoso Prefecture (telephone-(4)2340).

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I. CAS D

COMMITTEE FOR RECRUITMENT:

Nurses Association Chief, Medical Association Chief, Prefectural Government doctor and nurse - a few doctors and nurses from leading hospitals, (MG, Ed, Inf, nurse,) Man in Japanese Government who is Chief of Education.

RESULTS OF CONFERENCE:

Program committee to draw up plan.
Sponsored by Medical Association - Nurse's Association - Prefectural Government
Arrange dates for talk - young attractive nurse
Film - Lady of Science
Booth, posters, pamphlets, etc.
Older nurse to supervise
Arrange for some time:
Radio announcements.
Announcements for movie's screen
Store window displays
Pamphlets
Tours to hospitals
Arrange meeting with vocational guidance teachers

To call a meeting after plans completed and notify MG nurse.

OUTCOME OF CONFERENCE RE RECRUITMENT:

1. To ask SCAP re national broadcast for recruitment.
2. To ask SCAP re newspaper series for recruitment. Data - ~~No~~ yes.
3. There are about 44 H/S in Kyoto Prefecture. 100 grad ~~No~~ yes. each school.
4. A principals and vocational teachers' meeting will be called.
5. National hospital will determine possibility of window display.
6. Two nurses from each hospital will give talks and show movies.
7. Miss Nagai to do radio script.
8. P.H. Section - public address system
   Take care of printing pamphlet
   See re slide for movie.
9. posters - information section.
10. Mr. Tsutsumi take care of newspaper publicity.
11. Miss Okabe to write series of articles for paper.
12. Nurses to participate in singing contest.
13. Program sponsored by Med. Assoc. - Nurses Adsociation - Prefectural Government.

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REPORT OF COMMITTEE MEETING GIVEN BY NAGAI-SAN

I. Sujaku High School (near Nijo Castle) on 11/15/48 @ 9 a.m. Talk to recruit nurses to High School principles.

II. Conference Room at Kyoto Pref. Govt - talk with guidance and soiology teachers re nurse recruitment 10 -12 noon. 11/24/48

III. Date for private School principles later.

IV. Dept Store - posters in window if name of Pref. Govt. Ministry of Welfare - MG on poster.

V. Press - one statement in all papers in Kyoto Pref. on same day.

VI. Reinvestigation for street broadcasting front of R.T.O.

VII. High School dates for film to be given later.

~~VIII~~. Transcript of broadcast to be submitted - from Welfare Ministry.

IX. Pamphlet - Pref. Govt.

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2-H

SCHEDULE FOR MOTION PICTURE

Date	Time	Place	Name of h.c.	Due Nr.of Schools	Due Nr.of Students	Remark
Jan.29	9.30 A.M.	Aioi h.school	Aioi h.c.	6	500	
Feb. 1			Itami h.c.	6	600	
" 2			Nishinomiya h.c.	13	1300	
" 3			Amagasaki h.c.	9	900	
" 4			Ashiya h.c.	10	1000	
" 7			Sanda h.c.	3	300	
" 8			Sasayama h.c.	4	400	
" 9			Toyooka h.c.	4	400	
" 10			Wadayama h.c.	5	500	
" 11	9.30 A.M.	Shochikuza theater in Kobe city	H.Centers in Kobe		2000	
" 14			Himeji h c.	8	800	
" 16			Kakogawa h.c.	6	600	
" 17			Tatsuno h.c.	5	500	
" 21			Akashi h.c.	8	800	
" 22			Yashiro h.c.	5	500	
" 23			Hojo h.c.	5	500	

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映畫開催予定日割表

指定月日	開催時刻	開催場所	保健所名	対象学校推定数	今上推定生徒数	備考
一月二十九日 二月一日	午前九時三十	相生	伊丹保健所	五 六	五〇〇 六〇〇人	
〃 二日			西宮 〃	一 三	一 三 〇 〇	
〃 三日			尼崎 〃	九	九 〇 〇	
〃 四日			芦屋 〃	一 〇	一 〇 〇 〇	
〃 七日			三田 〃	三	三 〇 〇	
〃 八日			篠山 〃	四	四 〇 〇	
〃 九日			豊岡 〃	四	四 〇 〇	
〃 十日	午前九時三十	相生	和田山 〃	五	五 〇 〇	
〃 十一日			姫路 〃	八	二〇〇〇 八 〇 〇	
〃 十四日			加古川 〃	六	六 〇 〇	
〃 十六日			竜野 〃	五	五 〇 〇	
〃 十七日			相生 〃	五	五 〇 〇	
〃 十八日						

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	〃 二十三日	〃 二十二日	二月二十一日
	北條 〃	社 〃	明石保健所
	五	五	八
	五〇〇	五〇〇	八〇〇

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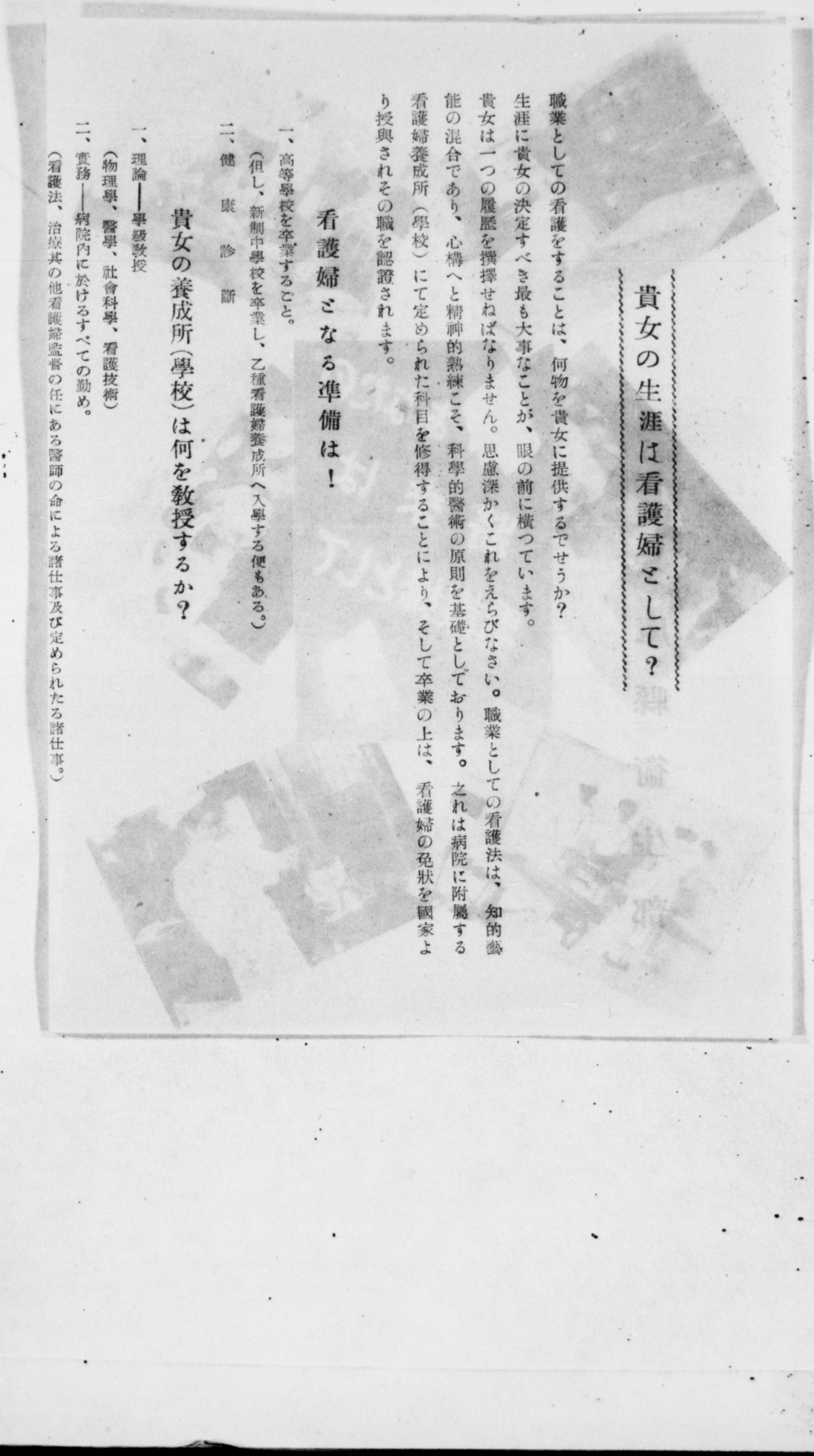

貴女の生涯は看護婦として？

職業としての看護をすることは、何物を貴女に提供するでせうか？

生涯に貴女の決定すべき最も大事なことが、眼の前に横つています。

貴女は一つの履歴を撰擇せねばなりません。思慮深かくこれをえらびなさい。

能の混合であり、心構へと精神的熟練こそ、科學的醫術の原則を基礎としております。

看護婦養成所（學校）にて定められた科目を修得することにより、そして卒業の上は、

り授與されその職を認證されます。看護婦たる準備は！

一、高等學校を卒業すること。

（但し、新制中學校を卒業し、乙種看護婦養成所へ入學する便もある。）

二、健康診斷

貴女の養成所（學校）は何を教授するか？

一、理論——學級教授

（物理學、醫學、社會科學、看護技術）

二、實務——病院内に於けるすべての勤め。

（看護法、治療其の他看護婦監督の任にある醫師の命による諸仕事及び定められたる諸仕事。）

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三、すべての甲種看護婦（高校卒業者が養成後取得する資格）は國が定めた標準通りの方法によつて、三ケ年の基礎科目を終了せねばなりません。

四、すべての乙種看護婦（新制中學校卒業者が養成後取得する資格）も國が定めた標準通りの方法によつて、二ケ年の基礎科目を終了せねばなりません。

何處へゆけば？

貴女の入學したい看護婦養成所の決定については、その前に貴女の縣の衞生部醫務課看護係の係員とよく御相談下さい。貴女の滿足すべき方針が定まることでせう。

費用は？

貴女の養成中の費用は、たゞ時間だけのことです。それで名譽ある職業が與へられるのです。

貴女の將來

一、看護婦は常に必要です。

二、貴女は日本國中、何處でも從事できます。

三、貴女は、專門的な履歷の持主です。

四、仕事に從事しながら、世界の新知識がどん／＼と勉强出來ます。

五、そうして、貴女の將來は希望に輝き渡つております。

看護婦養成所には

貴女の先輩であり、貴女の良き友でもある保健婦、助產婦、看護婦長などが、貴女を指導してくれるでせう。

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兵庫縣指定保健婦看護婦養成所一覽表

看護婦養成所

縣立醫科大學附屬醫院看護婦講習所（神戶市生田區補町）
日本赤十字社兵庫支部姬路病院看護婦養成所（姬路市龍野町五丁目）
同　普通看護婦ノ部（姬路市龍野町五丁目）
公立豐岡病院附屬看護婦養成所（城崎郡豐岡町）
西宮回生病院附屬看護婦養成所（西宮市大濱町二丁目）
湊川病院私立神戶助產婦看護婦學校（神戶市兵庫區湊川町三丁目）
神戶市立市民病院附屬看護婦養成所（神戶市長田區三番町）
恩賜財團濟生會兵庫縣病院看護婦養成所（神戶市葺合區日暮通五丁目）
財團法人甲南病院附屬看護婦養成所（武庫郡住吉村）
兵庫縣醫師會看護婦養成所（尼崎市西御園町）
兵庫縣醫師會姬路市支部附屬看護婦養成所（姬路市本町九七）

國立療養所春霞園附屬看護婦養成所（有馬郡三輪町）
國立兵庫療養所附屬看護婦養成所（有馬郡三輪町）
縣立西宮病院附屬看護婦養成所（西宮市六湛寺町）
國立多井畑療養所附屬看護婦養成所（神戶市須磨區多井畑村）
國立姬路病院附屬看護婦養成所（姬路市本町）

保健婦養成所

縣立保健婦養成所（神戶市垂水區塩屋町二三五）
國立療養所春霞園附屬保健婦養成所（有馬郡三輪町）
兵庫縣立醫科大學附屬保健婦養成所（神戶市生田區補町）
姬路赤十字病院附屬保健婦養成所（姬路市龍野町）
國立兵庫療養所附屬保健婦養成所（有馬郡三輪町）

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看護婦

甲種
乙種

これから

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生徒募集

甲種は6.33制卒又は高女卒

乙種は6.3制卒又は小.高卒

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この看護婦とは

各看

詳細は兵庫縣衛生部医務

兵庫

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目下縣下一
各養成所で募集中

衛生部医務課看護係宛照会して

兵庫縣

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目下縣下

養成所で募集中！

医務課看護係宛照会して下さい

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2-H

HEALTH DEPARTMENT HYOGO PREFECTURE

January 14, 1949

To: Miss Casto,
Chief, Nursing Affairs.
Hyogo Mil Govt Team.

