DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

(2) This internship is an old practice in the States. No less than 99% of the graduates of Medical schools take internship voluntarily to get sufficient clinical trainings for future private practice. The term of internship is different by the hospitals, as well as by the candidates' desire. In some hospitals, for instance, one who wants to get in a surgical department to become a specialist in surgery in the future is required one-half or one year internship in internal medicine. And one who wants to get in a department of internal medicine to become an internist later is required one-half or one year internship in surgery.

Most of these interns are qualified doctors, having passed Medical Board examination, and, therefore, they are treated as doctors and are called Doctors. However, they are not allowed to diagnose and treat patients on their own judgement. Diagnosis and treatments are always made under the supervision or direction of the attending doctors.

Generally without exceptions in the States, interns are provided with room, board, laundry, working cloths (white linen suits) and a small pay.

5) Medical School Hospitals.

In Japan, most of the Medical schools have only one hospital, and some have a few hospitals. The hospitals are all under direct management of their respective medical school.

In the States, a medical school has many hospitals under its control for the purpose of studying and teaching. For instance, Columbia Medical holds more than 15 large hospitals in New York under its control.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

The above difference between America and Japan will make you understand, I am sure, first how big the American medical schools are in comparison with the Japanese medical schools, and second why the American Medical schools have abundant clinical facilities while the Japanese schools have few clinical facilities.

6) Hospital Pharmacy.

There are no difference between America and Japan, so far as the hospital pharmacies are concerned.

In the States, as in Japan, the hospital pharmacies are under direct management of the hospitals themselves. They employ pharmacists with salaries and run the dispensaries by themselves.

I believe this fact will serve as a good reference for you when you are going to take up the question of a separation of practice in medicine and in pharmacy in our country.

IV MEDICAL PRACTITIONERS

1) The National and the State Medical Board Examination.

In the States, the license to practice medicine and surgery is not granted only because he or she is a graduate of a Medical school. In order to get a license, one must pass the examination either of the National Medical Board or of the State Medical Board.

(1) The National Medical Board's examination is conducted by the Central Government in Washington. The licensee is allowed to practice medicine and surgery in any place in the domain of the U.S.A. As I understand it, those who take the National examination are few in number.

(2) The State examination is conducted by each State. As you know, America is a country of a Federal system, and each State has its own legistrations. Therefore, the Medical Board examinations differ more

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

or less in each State.

The Medical Board examinations are mostly written examinations. Clinical examinations are also required by the National Board and by some of the State Boards.

After passing the examination, a licensee must first register his license at the local Court House and then get a certificate from the State Board of Medical Examiners by paying a fee to the said Board, before he or she is fully authorized to practice.

In order to use or prescribe narcotics, one must get a certificate from the Central Government in Washington.

The present narcotic regulations in our country are, I believe, copied after Harrowers Narcotic Act which has been in practice for years in the States.

The State Board of Medical Examiners publish quarterly the list of the licensed and certified medical practitioners. Those who are not listed are considered to be the unlicensed or the uncertified doctors and their prescriptions are not accepted by pharmacists. The list is distributed without delay to physicians and pharmacists.

2) Practice.

It may safely be said that all clinicians except a small number of employees on full time basis in the States are private practitioners. Professors and specialists are also private practitioners. Generally they have a two or three roomed office. Some has one or two nurses. But most have only one or two office girls. Unlike Japan, they have no dispensary or operating room. They have only simple equipment to take care of out-patients. For major work, they bring the patients to a hospital where they do diagnosis, treatments and operations using the hospital facilities.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Those who need hospitalization are admitted to the hospital with which the doctor has connection, or to the hospital of the patients' preferance. These hospitalized patients are treated from the beginning to the end by the doctors who brought the patients to the hospital, and the fees of doctors' services are paid to these doctors. The hospitalization fees are paid to the hospital.