Subject: Plan and compaign for qalling for students of Public Health Nurses' Training Centers, including nurses' training centers designated by Pref. Govt.

I. Ad-posters 1,000 - Prefectural posters.

Distributed among:
(1) Kobe and Himeji Government Railway Station.
Gvt railway station lying between Osaka and Kobe, and other major Gvt railway stations in this Pref.
(2) Electric railway stations in Kobe, run by comapnies.
(3) Each of labor offices in this pref.
(4) Major hospitals in this pref.
(5) Health centers in this pref, including Municipal Amagasaki Health Center.
(6) "Kansai Kisen" ferry (central warf)
(7) Newly created middle schools, and high schools.

2. Written requests. letters 2,000 - sent to all of schools, 600 - from Welfare Ministry

To where letters be sent:
Newly created middle schools, and high schools in this pref.

3. Campaign: lectures and moving pictures - Lady of Science held and shown respectively at 25 points.
Kobe...7 places. Amagasaki, Nishinomiya, Ashiya, Itami, Himeji, Sumoto and Akashi.....1.
Tsuna-gun, Arima-gun, Kato-gun, Taka-gun, Kako-gun, Ibo-gun Akogun, Kinosaki-gun, Asako-gun, Taki-gun....1.

4. Propaganda and advertisement.

(1) Newspaper ad. Thrice appeared at Mainichi, Asahi, and Kobe Shinbun.
(2) Radio broadcasting.
Japan broadcasting Association, Major moving picture theatres.
(3) Each of department stores in Kobe.
Show-window of each of department stores in Kobe for one week.
(4) Photograph pamphlets: 1,000
Photograph shows how nursing students are learning at Nursing school in Tokyo — Himeji -
To where pamphlets are distributed:
Newly created middle schools, and high schools.

T. Tamaki

Dr. T. Tamaki,
Chief

200,000 yen —
- food.
Transportation -

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HEALTH DEPARTMENT HYOGO PREFECTURE 2-H

February 4, 1949

To: Captain, William J. Dickerson,
Public Health Officer,
Hyogo Military Government Team.

Sir,

In an effort to recruit the nursing students among the post-graduates of Girls' High Schools, we decided to hold the following public health film show and enable those now attending in Kobe to enjoy it.

We hereby kindly request for your either of Miss.Casto ~~you~~ to attend the film show and make a speech in connection with our drive for the recruiting of nursing students.

For your information, it is added that the film show, taking the regular business of the theater into consideration, will be punctually shown at the fixed hour.

PLAN OF EDUCATIONAL FILM SHOW RELATIVE TO PUBLIC HEALTH

I. Held under the auspices of: Hyogo Pref. Govt.
I. Sponsored by: Hyogo Military Govt Team.
I. Date held: Beginning at 8.30a.m. Friday, Feb. 11.
I. Place held: "SHOCHIKU" Thearter in Kobe.

P R O G R A M

I. Opening address: Given by Dr.Oshiro, the chief of Public Health Section.
I. Governor's address: Given by Dr.Tamaki, the chief of Health Department.
I. Address by Hyogo Military Govt Team: Given by the chief of Public Health Office.
I. Closing address: Given by Mr.Mori, the chief of General Affairs Section.

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Films offered by Civil Information & Educational Section, ATIS.

Part 1. (1) U.S. in world.....reel
(2) Love along with wisdom also.....1
(3) Domestic treatment of U.S.....1

Part 2. (1) Poliomyelitis (normal situations)
2 reels (shown only for high school students)

Yours truly,

T. Tamaki

Lt. T. Tamaki,
Chief,
Health Department.

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Tuberculosis Health Education I

"What you should know about T.B." ..... 1 - I

"Building a Community Program for T.B. Control" ..... 2 - I

"Tuberculosis" ... by Charles E. Lyght ..... 3 - I

"Tuberculosis, as an Economic and Social Problem" ..... 4 - I

"The Long Adventure" ..... 5 - I

Dramatic Skit "Interview Between a P.H.N. and the Wife of a T.B. Patient" ..... 6 - I

Plain Talk about Tuberculosis ..... 7 - I

Tuberculosis Health Exhibit Displays ..... 8 - I

Forms for Community Mobile Unit Program ..... 9 - I

Movies and Synopsis on T.B. .....10 - I

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H. Ed.
III - Part.

Home Care of Tuberculosis - Film.

For use as Introductory Talk preceding the movie.

6-I

Dramatic Sk. F

Interview -

I want to take a couple of mimutes to talk about the disease that causes over 600 deaths a day in Japan. Can you guess what it is? The answer is tuberculosis.

"Not one of those persons had to die. We don't need to have any tuberculosis. Doctors know what causes TB, how it is spread, and how to prevent it. They know how to stamp it out completely. How? By finding and treating everybody who has the disease.

"Sounds simple, doesn't it? But it isn't simple because in the early stages of tuberculosis the disease gives no warning sings. A person can have TB for months without knowing that there's anything wrong with him. And by the time he does have symptoms of TB, he may be seriously ill. By that time the disease is at an advanced stage, and the sick person will take a long, long time getting well - if he ever does get well.

"And remember, too, that the sick person who hasn't been hospitalized or receiving the right kind of home care is spreading TB germs to you and me - to members of his family, to friends, to people he works with or goes to school with. These people may in turn develop the disease, never suspecting anything - unless we find all the cases.

"That's the only way to stamp out tuberculosis: find all the people who have tuberculosis, put them under treatment at once, and keep their germs from spreading to other people. And that's why every community needs a good tuberculosis control program.

"A good tuberculosis control program takes the cooperation of everybody in the community. Here is what such a program does:

First, it finds the sick.

Second, it treats the patient.

Third, it restores the patient to usefulness.

Fourth, it prevents the spread of the disease, and

Finally, it keeps the patient's family together.

This film is designed to help you know how to give the right kind of "home care" to the TB. patient.

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for factories
PTA groups -
Public at large.

INTERVIEW BETWEEN A PUBLIC HEALTH NURSE
AND THE WIFE OF A TB FATIENT

PHN: Good afternoon, ~~Mrs. Brewster~~.

Mrs. : Oh, you must be the public health nurse. Dr. ~~Franklin~~ said you'd come to talk to me today. (starts to cry)

PHN: Now, don't cry, Mrs. Brewster. I'm here to help you all I can. you mustn't feel that you and your husband are in this fight alone. your doctor, my organization, and through us your government and all the people of the ~~US~~ Japan are behind you, and every family in your situation. Because of the free X-ray given all the employees at your husband's factory, we caught his case early. There's every chance to believe he'll regain his health completely. Do cheer up!

Mrs.: But I don't understand. He's only 33, and he's such a big, husky man. Why, he doesn't even look sick right now!

PHN: Well Mrs. Brewster, that's one of the things which makes tuberculosis so difficult to find and treat. At the very beginning the disease works away inside the body so quietly you never know it's there. That's why we give X-rays or tuberculin tests to school children, workmen, and all the groups we can possibly reach. We'd like every Japanese to have a chest X-ray once a year, no matter how healthy he looks.

Mrs. Brewster: you mean I may have it too? And my little boy? And as you see, I'm pregant. Will my baby be born with it?

PHN: One of the reasons I came to see you was to arrange to have tests made not only of you and your little boy, but of everyone who lives in the house or comes here frequently. We are already making a special check on the men at the factory with whom your husband has been in close contact. As for you unborn child, he cannot be born with TB, but he can catch it from you or others in the family after his birth. We'll certainly try to make sure that won't happen!

Mrs. B: poor Jack!! If he finds he's given us, or one of his friends, TB, he'll never get over it.

PHN: It's better to find that out, right away. No one can be blamed for spreading the disease when he didn't know he had it. However, now that he DOES know, he must be on guard all the time against infecting others. As you know, we are waiting for a bed in the state sanitorium, ~~to be free~~. There, he'll be safe from the danger of infecting others. But in the meantime he will be in bed here at home and you must help him learn to remember always that he has a serious and extremely contagious disease.

Mrs.: yes, of course, I understand. I have already begun to use special dishes for his meals, and to boil them afterwards.

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PHN: Good. That's important. And of course you know that none of you should ever kiss him on the mouth. Then, be sure he covers his mouth with a handkerchief when he coughs,, for the vapor, filled with germs, can infect anyone who is close by. people who cough with out covering their mouths, or spit in public places, are among the worst culprits in the spreading of TB. Then too, your husband's bed clothing is likely to be filled with germs. Never let your little boy, or any visitor, climb up or sit on the bed. Keep his toilet articles separate. And boil everthing possible which he has used, like bed linen, clothing and towels. Books can be disinfected by leaving them in the strong sun for hours. After he goes to the sanitorium, you should clean and air his room throughly, using strong soap, hot water and disinfectant.

Mrs.B: Isn't it certain that I have caught it?

PHN: No, by no means. Many people have an immunity to the disease because they had a very slight infection of it as children. very likely your husband had some immunity too. But last winter, you remember, he had a severe attack of influenza, went back to work too soon, had a relapse..and then dragged on through the winter with a rundown feeling. During that period, he quite possibly was exposed to someone with active TB..perhaps just sitting beside someone in a bus for a few minutes, But because his body was weakened, it couldn't throw off the germs he took in. The disease got a foothold,and now his lungs show several definite spots of infection.

Mrs.B: Nurse, one of my worst problems is keeping Jack in bed. He's only been home these last two days, since the Dr. told him he had TB, and he doesn't really feel very sick...He wanted to come ~~down~~ in ~~stairs~~ last night for supper, and he hates asking me for the bed pan...Is it really very important that he lie in bed all the time?

PHN: yes, it is. VERY important.. you see, the best weapon we have against TB is the body itself. And the body can only fight if it rests. When a person moves around, even just walking down the hall, he is breathing deeper and oftener than if he is lying still. Sometimes in severe cases, the doctors make a lung rest by artificial means..that is, by keeping it from working at all, with a surgical operation. When your husband gets to the sanitarium they will be very strict with him, and he will find it easier to rest because all the other patients will be resting too. It's easier to be ill in a hospital than at home.

Mrs.B: well, I don't know. Jack hates the idea of going. That was another thing I wanted to talk to you about. The Dr. says he absolutely must go, as soon as a bed is available, but Jack wants to stay here.

PHN: We have found that home care is only an emergency measure, no matter how good it is. No home can provide the care and the atmosphere provided in a good sanitarium.

Mrs.B: ~~But~~ it's ~~only~~ in the state capital. I thought ~~they sent TB~~ patients ~~out west~~, or to northern New York state...not that we could afford anything like that.

so far away.

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PHN: Nowadays, we don't ship TB patients around the world looking for ideal climates, as we used to. Rest, both mental and physical, good diet and proper medical care are the necessary things, and they can be provided almost anywhere. Your husband needs lots of fresh air, but Drs. no longer will prescribe very cold temperatures for him, nor will they rush him to the desert. In fact, since his tuberculosis is in the lungs, too much sunshine is not good for him. Lots of sun is usually recommended now only for patients with TB of the bones.

Mrs.B: There's another thing I've been worrying about..though of course I haven't said a word to Jack. But he's been doing heavy work at the plant. What if..when he gets home, the Dr. says he can't work there any more.?

PHN: That's very possibly just what the Dr. Will say. Even after he's cured, your husband will have to have more rest and lighter work than he otherwise would, in order to avoid a relapse. When he gets up and around in the hospital, they will teach him handicrafts or other activities he can enjoy, and perhaps use to some profit when he is released. I've known quite a few patients who were forced by TB to change jobs, and liked the new ones much better than the old ones!

Mrs.B: Really? Why, you know, Jack used towrite for the ~~pulp magazines,~~ before I married him. He got into the factory during the war and it pays very well, of course.. but now, maybe he could make a living writing!

PHN: That's certainly a possibility. You might remind him that ~~SS Van Dine~~ and several other famous authors began to write because they had given up other work due to ill health! Well, If I've answered all your questions, let's begin making our list of your close friends and relatives who should be given chest X-ray soon...

Interview c̄ P.H.N.

保健婦ト結核患者ト面談

保—今日は、、、様

妻—オ、貴女は保健婦さんでせう—お医者さんが当女が今日私に會ひに来られると申して居られました（泣き出す）

保—サテ—様そうお泣きなさらないでもさい、私のできるだけの事をしてお助けしようと思ってあがったのです、当女と御主人だけで病気と戦うと思われていいけませぬ貴女の後ろにハ医師、私の如や政府や国民の凡べてが居ります、又当女と同じ立場の御家族も居られます当女の御主人の工場の皆様の×光線をとりましたので御主人の御病気が早く判明したのです、御主人ハ本のお躰に恢復の見込ハ充分ですから御安心下さい

妻—けれど、私ハ諒解できる事ります、私の主人ハまだ三十三歳ですで御覧の様に大きな丈夫な男です、何故でせうか、病気とハ信じられません

保—それが結核の発見や治療を困難にする基になります極、最初の中ハ当女が到底知り得ない程静かに体の内部で活動するのです、それがたゞ私達ハ「ツバイリン」検査や×光線検査を学校児童、労働者その外手の届くかぎりありとあらゆる團体ニ行なって居ります私達としてハ国民、健康そうに見ゆる人でも、一人残らず年ニ一度ハ是非×光線をやっていただきたいと思ひます

妻—貴女ハ、私や、私の小さい子供も結核おとおりしやるのですか、御覧の通り私ハ姙娠して居りますがこの私の子供ハその病気を持って生れてくるのですか

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

保健婦ト結核患者ト面談

保―今日は、、、様

妻―大、貴女は保健婦さんでせう―お医者さんが貴女が今日私に會ひに来られると申して居られました（泣き出す）

保―サテ―様そうお泣きなさんなさいでもよい、私のできるだけ御主人だけで病気と戦うと思ってあがったのです、貴女と後ろには医師、私の処や政府や国民の反べてが居ります、又貴女と同じ立場の御家族も居られます、貴女の御主人の立場の皆様ノ×光線をとりましたので御主人の御病気が早く判明したのです、御主人は本のお躰に恢復の見込ハ充分ですから御安心しなさい

妻―けれど、私は諒解できる事ですが、私の主人はまだ三十三歳です、御覧の様に大きな丈夫な男です、何故でせうか、病気とは信じられません

保―それが結核の発見や治療を困難にする基にあります、極最初の中は貴女が到底知り得ない程静かに体の内部で活動するのです、それがたゞ私達はつツバイリエレ検査や×光線検査を学校児童、労働者その外手の届くかぎりありとあらゆる團体ニ行なって居ります、私達としては国民、健康そうに見ゆる人でも、一人残らず年二一度は無料×光線をやっていただきたいと思ひます

妻―貴女は、私や、私の小さい子供も結核だとおっしゃるのですか、御覧の通り私は姙娠して居りますがこの私の子供は多病気を持って生れてくるのですか

DECLASSIFIED E.O. 12055 SECTION 3-402/NNDG NO. 552013

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

保―私が今日あがりました理由は貴女やお子供だけではなく
あなたのお家に同居の方やお出入りなさる方々に検査
をするための手續に来ましたのです。貴女の御主人の工場
の方で御主人と特に交渉の多い方に対しては已に検査をして
居ります。貴女の近々産れくるお子さんは、結核を有って
いうまれてきます先が、産れてから後で貴女が御家内の方
からうつるでせう。発生しない様に確実にやって見ませう。

妻―気を毒な人(夫の事)若し彼れが私達又は彼の友人の一人
に結核を伝染さした事を知ったならば容赦しないでせう。

保―直ちに発見することは一層よいことです。自分で病気を有つ
ことを知らず、うつした事には別に不名誉でもありません
が今はも早や結核であることを知った以上は他人にうつさ
ぬ様に事業、蔑らねばなりません。御承知の通り、国立の
療養所では無料で入院でき様設備ができて居ります
そこだと誰にも伝染する心配もなく全く安全です。
だが家庭に於て病床にあって貴女がお助けされる中は
彼が重い伝染病を有って居ると云ふことを常に心に
留めておかねばなりません

妻―左様、勿論、私はよく諒解して居ります。私は已に食事
の皿も彼々食事には別のものを使用して居ります。そして
食後也らず、それを沸し煮して居ます。

保―結構です。それは大変重要なのです。そしてモチロン存じ
のこと、思のますが接吻はいけません。咳をする時は必
らず口にハンカチをあてる様にして下さい。水蒸気には病原
菌を含んで居り接近する誰にでも伝染するのです。
口を覆はず、公けの場所にて咳をしたり嚏をはく人は結核
を伝播さすことにれて最悪の罪人と申すべきです。そこで
又貴女の御主人の寝具衣類は病菌で充満して居ます

保―私が今日あがりました理由は貴女やお子供だけではなく
あまたのお家に同居の方やお出入りなさる方々に検査
をするための手續に来ましたのです。貴女の御主人の工場
の方で御主人と特に交渉の多い方に対しては已に検査をして
居ります。貴女の近く産れくるお子さんは、結核を有って
いうまれてきます先が、産れてから後で貴女が御家内の方
からうつるでせう。発生しない様に確実にやって見ませう。

妻―気を毒な人（夫の事）若し彼れが私達又は彼の友人の一人
に結核を伝染さした事を知ったならば容赦しないでせう

保―直ちに発見することは一層よいことです。自分で病気を有つ
ことを知らず、うつした事には別に不名誉でもありません
が今は早や結核であることを知った以上は他人にうつさ
ぬ様に事業、殺らねばなりません。御承知の通り、国立の
療養所では無料で豊入院でき様設備ができて居ります
そこだと誰にも伝染する心配もなく全く安全です。
だが家庭に於て病床にあって貴女がお助けされる中は
彼が重い伝染病を有って居ると云ふことを常に心に
留めておかねばなりません

妻―左様、勿論、私はよく諒解して居ります。私は已に食事
の皿も彼々食事には別のものを使用して居ります。そして
食後也らず、それを沸煮して居ます。

保―結構です。それは大変重要なのです。そしてモチロン存じ
のこと、思ひますが接吻はいけません。咳をする時は必
らず口にハンカチをあてる様にして下さい。水蒸気には病原
菌を含んで居り接近する誰にでも伝染するのです。
口を覆はず、公けの場所にて咳をしたり喫をはく人は結核
を伝播さすことにたて最悪の罪人と申すべきです。そこで
又貴女の御主人の寝具衣類は病菌で充満して居ます

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貴女の小さいお子さんやお客さん達を決して病床にあげたり
座らしていけません。彼の化粧道具ハ別にすること、寝具の
カバー、衣類、タオル等彼の使用したものは全部出来るだけ
煮沸すること、書籍類ハ二三時間強い日光にさらし消毒する。
療養所へ入院後彼の室を強力な石鹸、熱湯等他消毒
剤を用ひて隅々まで消毒掃除して空気を通すこと。

妻―私が罹て居ることハそれは真実ですか

保―否、多くの人々は小人時代に軽度の感染をして居りたりこ
該病に対する免疫質を有して居り事が出る各期に、男女ハ
内気臆でせう、激しき感冒（インフルエンザ）に罹り後あまり早く働きはじめ
たのがいけなかった、そして各期中弱り切った気持ちで鬼き
づりて行たのです、その期間中彼ハ活動する結核を持つ他の人にあり
曝された日と云ふことも あり得たわけです、恐らくバスの中で数分
間誰かの傍に一寸座して居た時に、彼の体が弱りて居たため
あり入れた病原菌を投げ棄てることが出来なかったのです
で、この病気が足止めを得て彼の肺が傳染した数点の形
相を表わした次第です。

妻―看護婦さん、私として最悪の問題ハ丈を病床にじっと
臥かしておくことです、彼ハ今日で二日目家に居ただけです
が医師ハ彼に結核であることを告げたのです、で、彼として
ハ自分が実際病気であるとハ思わないのです、昨晩
の如き食事に階段を降りたがりました、便器を私に程む
のを嫌がるのです、始終床に臥して居ることが、ほんとに
そう大切なのですか

保―ハイ、左様、それハ大変に大切なのです、結核に対しての最良
の武器ハ体力です、身躰を休養すれば戦闘力ができる
のです、人が穴の中にありて行く時でも一寸回移した時にハ彼ハ
深かく思う多くの度数の呼吸を、静かに横臥する時なりて、
して居るのです、重態の時にでも医師ハ人工の方法にて

貴女の小さいお子さんやお客さん達を決して病床にあげたり
望らしていいけません、彼の化粧道具ハ別にすること、寝具の
カバー、衣類、タオル等彼の使用したものは全部出来るだけ
煮沸すること、書籍類ハ二三時間強い日光にさらし消毒する、
療養所へ入院後彼の室を強力な石鹸、熱湯その他消毒
剤を用ひて隅々まで消毒掃除して空気を通すこと、

妻―私が罹って居ることハそれは大変ですか

保―否、多くの人々は小人時代に軽度の感染をして居りたりこ
該病に対する免疫質を有して居り事が出る全期に、男女ハ
小気臆でせう、識しき感冒（インフルエンザ）に罹り後あまり早く働きはじめ
たりがいけなかった、そして全期中弱り切った気持ちで見き
づりて行たのです、その期間中彼ハ活動する結核を持つ他の人にも
曝されたとみることも多あり得たわけです、恐らくバスの中で数分
間誰かの傍に一寸望して居た時に、彼の体が弱りて居たため
多く入れた病原菌を投げ棄てることが出来なかったのです
で、この病気が足止めを得て彼の肺が侵染した数点の形
相を表わした次第です、

妻―看護婦さん、私として最悪の問題ハ丈を病床にじっと
臥かしておくことです、彼ハ今日で二日間家に居ただけです
が医師ハ彼に結核であることを告げたのです、で、彼として
ハ自分が実際病気であるとハ思わないのです、(昨晩)
の如き食事に階段を降りたがりました、便器を私に整む
のを嫌がるのです、如経床に臥して居ることが、ほんとに
そう大切なのですか

保―ハイ、左様、それハ大変に大切なのです、結核に対しての最良
の武器ハ体力です、身躰を体養すれバ戦闘力ができる
のです、人が穴の中におりて行く時でも一寸回移した時にハ彼ハ
深かく多く多くの度数の呼吸を、静かに横臥する時よりも、
して居るのです、重態の時にでも医師ハ人工の方法にて

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肺を休ましますが、そ水ハ外科手術を以て少しも働かさない様にするのです。貴女の御主人が療養所に入院さ水ゝバ所ゟ達ハ中々嚴格ニ御主人を取扱ふでせうが御主人の方でハ休養して居る方が寧ろらくに感じられるでせう、何故と申しますと他の患者さん達が皆休養して居りますから、家庭に居るより病院に居る方がらくです。

妻―サテ、私にハよく、わかりません、彼ハ病院へ行くことを嫌らふのです。私の申上げたいのは他の事ですが寧ろハお医者さんハ絶対に入院せまいといけまいと申さ水ますし、彼ハ家に居たいと申します。

保―どんなによいと申しましても家に居ることハ一時の非常処置ニすぎず家庭でハ療養所内の様な行届いた手當や扮意気と違ひます。

妻―だが、そ水ハ大都市の中だけで、結核患者ハ……の方へとか又ハ……の方へ送ら水たと思って居ますが、そこでハ今おっしゃった様な行届いた手當ハできないとか、

保―今日でハ結核を理想的な気候の地を求めて世界中へ送ると云ふことハありません、休養、良い食事、適當な医療手當が精神的にも肉体的にも必要です、こう云ふ設備が太低の處ニ整ひて居ります、貴女の御主人ハ新鮮な空気の大量を必要とするのです、が医師ハ御主人のために非常ニ寒い地とか砂漠なんかは、いけないと云ふでせう、實際彼の病気が肺結核である限りあまり、つよい日光ハよくないのです、大量の日射ハ骨の結核患者さん達にのみ必要なのです。

妻―私の心配して居ることハ今一つあるのです尤も夫にハ話しませんでしたが、彼ハ工場に於てハ重労働に従事して居りました、お医者さんの話でハ其處でハこの後働けないとか、