If anything happens to in-patient, the hospital will immediately notify the doctor by telephone, in case no order has been written in the chart. Orders are usually written in the chart, and the nurse or the resident doctor acts accordingly. If the doctor thinks it necessary, he will go to the hospital upon notification to take care of the patient by himself. In the States, telephone services are good, roads are good and almost all the doctors have their own automobiles and, therefore, they usually do not miss the time for emergencies.

In the States, they do not let the nurses do injections, except simple hypodermic injection like camphor in oil. Injections are always given by doctors. Syringes and needles are not allowed to be sold to laymen in the States.

In Japan, if the patients of private practitioners are hospitalized, they are put under the care of the doctor in that hospital and the private practitioners lose these patients.

This point is much different between America and our country.

3) Doctor's Fees.

In Japan, the doctors' fees are of fixed rate, disregarding the doctors' knowledge, experience, skill, etc., and the patients' solvency.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

In the States, the local medical societies have a settlement of medical fees. But they set the lowest and the highest fees, and the doctors' charges are freely made according to each patient's solvency. Therefore, for instance, the doctor may charge $100 for one patient and $1000 for the other patient in doing exactly the same amount and the same kind of services. Therefore, the patients who can afford to pay more will go to the Doctors with better reputation. Thus, the better the doctor's reputation, the better will be the patients' class. The more the confidence of the patients, the more will the doctors feel the responsibility. So a doctor will not take more patients than he can take care of.

This point is exceedingly different in the States and in Japan.

In Japan, the doctors' fees are fixed and, therefore, the doctors try to take care of as many patients as possible disregarding their limit of responsibility, in order to raise their income. Thus, the Japanese doctors have no time and composure to study to keep pace with progress of medical science.

In the States, indigent patients go to the clinics of general hospitals, and the patients who can afford to pay enough fees go to private practitioners.

The above difference between America and Japan is worthy to note.

Unless the afore-mentioned contrast is taken into our special consideration in the enforcement of the recent Medical Treatment Act in this country, I have no doubt that we will be led to commit a great mistake, and that our medical practice in general will be driven into a chaos (an extreme disorder).

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

4) Compounding and Dispense Medicines.

As has already been mentioned, there are no regulations in the States, by which the physicians are prohibited to compound and dispense medicines to their patients. There are really some physicians who do compound and dispense medicines to their patients. The matter of compounding and dispensing is not at all compulsory in the States. However, in the States, a great majority of physicians do not dispense medicines to their patients by themselves. The patients bring their doctors' prescriptions to drug-stores where they get the medicines made up. Their work is limited to diagnosis, prescribing, treatments and emergency administration of drugs. This has been practiced for years in the States, as medical ethics I should say. Usually the doctors do not charge fees only for prescriptions, but they charge fees for their professional services. Different from the Japanese practice, American doctors receive fees directly from each patient.

5) Clinical Laboratories.

In the States, clinical and x-ray laboratories are well developed among private practitioners. There are quite a number of private practitioners who specialize in clinical or x-ray laboratory work. Most doctors send specimens to these laboratories and have them examined. If you send your patient to an x-ray laboratory, they will soon let you know the findings by telephone, and as soon as the film dries, they will send it to you with a note of radiographic findings and diagnosis by a messenger boy.

In America, a doctor does not try to do everything as is done in this country. It is not possible for a doctor to do everything and do all of them well.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

6) Physician's Publicity.

Any Americans, I am sure, will be surprised to see the Japanese Doctors' posters and ads, in newspapers and magazines, if they can read Japanese.

In the States, physicians maintain their self-respect. They do not advertise or publicise their profession. When he opens his office, announcements are sent out in a dignified and formal style, and that is the end so far as the publicity is concerned. Any Doctor who advertises is looked down upon by his fellow practitioners as an "advertising doctor" and is not accepted among the best of class of practitioners. In Japan this dignity of profession is highly abused.

7) Business-Tax, Income-Tax.