肺を休ませます、そ水は外科手術をして少しも働かさない様にするのです。貴女の御主人が療養所に入院されましたら、違い中々厳格に御主人をお扱いでせうが御主人の方では休養して居る方が寧ろらくに感じられるでせう、何故と申しますと他の患者さん達が皆休養して居ります為、家庭に居るより病院に居る方がらくです。

妻―サテ、私たいによく、わかりますが、彼は病院へ行くことを嫌らふのです、私の申上げたいのは他すまでもありますがお医者さんは絶対に入院せないけないと申さねますし、彼は家に居たいと申します。

保―どんなによいと申しましても家に居ることは一時も油断出来ずお座敷で療養所内の様な行届いた手当や物質気と違ひます。結核患者は、この方々とかく又は、ここの方、送られたと思って居ますが、そこでは今おっくやられます行届いた手当はありますまいか、

保―今日では結核を理想的なまでに世界中へ送る気候の地を求めて養、良い食事、適当な医療手当が精神的にも肉体的にも必要です、こう云う設備が大低の処に整って居ります、貴女の御主人は新鮮な空気の大量を必要とするのです、が医師は御主人のために油断ならないところです、皆際彼の二度い地とか砂漠とかは、いけないところです、皆際彼の御主人は結核である限りつよい日光はよくないのです、大量の日射は骨の結核患者さん達にも必要なのです、

妻―私の心配して居ることより今一つあるのですもと夫にい話しませんでしたが、彼は工場において重労働に従事して居りました、お医者さんの話では其処でいこの後働けないとか、

DECLASSIFIED E.O. 12958 SECTION 3-405/NNDC NO. NN 2013

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保――その医師のおっしゃった事ハ尤もの事です、御主人の帰還後
も当時当分休養を続けねバなりません、そして何か軽るい職
業に就かねバなりません、そうしませぬと又再発する虞れがあります
それ等病院の社会事業家、貴女の地方の人達、地方の組合
協会等がこの問題を解決するために協力してお助
けするでせう、彼れが病院を退院した時には、彼れを
喜ばすことの出来るような手仕事又ハ他の働きに就いて
話合ってから激励するでせう、それハ躰で退院した際には
何か利益をもたらすことゝ信じます。私の知って居る二三の患
者ハ結核のために職業を変へることを余儀なくされ前の
職業よりも都合よいと喜んで居ります。

妻――それハ真実(ほんと)ですか、御存知ですか私の夫ハ安雑誌に探偵
小説を載せて居りました、それハ私と婚姻前です、戦争中
ニ工場に入り収入も多うございました、今と変っては生活
費を稼ぐために又書き物をせすまいますか知らん、

保――それハ恐らく出来るでせう、貴女ハ貴方御存じでせう
……氏を、その他二三有名な著述家ハ健康上の
理由で他の仕事を捨て、書きはじめたのです、サテ
貴女の御質問に全部御答へしましたか知らん、ではこれ
から又X線検査をするために貴女の親しい御友達、
御親戚の皆さんの表を作成なさって下さい。

終

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

保 ― その医師のおろくやった事ハ尤もの事です。御主人の恢復後
も尚ほ當分休養を續けねばなりません。そして何か輕るい職
業に就かねばなりません。そうしませぬと又再発の虞れがあり
それ等病院の社會事業家、老女の地方の人達、地方の結核
協會等がこの問題を解決するために協力してお助
けするでせう。彼れが病院まで起床した時にハ、彼れを
喜ばすことの出來るような手仕事又ハ他の傷きに就いて
所有達から教示するでせう。それハ躾て退院した際にハ
何か利益をもたらすこと、信じます。私の知る居る二三の患
者ハ結核のために職業を変へることを余儀なくされ前の
職業に却ってよいと喜んで居ります。

妻 ― それハ眞実ですか、御存知ですか私の夫ハ安雑誌に探偵
小説を載せて居りました。それハ私と婚姻前です。戦事中
二工場に入り收入も多うございました。今となりてハ生活
費を稼ぐために又書き物をできゝますか知らん、

保 ― それハ恐らく出來るでせう貴女ハ多分御存じでせう
……氏を、その他の二三有名な著述家ハ健康上の
理由で他の仕事を捨て、書きはじめたのです。サテ
貴女の御質問に全部ハ答へしましたか知らん、ではこれ
から×光線檢査をするために老女の親しい御友達、
御親戚の皆さんの表を作成さして下さい。

終

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

9-I

Here are Firms - Lor Community X-Ray - with Mobile unit.

Think we might be able to revise some of them? Could make a folder with this material for the Japanese and then let them plan their own program from the material.

I.C.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

Employees Mutual Benefit Association
of the Frank G. Shattuck Co.
in cooperation with the
New York Tuberculosis & Health Assn., Inc.

To:

It's good news! Your chest x-ray taken..... has been carefully reviewed and the condition of your lungs appears satisfactory. However, this does not mean that tuberculosis may not develop at some future time. We urge that you have your chest x-rayed once a year.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

Record for all who receive X-Rays.

Please Print or Type

X-ray No. 9-I

Name .....
Last Name First Name

Address .....
Street Borough or City State

Age..... Sex..... Married..... Single.....

Occupation .....

Department .....

Name of Firm .....

C-15M-3-47

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

Notification Reg. Negative X-Ray.

Date .....

To:

9-I

It's good news!

We are happy to inform you that the X-ray picture of your chest taken on the above date has been carefully reviewed by a specialist and the condition of your lungs appears satisfactory on the X-ray film.

However, this does not mean that tuberculosis may not develop at some future time. We urge that you show continued interest in your health by having your chest X-rayed once a year.

NEW YORK TUBERCULOSIS
AND HEALTH ASSOCIATION

15M-4-47

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DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION, INC.

9-I

CHEST X-RAY SERVICE

Contacts

Name of Firm:

Address:

Person Contacted: Title:

No. of Employees: Type of Work:

Firm contacted on _____194_ By_____ Visit ( ) Phone ( ) Letter ( )

Firm contacted us on_____194_ By_____ Visit ( ) Phone ( ) Letter ( )

FOLLOW-UP:

Mrs. Whitford

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

9-I

NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION

386 Fourth Avenue, New York 16, N. Y.

CHEST X-RAY SERVICE

The Association will:

1. Provide the necessary promotional and educational material including leaflets, posters, motion pictures, bulletin board notices, and copy for house organ.

2. Set up a portable shock-proof X-ray machine in any adequate location in the building.

3. Provide the necessary clerical and nursing staff for the chest X-ray examinations.

4. Provide freshly-laundered halters, if necessary, for all female employees.

5. Take up to 125 full-size 14" x 17" chest X-rays per hour on paper film.

6. Have the X-rays interpreted by chest specialists of the Association.

7. Return the chest X-rays with confidential reports to each individual.

The cost for this complete service is $1.00 per X-ray.

TIME:

The time for each X-ray exposure is 1/10 of a second. The time from work taken by each employee should not exceed 10 minutes.

SPACE REQUIRED:

A room for the X-ray unit, 10' x 10' if possible; and two adjoining rooms that may be used as dressing rooms. However, if such space is not available, we can set up the equipment in any large room and make temporary dressing rooms by hanging curtains, which we will supply.

ELECTRICAL CURRENT REQUIRED:

220 volts (200-250), 60 cycles, single phase or 3 phase may be used, alternating current on feeder lines of 30 amperes capacity or greater. The pull box or master panel should be within 150' of the X-ray unit. Current consumption is negligible.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

9-I

SERVICE REGARDING FINDINGS ON X-RAYS:

1. This is a complete chest X-ray examination.

   a. Individuals whose X-rays show indications of a tuberculous condition will be re-X-rayed and examined at the Central Chest Clinic of the Department of Health at no additional cost. Arrangements for such examinations will be made by the Association. When desired by the individual a report and the X-ray film will be sent to a private physician chosen by the person.

   b. Individuals whose X-rays show indications of a chest condition of non-tuberculous nature will be referred to their private physician.

2. The Association, through its Personal Information Service, will assist in securing the necessary sanatorium care for any individual found to be in need of hospitalization, and will guide his family in meeting the problems which may occur as a result of the illness. This service will also provide supplementary educational materials for the individual's family.

3. The Rehabilitation Service of the Association will provide without cost, vocational guidance, aptitude testing, retraining, and counseling to any person with a history of tuberculosis.

----o----

For further information telephone or write:

New York Tuberculosis and Health Association, Inc.

386 Fourth Avenue, New York 16, N. Y.

Telephone: CAledonia 5-2240

5C 12/46

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

9-I

NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION

386 Fourth Avenue, New York 16, N. Y.

CHEST X-RAY SERVICE

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FRANK KIERNAN, *Executive Director*
GODIAS J. DROLET, *Assistant Director*

9-I

(LETTER TO PATIENT SETTING APPOINTMENT FOR RE-XRAY AT CENTRAL CHEST CLINIC FOLLOWING PHONE CALL TO CLINIC TO ARRANGE TIME)

The x-ray of your chest taken recently shows a condition requiring further examination. It is important that this examination be made at an early date.

We are making an appointment for you to receive this examination at:

Place: Central Chest Clinic
Department of Health
125 Worth Street
New York 13, N.Y.

Time:

Date:

This further examination will be made without additional cost to you.

Sincerely yours,

Examiner

ct

In cooperation with the Department of Health, New York City

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

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9-I

(LETTER SETTING AN PPOINTMENT FOR RE-XRAY WHEN ORIGINAL FILM WAS DEFECTIVE AND NOT SUITABLE FOR A GOOD READING)

Because of a defect in the film, your chest x-ray taken recently could not be properly read and a retake is advisable.

Arrangements have been made for you to have another x-ray taken, without additional cost to you, at:

Place: Central Chest Clinic
Department of Health
125 Worth Street
New York 13, N.Y.

Time:

Date:

Sincerely yours,

Mary Whitford, R.N.
Case Finding Service

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9-I

(LETTER TO CARDIAC PATIENT - BOTTOM OF SHEET TO BE RETURNED TO SUPPLY US WITH NAME OF PRIVATE PHYSICIAN)

Your chest x-ray taken recently showed no signs of tuberculosis but there were some suspicious shadows which indicate the need for medical attention. For your health's sake you ought to see your family physician without delay.

We shall be happy to send your x-ray and a report by our chest specialist directly to your family physician so that he will have this information at hand when you see him.

Please detach the blank below and send us the information concerning your doctor's name and address so that we can make the x-ray available to him before your visit.

Sincerely yours,

Mary Whitford, R.N.
Case Finding Service

MW:CT

TO: CASE FINDING SERVICE, New York Tuberculosis & Health Association

Please send my chest x-ray report and film to:

Doctor_____

Doctor's Address_____

My Name_____

My Address_____

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION, INC.

386 FOURTH AVENUE, NEW YORK 16, N. Y.

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TUBERCULOSIS COMMITTEE

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FRANK D. ROSSOMONDO, M.D.
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GRANT THORBURN, M.D.
DAVID ULMAR, M.D.
HARRY WESSLER, M.D.
VICTOR F. WOOLF, M.D.

(LETTER TO PHYSICIAN, ACCOMPANYING X-RAY FILM
WHEN CARDIAC PATIENT HAS SUPPLIED PRIVATE PHYSICIAN'S NAME)

We have been requested by the above to send you the chest x-ray report which was taken at one of our recent surveys. The findings at that time as interpreted by our chest specialist were as follows:

(FINDINGS ARE FILLED IN HERE)

We are happy to have been of service to you and to your patient. We are sending the film under separate cover.

Sincerely yours,

Mary Whitford, R.N.
Case Finding Service

MW:CT

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

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9-I

(LETTER TO PATIENT NOTIFYING HIM OF OUR SENDING FILM & REPORT TO HIS PRIV.PHYS.)

At your request we are sending the report and your chest x-ray to

Don't delay; visit your doctor for a complete examination and review of your condition. It may not be serious, but it is important however slight. You were wise to be x-rayed; now be smart and follow through on your good judgment for your health's sake.

Sincerely yours,

Mary Whitford, R.N.
Case Finding Service

MW:CT

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

Rehabilitation Service

NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION, Inc.
386 FOURTH AVENUE NEW YORK 16, N.Y.

9-I

Rehabilitation Service - Mrs. Minges.

SCOPE OF SERVICE

In accordance with medical advice, the Service offers tuberculosis patients guidance on adjustment problems in health, social, vocational and recreational areas, and follows their progress over five-year period.

ELIGIBILITY REQUIREMENTS

Residence in Manhattan, pulmonary tuberculosis the chief handicap, negative sputum, age 16 to 50*, sufficient personal stability to follow through on plans.

SELECTION GUIDES

Type of Patient	Possible Services
Public School Student.	Arrangements for suitable school program, after-school supervision, clubs and recreations, long-range guidance toward vocational adjustment.
Worker on limited exercise who may return to former occupation.	Physical hardening on activity relating to occupation. Refresher training to restore previous skills. In highly selected cases, part-time employment when available.
Person needing change of occupation or having no previous work experience.	Vocational guidance including aptitude tests. Advice on types of training available, scholarships, arrangements with schools. Help on job finding. Follow-up on school or job progress.
Employed person having job problem.	Help on adjusting problems of hours, duties or working conditions. Advice on finding more suitable job.
Housewife	Courses in homemaking, nutrition, sewing. Resources for children (nursery or play schools, etc.).

REFERRAL PROCEDURE

Referring agency is requested to make appointment for client, and to furnish any pertinent background information about client. Where referring agency is a medical one, current recommendations regarding hours of daily exercise and status of disease is requested. Forms for this purpose are furnished.

New clients should be referred to Miss Irma Minges, Secretary of the Service, CAledonia 5-2240.

* *
*

*For persons over 50 years of age, the Service will accept if previous work history or skills make job placement possible. Usually programs of a recreational nature can be arranged for persons who exceed the age which industry will accept.

200-5-47

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

HYOGO MILITARY GOVERNMENT TEAM
APO 317

MEMORANDUM:

21 March 1947

CARE OF TYPEWRITERS

1. The following is furnished for the Information and Guidance of all concerned.

2. Although a typewriter is a complicated piece of mechanical equipement it can be said that rarely does the machine "wear out".

IF PROPER CARE IS TAKEN OF THE MACHINE IT WILL PRODUCE SATISFACTORY WORK.

a. The typewriter should be kept clean. When not in use it should be covered. Dust and dirt will collect on the various parts, especially overnight or during extended periods when the air is still and dust particles drop out of the air. Remove dust and dirt with long-handled soft brush, made especially for the purpose; wipe machine with soft cloth.

b. Clean the platen (roller) frequently with cleaning fluid, using soft cloth to rub briskly. Do not use alcohol. Paper will feed into the machine better and will hold tightly when the platen is clean. If the platen is worn and uneven, it should be replaced. However, it may be rubbed lightly with a piece of fine emery cloth to even the surface. Never type with a single sheet of paper in the typewriter - use a "backing" sheet to protect the platen.

c. All machines require oiling. The typewriter should be oiled at frequent intervals. Move the carriage to the extreme left or right, exposing the carriage bar. First clean the carriage bar with cleaning fluid and soft cloth to remove gum and dirt. Apply a few drops of typewriter oil to the bar. First clean the carriage bar with cleaning fluid and soft cloth to remove gum and dirt. Apply a few drops of typewriter oil to the bar. Do this also to the other end of the bar, moving the carriage back and forth so that the oil may be distributed along entire length of bar. Use only typewriter oil-other oils will cause gum to form, impeding the movement of carriage. Apply a drop or two of oil on the two ball bearings that support the carriage. Do not use oil to excess. Other friction parts of the typewriter are assigned to be oiled at only rare intervals. A drop or two of typewriter oil may occasionally be applied wherever these parts are accessible.

d. To clean the type properly, use a small stiff brush dipped in cleaning fluid of some character. Place a cloth over the keyboard to keep it free from soiling. Moisten the face of the type to loosen and dissolve dirt particles; then brush thoroughly. The type on some machines is open and accessible; on others the face plate is easily removed by slight pressure from inside, being designed for this purpose. Do not permit cleaning fluid to run down through the machine, as this will dissolve oil with which it may come in contact. If no cleaning fluid is available, pick out the dirt from type with pin point and brush vigorously; wipe with a cloth.

e. With the exception of noiseless typewriters, changing the ribbon on all standard makes of machines varies but little. Observe carefully how the ribbon is threaded through slotted feeder of the ribbon holder and through slotted feeder of the ribbon holder and through the ribbon carrier, or needle. Wind the ribbon a little to observe it move from one spool to the other Reverse the direction of ribbon by pushing or pulling on wheel handle at right hand side of machine. Sometimes the ribbon may stick, and not reverse itself automatically. It is then necessary to reverse it by hand.

f. Wind the ribbon completely on one of the spools. Engage the shift-lock key. Remove the empty spool first. Detach the ribbon hook or end, and unthread the ribbon carrier by allowing enough slack to permit a loop to the rear of the ribbon carrier. Remove the spool on which you have wound the old ribbon.

f. Attach the loose end of a new ribbon to the empty spool so that it will wind in a direction to leave the ribbon band to the front of both spools. Wind the empty spool a few turns to cover eyelet. The eyelet is several inches from the end of the ribbon and is placed there to prevent ribbon from unwinding completely from the spool: it also snubs the ribbon, causing it automatically to reverse its direction whenever one spool becomes empty.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

CARE OF THE TYPE RITERS (Cont'd)

g. Place the spools in the holders, making sure they engage the metal peg of holder. Pull some slack from the new spool and thread the ribbon the feeder slots of the holders. Place the ribbon back of carrier (needle) loop the ribbon between the prongs of carrier, and wind up the slack. Check the operation of spools by winding slightly in both directions. Leave ribbon to wind on the empty spool by itself.

Assigned for use in: Health Center

九. 色。

箱ト是ハスレートブリュー(或ハ青色)。

吹泡シト表題ハ白地ニ黒字。

凹ミノ部屋ハ色彩ノエ夫ヲ施シタ赤ヤ白デ

模様ヲツケタ。明ルイ黄色デ塗ル。

紙デ囲メタ入ル所ハ白紙ノ色ニ塗ル。

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一、健康ヲ保テ丈夫ニシテ居ルニハ何ウスレバヨイカ知ツテ居マスカ。

二、毎日屋外デ何カ娯シミヲトリマス。

三、充分睡眠ヲトリマス。大人デモ八時間乃至十時間ノ睡眠ガ必要デス。

四、毎年一度ハ胸部レントゲン検査ヲ含メタ身体検査ヲ受ケマス。

五、風呂ハ成可ク度々入浴スルコト

六、毎日正シイ食事ヲトルコト

七、保健問題ニ関シ、日本ノ青年及ビ大人ヲ再教育スルプログラムノ一部トシテ保健所内ニ使用スル目的デ設計サレタ物。

八、大キサハ、42″高サノ折疊式足デ支ヘラレタ35″×6″×12″ノ箱。此ノ陳列箱ハグ×6½″×5″ノ五ツノ四ニ分割サレ、上部ハ照明サレテ居ル。箱ノ前部ハ下ニ低下シテ居テ標題ヲ掲ゲル。25呎ノ紐ヲ取付ケテ置ク、箱及ビ脚ハ持運ビ容易ノ爲柱メテ輕クスル。

CARE OF THE TYPE LITERS (Cont'd)

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7. Designed for use in: Health Centers as a part of reorientation program of Japanese youth and adult group concerning problems with regard to the public health.

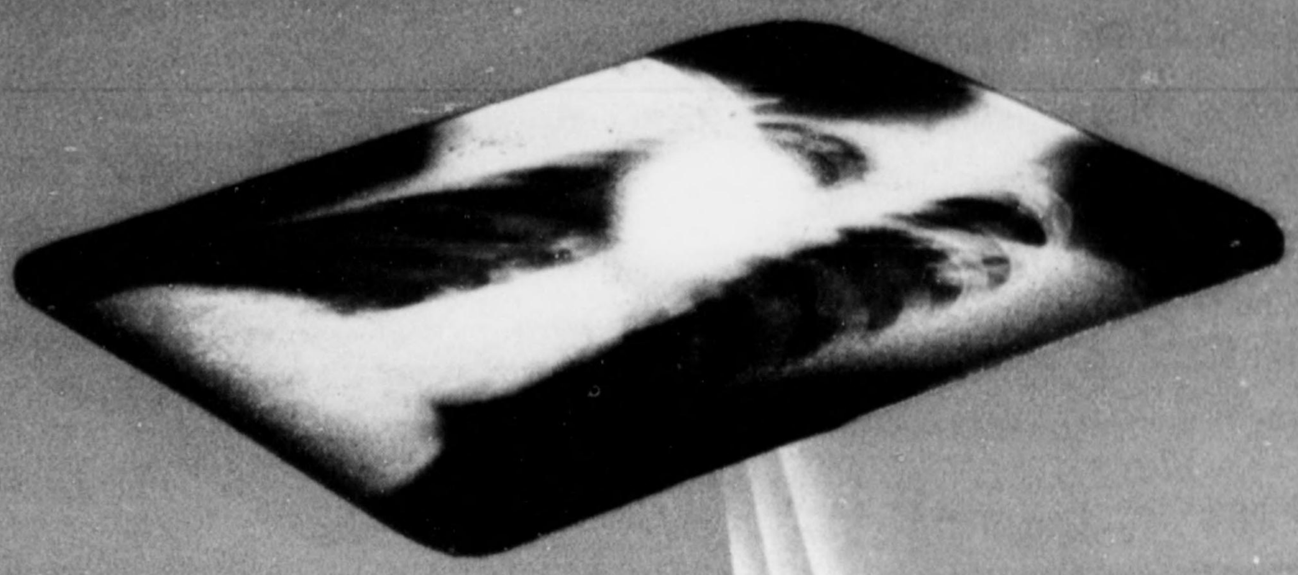
7' 8" - width

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

8-I

X-RAY



will show

tuberculosis

long before

you feel sick

FROHLICH

TB

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

things you'll want to k

TB in the lung can be found long before you feel sick. An X-ray picture of the chest and an examination by a good doctor will tell whether you have tuberculosis. If TB is found early and you start treatment at once you can get well again. If TB is *not* found early, getting rid of it is a tough job.

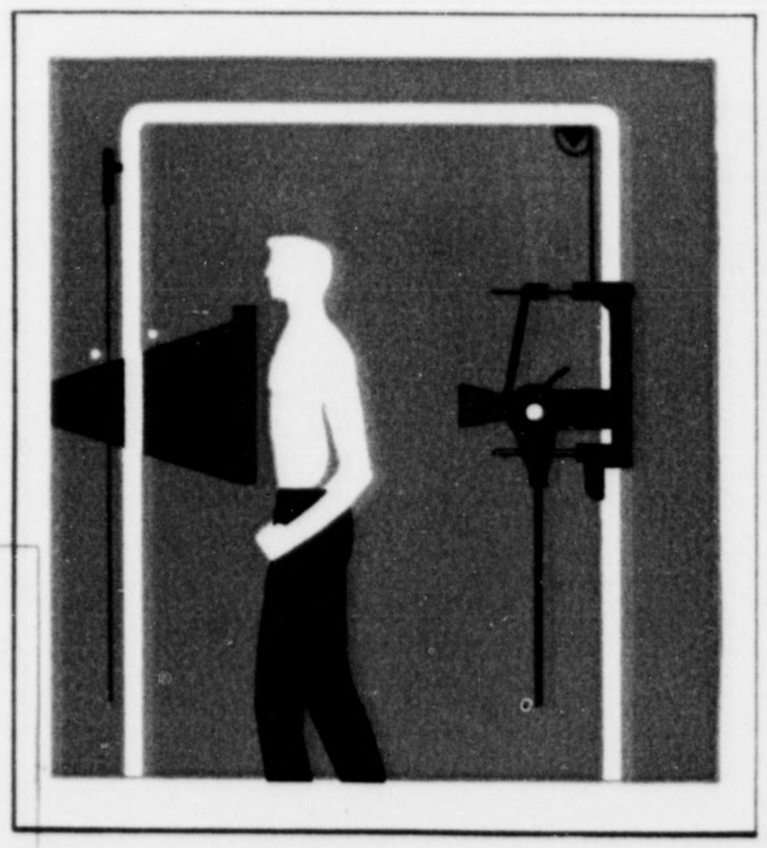
When TB germs make a home in the human body, they usually enter the lungs. Then one of three things can happen:

1. A healthy body may fight off all the germs. This is especially likely if the number of germs is small. Your *body resistance* is on the job all the time getting rid of dangerous germs. Many people don't know that their bodies have fought a round with tuberculosis germs and have come out the winner.