As in Japan, there is no business taxation for medical practice in the States. But income report must be made out and income-tax must be paid. I have never heard much talk of this problem during my long stay in the States. It is quite surprising that in Japan both revenue officers and medical professionals are suspicious of each other. It is disgraceful the way one tries to get around the other. This sort of thing is never done in America. In America, a false statement or a lie is looked upon as a marked vice, and, therefore, the Americans are not suspicious and they hold high respect for each other.

I feel keenly the necessity for our countrymen to be more honest and fair in all of their profession.

8) Expert Doctors.

I suppose now you understand from what I have explained to you so far, the major differences between America and Japan in their

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

medical worlds. If you understand them, I believe that you will agree with me that in the States they have a very high standard of system to produce expert clinicians, while in Japan the system is anything but perfect. I am not telling this in order to speak ill of any person. I want to call your special attention by telling you that from the difference in the medical system between America and Japan, the above statement warrants. I hope, therefore, you will listen with open mindedness to what I am going to point out in the following statements.

In Japan

1. Because the fees for medical services are fixed, private practitioners are compelled to raise their income by taking as many patients as possible. Almost every minute of their day is taken up in caring for their patients and thus they lack time and energy to keep up with the medical advancement.
2. There are practically no medical libraries available for practitioners in the whole country.
3. Because of the bad system, the hospitals in general do not function as an ideal medical institution by the standard set by the advanced countries.
4. Doctors in the general hospitals are all working on full time basis, and their livings are maintained by salaries, most of which is not sufficient. They are apt to become bureaucratic and to lack sincerity in the care of patients.
5. Professors in clinical medicine are favored with sufficient facilities for study. But they are also working on full time basis, being paid salaries to support their livings. Moreover,

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

they are sole masters of the departments with too many follow-workers. Thus, they gradually become dogmatic and bureaucratic. Therefore, they are apt to lack in sincerity and in responsibility in the care of patients.

In short, they are easily put in a situation not to put themselves forward to take care of the patients with their full heart and soul.

6. Because Japan has neglected her national education on spiritual and cultural phase based on religion since she adopted Occidental civilization, the Japanese medical professionals, like the nation as a whole, lack the sense of service to humanity and public welfare, to work for the good of the whole.

As the present medical system in our country is as above, I can safely draw the conclusion that it is difficult to produce expert clinicians.

In the States, the medical system is entirely different from that of Japan. You can find there, experts of highly venerable character, not only among professors, but also among private practitioners.

I emphasise the above fact should be taken into consideration in case we discuss the reform of medical system in our country.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

SOCIAL HEALTH INSURANCE IN OUR COUNTRY

I shall be happy if you allow me at this opportunity to present my views on the social health insurance system in this country.

I remember that excitement ran very high against this system among all the medical men in this country about 18 years ago.

Despite vigorous opposition by physicians all over the country, the Government officials were too obstinate, bureaucratic and dogmatic just as they are now, and they ignored the opposition and enacted the law in the end.

I was of the opinion then that in this matter our Goverment had made a great mistake. This mistake, I should say, was (and is) the fact that the Government came in, to stand between physicians and patients, and stuck its neck directly into the matter of physicians' fees, which, to my mind should have been left with the physicians. If the Government wanted to put this insurance system in practice, they should not have gone further than to draw up a contract between the insurer and the insured, and should have left the matter of fees to be settled between a physician and a patient. And as for the Government (the insurer), it is enough to set the amount of money payable to an insured, in case of his injury or illness according to its kind and degree, as well as his insurance rate. As to physician's fees, it is better leave them, to be settled freely by the physician and the patient.

Suppose there are two cases of insured who need two weeks confinement in a hospital for appendectomy. Suppose, for instance, by the

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

contract, one insured receives ¥3,000 as he has been paying in monthly premium of ¥100, and the other one receives ¥15,000 as he has been paying in monthly premium of ¥500. If the contracts only went this far without going any further, these two patients will then choose whatever the means of medical care that meets their financial status. The one receiving ¥15,000 may go to "A" hospital to be admitted as a first class patient, and the other receiving ¥3,000 may go to "B" hospital as a third class patient.