WHY X-RAY? . . .

Very often an X-ray picture shows scars of old battles.

2. Sometimes the body can't defeat *all* the TB germs. Millions of people have



Take a deep breath — Hold it. That's all.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

now about chest x-rays

TB germs living in their bodies. These germs wait for *body resistance* to weaken. The body holds its own against the germs. The battle goes on. Neither side is winning.

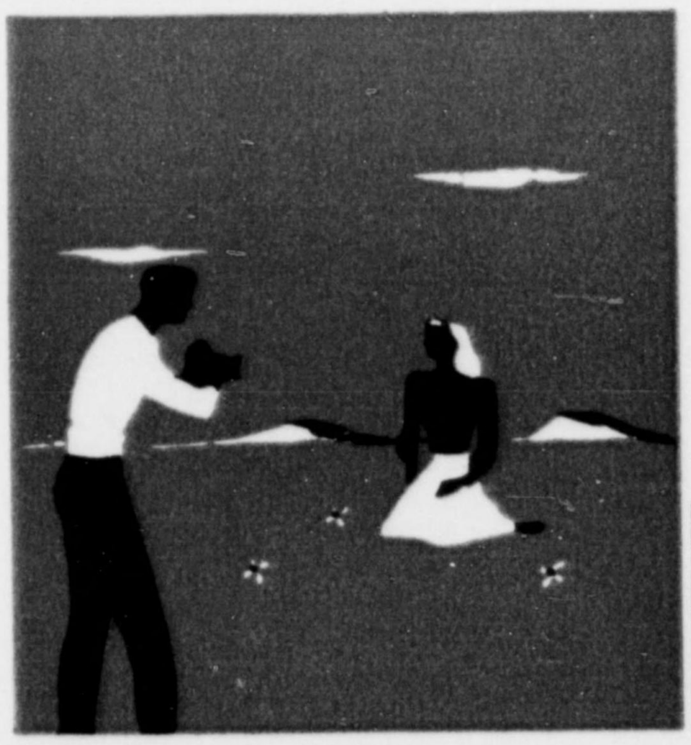
WHY X-RAY? . . .

A chest X-ray can tell the doctor that a battle is in progress. To keep an eye on how the battle is going the doctor will want to have more X-rays and careful examinations and tests.

3. Sometimes the body needs help if it is to win the battle. Tuberculosis germs can attack in such numbers and with such power that body resistance can't fight them off. Once the germs get the upper hand the body is in for trouble. A person whose body is losing the fight against TB germs may not feel sick right away. After a while he loses his pep and feels tired all the time. He may begin to cough, and to spit blood.

WHY X-RAY? . . .

X-ray can find the trouble long before a person feels sick. Early discovery means early recovery.



It's just like having your picture taken.

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YOUR CHEST X-RAY BRINGS YOU GOOD NEWS....

...If it shows you have a healthy chest, *that* is GOOD NEWS!

...If it shows you have already fought a round with tuberculosis germs and have won, *that* is GOOD NEWS!

...If it shows you have TB in the early stage, before you have begun to feel sick, *that* is GOOD NEWS, TOO!

Why? Because your chances for curing tuberculosis are excellent if it is found *early*, if you start treatment *at once*, and if you stay with it till you are well.

Look over this list. If you find yourself in it...you need a chest X-ray

CHECK YOURSELF!

If you are on this list you need a chest X-ray. ☐

I have never had a chest X-ray. ☐

I have not had a chest X-ray in the last two years. ☐

There has been TB in my home. ☐

I have worked with someone who had TB. ☐

I want to know that my lungs are OK. ☐

DANGER CHECK LIST

I feel tired all the time for no good reason. My appetite is poor and I am losing weight. ☐

I catch cold easily and it takes a long time to get over it. I have a cough that hangs on. ☐

I have been told I have a congestion in the lungs, bronchitis, asthma, heart trouble or sinus infection, but I have not had my chest X-rayed. ☐

ASK YOUR FAMILY DOCTOR, YOUR HEALTH DEPARTMENT, OR YOUR TUBERCULOSIS ASSOCIATION WHERE YOU CAN GET A CHEST X-RAY

DISTRIBUTED BY
NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION
386 FOURTH AVENUE, NEW YORK, N. Y.

Christmas Seals fight TUBERCULOSIS

PUBLISHED BY THE NATIONAL TUBERCULOSIS ASSOCIATION

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8-I

To be distributed.

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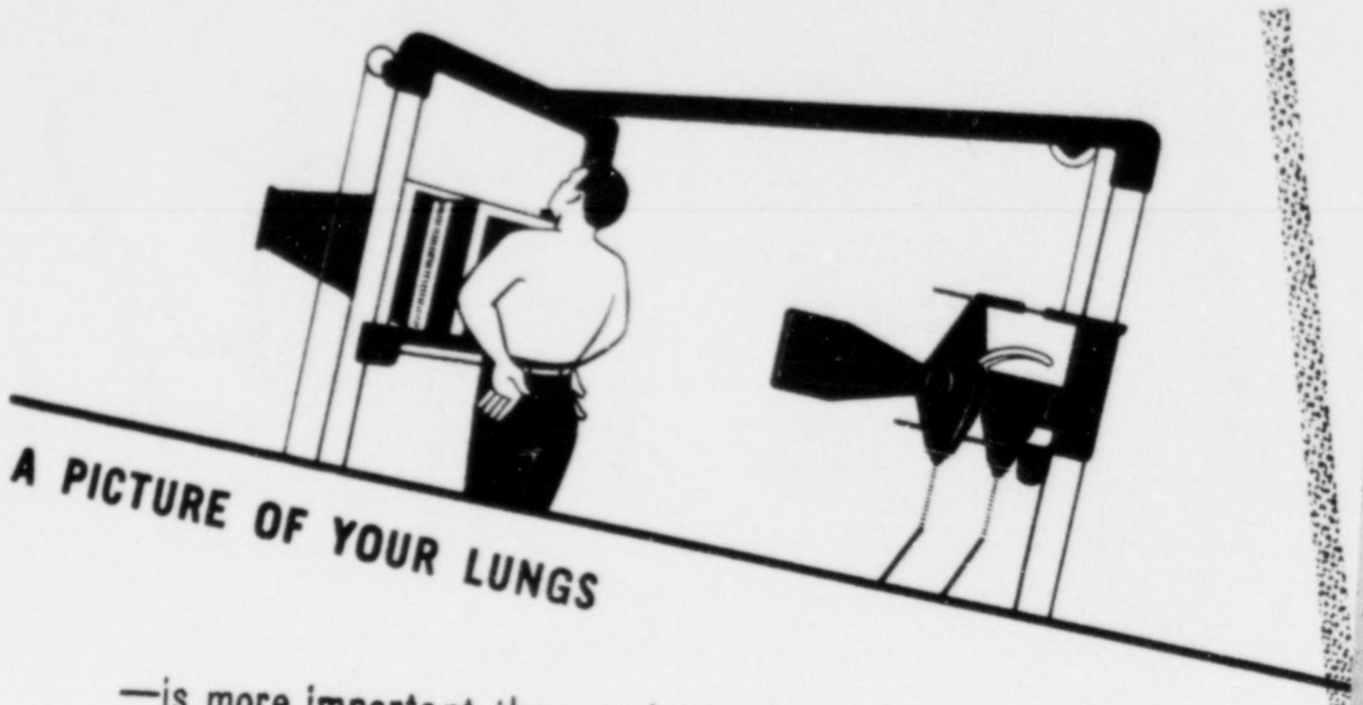

A PICTURE OF YOUR LUNGS

—is more important than a picture of your face. "I feel swell!" you may answer when your friends ask, "How are you?" But you can "feel swell" and still have tuberculosis. The X-ray picture will show whether your lungs are as healthy as you feel.

AN X-RAY picture is good health insurance and good job insurance for workers. Tuberculosis takes its biggest toll among men and women of working age. War workers putting in long hard hours on their battlefront are good targets for tuberculosis. X-ray pictures spot this sniper.

TUBERCULOSIS IS CAUSED BY A GERM. These germs come from people who have tuberculosis. Their germs enter your body through your mouth or nose. They don't make

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a noise when they go in. They don't bite. They don't turn on a red light. By the time a person feels sick, the disease may be far advanced. Then the sick person will lose years from work.

"BUT I'VE NEVER BEEN AROUND PEOPLE WITH TUBERCULOSIS!" Nobody can say that because nobody knows for sure. Thousands of people in the United States have the disease. Many of them don't know they are sick. They go to school or to work. They eat in restaurants. They go to the movies. They use drinking glasses and set them down for others to use. They wipe their hands on the nearest towel. They cough; they sneeze; they spit. They spread their germs.

YOU MAY HAVE MET UP WITH TUBERCULOSIS GERMS —sometime in your life. It would be hard to miss them altogether. When you were a child, someone in your home or a playmate's home may have had the disease. As an adult, you may have a relative, fellow-worker or friend with tuberculosis.

THE ONLY WAY TO BEAT TB is to find it—case by case. The earlier the better. An X-ray picture of every worker's lungs is part of the BIG FIGHT against TB.

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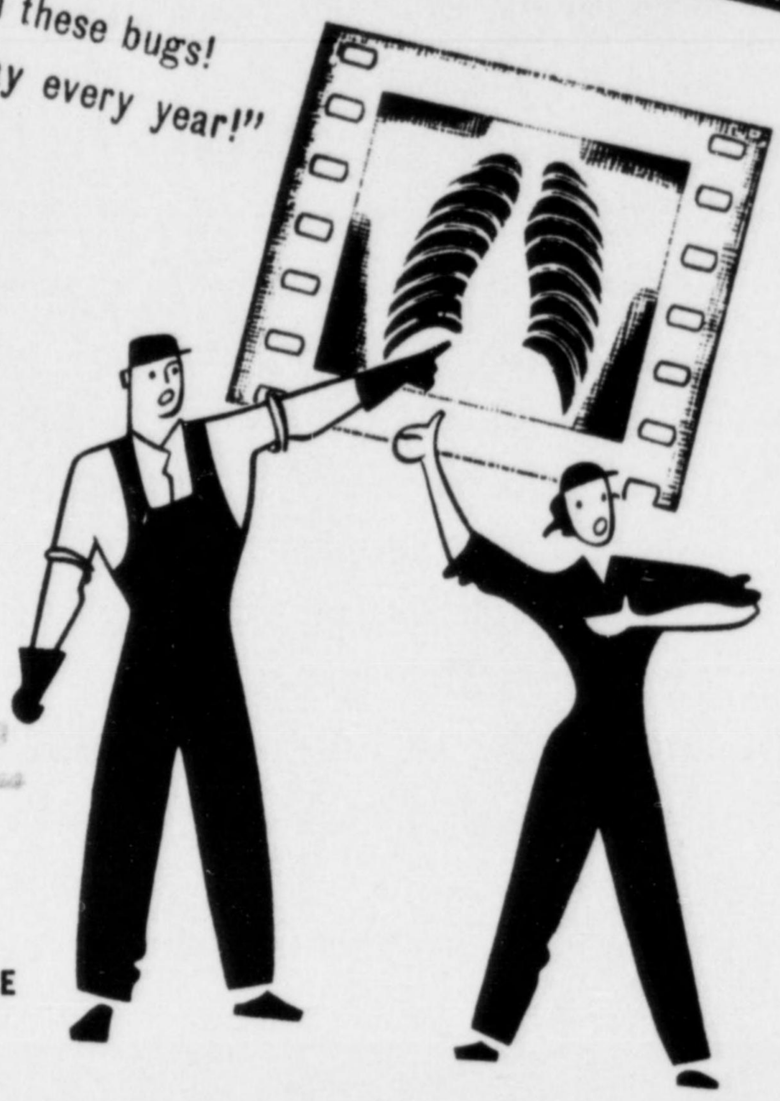
YOUR X-RAY IS A TRACER BULLET IN THAT FIGHT

"Let's keep tabs on these bugs!
Let's have an X-ray every year!"



NEW YORK TUBERCULOSIS
AND HEALTH ASSOCIATION, Inc.
386 FOURTH AVENUE
NEW YORK CITY

Federal Security Agency
U. S. PUBLIC HEALTH SERVICE
T B Folder No. 1

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THE *Winner!* 8-I

People Do Get Well of Tuberculosis

● In many TB hospitals today, the physician is saying to some patient: You've done it. You've conquered your TB to a point where you can go home. If you live the way the sanatorium has taught you to live, you will probably beat TB for good.

Here's WHAT IT TAKES TO *Beat* TB

Early Diagnosis

● X-ray plus careful examination can find tuberculosis in the lungs before the disease shows itself in other ways. The person whose TB is found early has the best chance for cure.

Photos—Emerson Yorke Studio

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Thorough Treatment

● Take your doctor's advice and go to a sanatorium or TB hospital near your home where you can get medical and nursing care from doctors and nurses *trained to care for tuberculosis patients.*

Rest

● The chief treatment for tuberculosis is bed rest — complete bed rest — until the doctor allows you special privileges.

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Food, Fresh Air

● These enter into the treatment of tuberculosis. In some cases the doctor advises surgery. There is still no drug that is a sure cure for TB.

Cooperation

● It takes teamwork to make a patient well; the doctors and nurses can't do it alone. It's up to you to do what the doctor says will give you the best chance for recovery. *Stay with your "cure" long enough to get well.*

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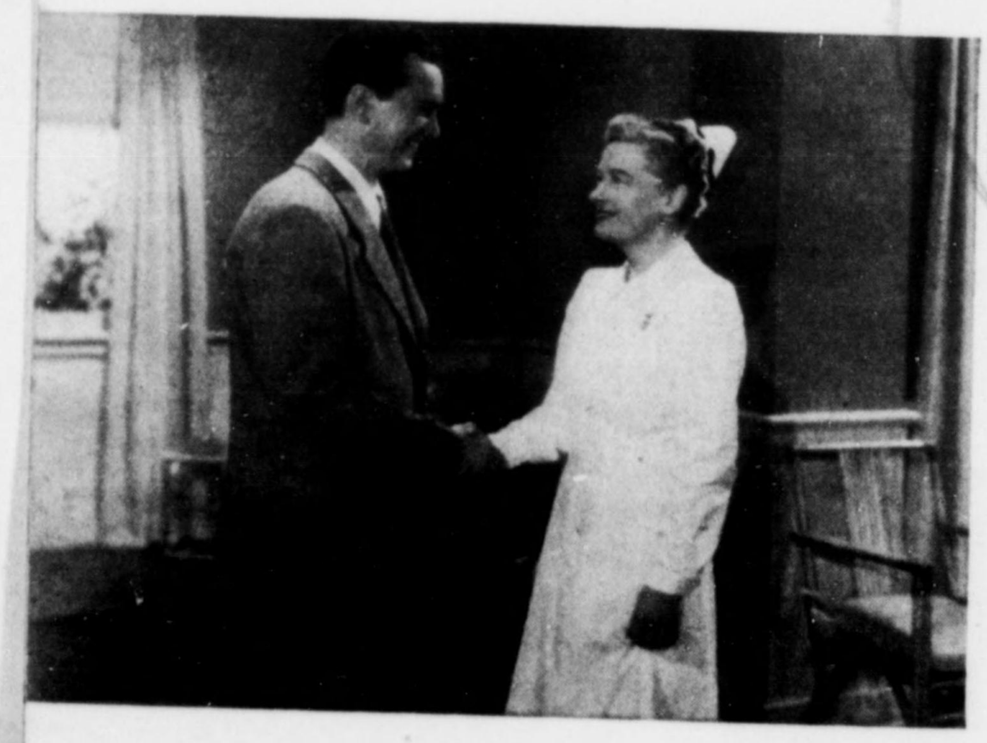
Freedom from Worry

● Peace of mind and relaxation of body are vital parts of a "cure." There are interesting things you can do to keep your mind off yourself.

● There are people to help you work out your problems about money matters, family affairs, returning to the old job or training for a new one.



A Plan for the Future

● You leave the sanatorium with the good wishes of everyone. You carry with you what you have learned — a way of living that can help keep you well and give you back your place in your family and in your community.

Follow Your Doctor's Advice . . .

YOU DON'T WANT TO BE FORCED TO FIGHT TB *again*

For assistance in the production of Visual Aids Unit #4, grateful acknowledgment is made to: RCA Sound System; U. S. Public Health Service; Nassau County (N. Y.) Sanatorium; New York Hospital; Mt. Sinai Hospital, New York, N. Y.; Lenox Hill Hospital, New York, N. Y.; Columbia Presbyterian Medical Center, New York, N. Y.

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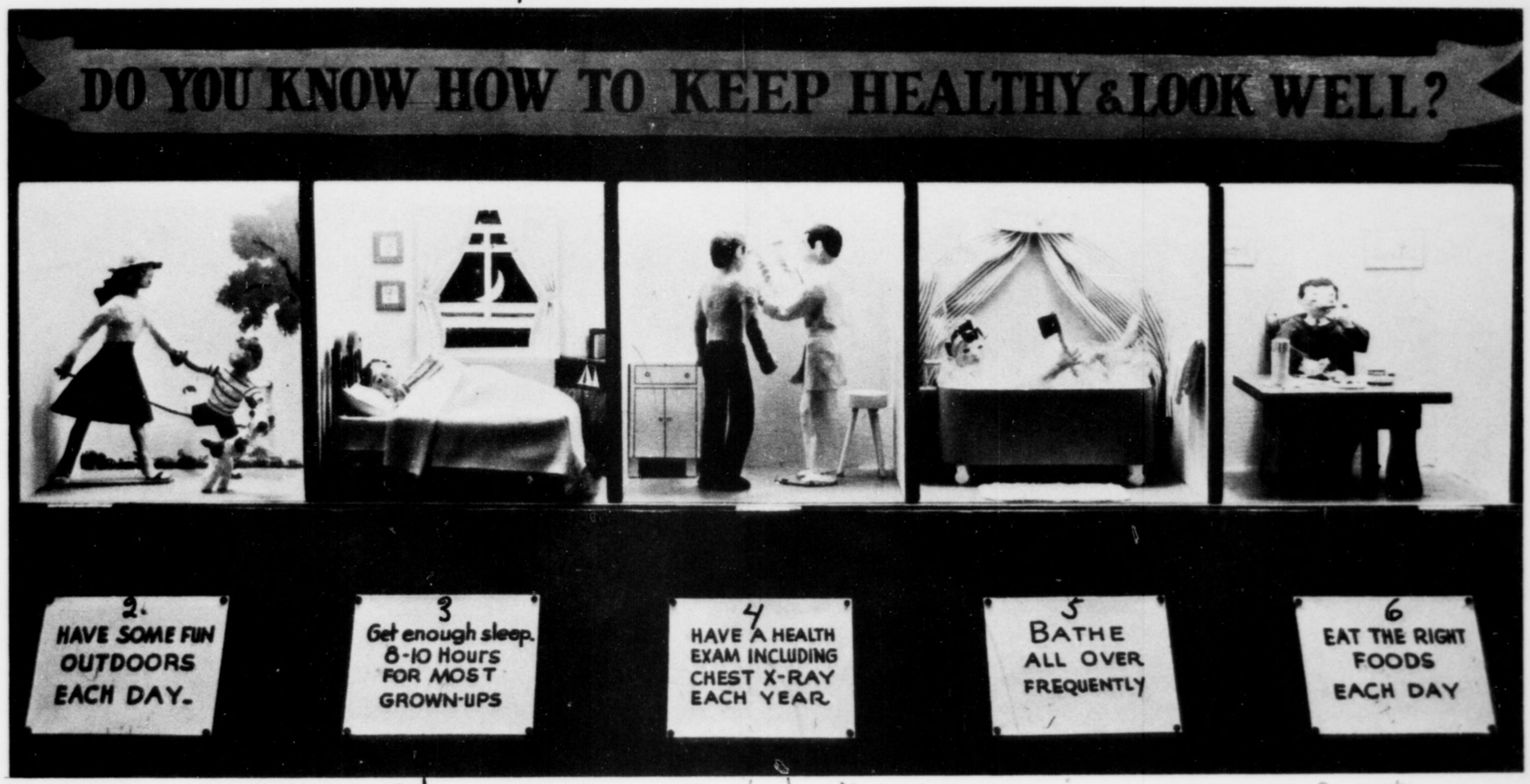
Translate

(1.)



"Tatami" Family scene. Include Nurse here. Japanese style-bath house ~~2 EAT~~

KEEPING HEALTHY

7. DESIGNED FOR USE IN: Mercantile Clinic where teen-agers apply for working papers; youth and adult groups carrying on a health program.

8 SIZE: 35" x 6" x 12" box, standing on folding leg rack 42" high. Exhibit box contains five niches, 7" x 6 1/2" x 5", with overhead lighting. Front side of box drops down and carries captions. A 25 foot extension cord is provided. The whole box and legs are extremely light and easy to carry.

9. COLORS: Box and legs are slate blue. Streamer and captions are white with black letters. Niches are clear yellow with lots of red and white in the color scheme. Papier mache figurines are painted in natural colors.

~~RELATED PAMPHLETS, POSTERS AND FILMS: Available on various health subjects.~~

~~ADDRESS REQUESTS TO:~~
~~Health Education Service~~
~~New York Tuberculosis and Health Association~~
~~386 Fourth Avenue, New York 16, N. Y.~~
~~CAledonia 5-2240~~

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7-I

plain talk about TB tuberculosis

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Grateful acknowledgment for help in producing this book is made to Edgar Dale, Ph.D., of Ohio State University, and members of his staff.

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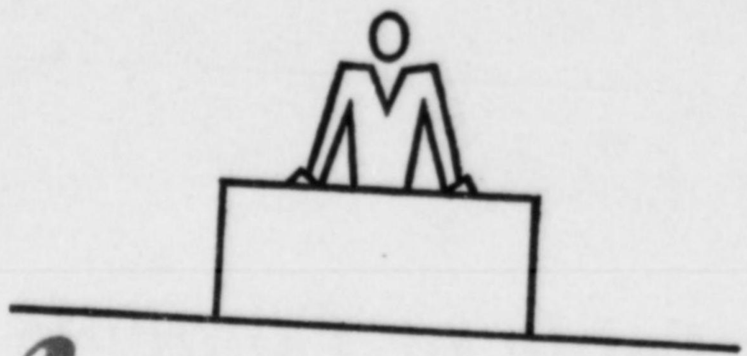

plain talk
ABOUT TUBERCULOSIS

We don't need to have any tuberculosis. For more than 50 years doctors have known what causes it, how it spreads, and how to prevent it — yet tens of thousands of Americans still die because of it each year. Every one of these deaths is a mark of failure — the failure of prevention.

This booklet is intended as a guide for making speeches about tuberculosis. It is to be used as a companion piece for the booklet FACTS ABOUT TUBERCULOSIS, which contains all the information any speaker might need for a short talk on tuberculosis to a lay audience.

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1. INTRODUCTION

YOU'RE going to give a speech about tuberculosis. You want to be well informed on the subject. Perhaps you are wondering how you'll find time to sandwich it in between your other activities.

Probably you have already seen the pamphlet FACTS ABOUT TUBERCULOSIS, which contains a fund of information. In the following pages of PLAIN TALK ABOUT TUBERCULOSIS you will find a number of ideas on how to present this information.

The problem is: What facts should you choose to talk about? There is too much information in FACTS ABOUT TUBERCULOSIS for one speech. How, then, shall you plan your speech? What should you include?

First, you consider the *audience.* What kind of people will hear you talk? What interests these people? What would they *like most* to hear about?

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Then, you keep in mind your *target.* What do you want to communicate to your listeners? What is your purpose in making this speech?

Third, you think of how much *time* you will have. You can say just so much in two or five or ten minutes. And so you must plan carefully the amount of information you will offer.

Audience, target, and *time* are basic factors in the selection of what to say. Now to elaborate.

2. THE AUDIENCE

First, you won't say more to the members of your audience than they can conveniently remember. If *you* must speak from detailed notes to remember what you want to say, then the *listeners* too must make detailed notes to remember what you say. They won't do it. And neither should you.

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Second, you are especially concerned with your audience's reactions to your speech. Here are three reactions, one or all of which you will want to get from the audience.

A. *Surprise.* You will want them to think, "I never knew that before." For example, let's say you are speaking to a luncheon club in Ohio. You might say: "Between one o'clock and four o'clock this afternoon, somebody will probably die of TB somewhere in Ohio. . . ." Most of the people in the audience will say to themselves, "I didn't know that."

B. *Desire to communicate.* The members of the audience may also say, "I must tell that to Ann, or Bill." You will want your listeners to tell other people about what you're saying.

C. *Desire to do something.* "I can do something about that." A person may be surprised and may want to communicate his new learning to others. But when he wants to do something about it, you have spoken well.

A third point to keep in mind is: What *kind* of ideas and facts should I use for my audience? Would you, perhaps, say that there were 53,000 deaths (or one death every

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ten minutes) from TB in the United States in 1945? That's no good. The audience will have nothing to compare the figure with. Figures are most valuable when you compare them with something else. Would you tell them that TB causes more deaths between the ages of 15 and 44 than any other disease? That is surprising to many. It is also "tell-able" and "remember-able".

As you look through the material in FACTS ABOUT TUBERCULOSIS, find things that look surprising and important to you. Remember that facts which don't impress you, as the speaker, are not likely to impress the audience.

The fourth point in thinking about your audience is: What kind of approach should I use? Suppose you were to tell your audience about someone you know who has had a very difficult siege of TB. You might start something like this:

"Two years ago my brother's wife went to her family physician because she'd been troubled for some time by a slight cough. She wanted a complete check-up, and so had her chest X-rayed and her sputum tested. Both of these showed up positive. She had tuberculosis.

"She was in a hospital for two years, gradually getting worse. For a while, the doctors thought she wouldn't live.

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Now, after her second thoracoplasty (that's a surgical operation in which ribs are removed to rest the diseased lung) she is getting better.

"I've often wondered how much expense and worry and suffering would have been saved if this had been discovered before the symptoms appeared. And that's why I'm talking to you here today. I know what TB can do to a family, and I know that a regular check-up can prevent much needless expense, worry, and suffering."

If you were to tell a story like this, would your audience forget it right away? Not likely. Perhaps you can't make it quite so personal as this. But such an incident will be worth more than a dozen bundles of statistics.

Once you've convinced the members of the audience how important the disease is, the question they will want to get to quickly is, "What can *I* do about it?" — the *personal* reaction. Then they will want to know, "What can *we* do about it?" — the *social* reaction. So, before you get very far into your speech, you must make it clear to your listeners that you're going to relate the problem to their interests. Answer their implied: "so what?" Remember, if you answer the five or six important questions that your audience has in mind about TB — that's your speech.

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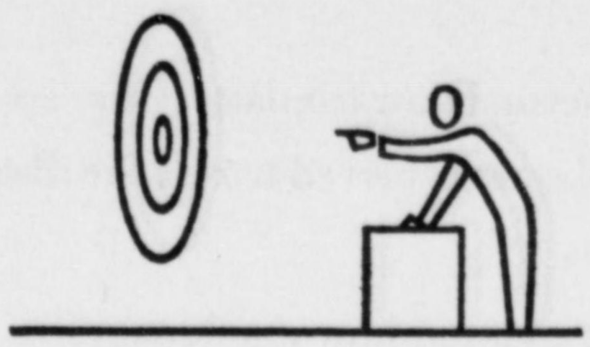

3. THE TARGET

Why are you giving this speech? What are you aiming at? Maybe you're talking to a service club, and you want them to sponsor a mass X-ray program in the community. Perhaps you are speaking for a compaign for more tax funds to support and build a TB sanatorium. Or you may be trying to increase the sale of Christmas Seals.

Whatever it is, you must keep your *target* clearly in sight. Too many words have been wasted because speakers didn't know what they were driving at. You won't hit the bull's-eye if you don't know where the target is.

Another thing that is important in hitting the target is this: Be sure to include only a *few* facts. It is better to put over a few facts well, and reach your listeners, than to try to cover a great deal of information and confuse them.

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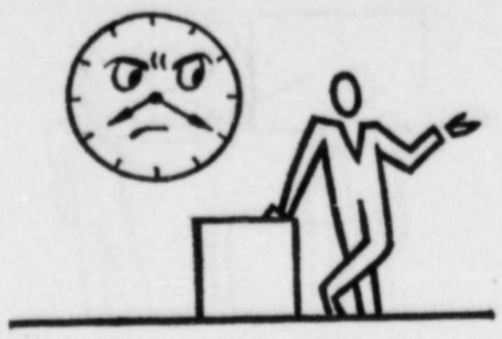

4. THE TIME

Something else you may wonder about is, "How long should my speech be?" It is far more important to say, "How *short* should my speech be?"

When you finish, you will want the audience to say, "I wish he had spoken a little longer," rather than, "I wish he had stopped talking ten minutes ago." There is an adage which says, in effect, if you don't strike oil in the first five minutes, stop boring.

‡ ‡ ‡

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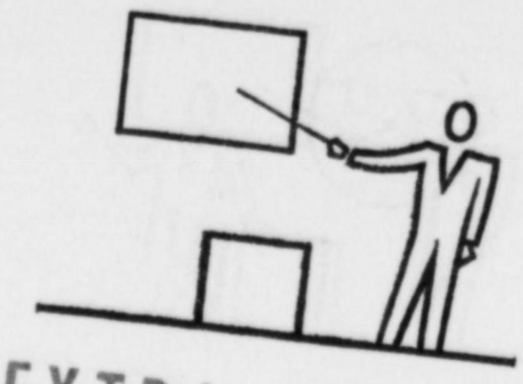

5. EXTRA POINTERS

Here is a list of things to avoid and to do in making your speech:

1. ***Avoid a lengthy introduction.*** **Move in fast and win your audience's attention in the first few seconds of your speech.**
2. ***Don't act worried about your speech.*** **If you do, you will communicate that concern to your audience.**
3. ***Use a conversational tone, loud enough to be heard, but not strained.***
4. ***Use an informal, personal approach.*** **If you are going to quote figures, instead of saying "Statisticians tell us that . . ." say, "I looked up the figures on . . ."**
5. ***Avoid giving the audience a negative impression.*** **Present your information in a positive way, so that the**

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listeners will be struck by the importance of the problem, rather than scared by its fearfulness.

6. *Be wary of stories.* Somebody may have told you that you ought to have some good stories. If you are a trained speaker, OK. But if you aren't, a lame story will make your listeners feel sorry for you, and they won't pay much attention to what you are saying.

7. *Don't fiddle with your hands or do other distracting things.* If you're nervous, and if there is a reading stand or a desk in front of you, grip it at the beginning of your talk, in order to find a place for your hands.

8. *It is important to be serious, but be pleasant, too.* Don't give the impression of being exaggeratedly upset or concerned. Tuberculosis is a dangerous disease, and it deserves serious discusion, but remember that there are hundreds of other serious problems.

9. *Suit your speech to your audience.* Audiences vary a great deal in their backgrounds and in what they can do about problems as individuals or as groups. A labor union may be able to do something that a service club cannot, and *vice versa.* Therefore, make sure that your message is practical for the group you address.

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10. ***Don't apologize for anything.*** **Don't make excuses for not being an experienced speaker, or for not knowing a subject, or anything else. Any intelligent person can take the material in FACTS ABOUT TUBERCULOSIS and develop an interesting speech — one for which no apology need be given.**

11. ***Use brief notes as a guide line, if you need them.*** **True, the use of notes makes a speech more formal. But it is much better to stick to notes if they help you keep your speech organized.**

12. ***Be careful to present your material in logical order.*** **Keeping your facts in logical order, and pointing them up concisely at the end, will help strengthen your presentation.**

13. ***When appropriate, use leaflets or films to reinforce your talk.*** **Some people in the audience may want to know more about your subject than you have time to tell them. For providing further information, you might take with you pertinent leaflets. Also, if there is a chance to show a motion picture or a filmstrip on a phase of the tuberculosis problem related to your**

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speech, by all means add this visual aid to drive home your message. Two things to watch out for, though, are:

A. Don't pass out leaflets at random. It is best to display a variety on a table near the door. You might mention one or two in your talk, and hold them before the audience to arouse curiosity.

B. Guard against showing too many films at one session. One film is usually enough. But its message can be reinforced by a supplementary filmstrip to stimulate interest and discussion.

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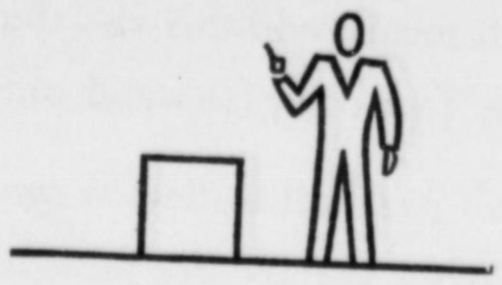

6. A SAMPLE TWO-MINUTE SPEECH

Here is a sample two-minute speech—built around data from FACTS ABOUT TUBERCULOSIS—suitable for an audience such as a Parent-Teacher Association or a service club. It tells *why* the community should have a tuberculosis case-finding program. Since the program could not be described in two minutes, only the *reasons* for a program are given:

"Let's take a couple of minutes to talk about the disease that causes more deaths than any other disease between the ages of 15 and 44. Can you guess what it is? The answer is tuberculosis.

"More than fifty thousand people died of TB in the United States in 1945 — more than were killed in auto accidents. We think that's a frightful toll. In our state the death toll from TB is one every _____* hours.

* The figures for the state of Ohio are one death every three hours. You can get the figures for your state from your local tuberculosis association or from your state health department.

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"Not *one* of those persons had to die. We don't need to have any tuberculosis. Doctors know what causes TB, how it is spread, and how to prevent it. They know how to stamp it out completely. How? By finding and treating everybody who has the disease.

"Sounds simple, doesn't it? But it isn't. It isn't simple because in the early stages of tuberculosis the disease gives no warning signs. ~~That was news to me. I was surprised to learn that a~~ person can have TB for months without knowing that there's anything wrong with him. And by the time he does have symptoms of TB, he may be seriously ill. By that time the disease is at an advanced stage, and the sick person will take a long, long time getting well — if he ever does get well.

"And remember, too, that the sick person who hasn't been hospitalized or receiving ~~home~~ the right kind of is spreading TB germs to you and me — to members of his family, to friends, to people he works with or goes to school with. These people may in turn develop the disease, never suspecting anything — *unless* we find all the cases.

"That's the only way to stamp out tuberculosis: find all the people who have tuberculosis, put them under treat-

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ment at once, and keep their germs from spreading to other people. And that's why every community needs a good tuberculosis control program.

"A good tuberculosis control program takes the cooperation of everybody in the community. Here is what such a program does:

First, it finds the sick.
Second, it treats the patient.
Third, it restores the patient to usefulness.
Fourth, it prevents the spread of the disease, and
Finally, it keeps the patient's family together."

7. IN CONCLUSION

Your job as a speaker is to bring to the audience a few important facts and ideas about tuberculosis. If you select facts which impress you deeply, and if you say them in sincere, informal, conversational language, you will give an excellent talk.

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of Timing
1. Film Bellow - Places - for showing
2. Make own film
(Take copy of square. ✓
3. Have flash ifl
and read from Print
4. Mark P/

Publication of this booklet made possible
by the sale of Christmas Seals

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La Vuelta a Casa

al salir del sanatorio

Anualmente de los hospitales y sanatorios americanos miles de pacientes son dados de alta con la aprobación del médico, después de recibir el tratamiento para la tuberculosis.

Muchos de ellos principian nuevamente a vivir y continúan en tan buenas condiciones como el día en que fueron dados de alta. Estos pacientes obtienen el máximo de la vida, en ocasiones más que las personas que no han estado enfermas. Otros pacientes tienen dificultades para acomodarse en el mundo exterior y pronto olvidan lo que aprendieron en el hospital o en el sanatorio; demasiado a menudo su tuberculosis florece de nuevo. A veces los resultados de una conducta poco juiciosa pueden ser fatales.

¿Cómo puede usted mejorar al máximo sus oportunidades de conservar las ganancias hechas mientras estaba bajo tratamiento en el hospital o en el sanatorio?

No hay ninguna fórmula mágica única, pero hay algunas sugestiones reunidas de los pacientes que consiguieron y conservaron su posición en el mundo fuera del hospital, y de médicos que han observado a estos pacientes y que también han estudiado las causas comunes de recaída.