Thus:-

1. The doctor and the patient will get along well, as the fees are settled by their mutual understanding.
2. The doctor can escape from the nuisance of keeping papers (books) as is practiced now.
3. The doctor can spend more time and energy for his own professional works, rather than on book keeping.
4. The doctor can enjoy his benevolent deed, upholding his self-respect.

In the present social health insurance system, the Government interferes medical service fees with point system, and, therefore, (1) the doctor is obliged to waste his time and energy in keeping complicated papers, (2) it impedes progress of medicine, because (a) the doctor's knowledge, experience and skill, etc. are ignored, (b) the medical art is treated as a mere material, being disregarded its inestimable value, (3) the doctor is open to the criticism of being insincere in his professional services.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Therefore, as has been mentioned above, the present Social Health Insurance policy should have been as such that the contract be made between the insurer and the insured, and that no interference be made with a doctor and a patient for medical services and fees.

Moreover, I advanced at that time to set up my plan (system) of "National Health Insurance Policy", instead of afore-mentioned incomplete, half-measured Government's system. This plan of mine was as follows:-

1. Make it compulsory for every-one in the country to join this insurance policy.
2. Varied amount of premium be paid monthly, according to one's income.
3. In case of injury or illness, the insured gets from the insurer a pay of a certain amount of money in accordance with the kind and degree of injury or sickness.
4. If the insured remains in health for a certain period of time - say one-half or one year, he receives a certain amount of money as a "Health Prize", in proportion to his premium.
5. For those who cannot afford to join this insurance due to poverty and unfortune, the Government sets up and develops active facilities for free clinics.
6. The Government assists and promotes betterment of medical services for the general public throughout the country.

In short, my project is to set up the system of "the National Health Promoting (Encouraging) Insurance Policy".

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

As you are well aware, in England, they have been executing social security plan for which both the doctors and the patients are beginning to express their dissatisfaction. The British Government has also been put into a difficult position because of gradually mounting financial burden and severe criticism from the public in general.

Despite the fact that the British social security plan so far looks unfaverable to all eyes, it is rumoured that President Truman is going to adopt the Public Health Insurance policy in the States. Medical men in the States are strongly against this plan. They stand that, if this plan be executed, it will not only make the doctors in the country clock-watchers and slaves of the system, but also bring about poor medical services for the public in general.

The President of the American Medical Association has stood up and has begun a vigorous campaign to collect funds to fight against the Bill. He has asked all the members of the Association to contribute twenty-five dollars per member. Thus, he is going to extend a nation-wide campaign against the Bill (Wagner-Murray-Dingell). Physicians' social standing in the States is very high, much higher than that of our country. The American Medical Association is an organization of high prestige. They have great social and political influences. Therefore, if President Truman insists upon this bill, he will no doubt have great opposition.

I sincerely hope that the members of the Japanese Medical Association will wake up from their inertia and realize the necessity to work close together in order to revise our existing Health Insurance policy for the good of the public in general, as well as in the interest of their own profession.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

SEPARATION OF PRACTICE IN MEDICINE

AND PHARMACY, AND MEDICAL TREATMENT ACT

At present, I am neutral on this matter, being neither pro nor con. I shall be very happy, therefore, if you bear this fact in mind while listening to what I have to say from now on.

I believe that you have understood, if not fully, from what I have just told you how different, and what points differ in the medical and the pharmaceutical education, organization, and administration of hospitals, and in practice of medicine and pharmacy between America and Japan.

I hope you have understood them to the extent that it will help you to form your ideas more definitely in regards to the recommendation by G.H.Q. on all the questions concerning medicine in general.

I remember that, when I was back in Tokyo, from the States, about 18 years ago, there was a great conflict going on between physicians and pharmacists, regarding the separation of medical practice and pharmacy. The physicians all over the country were strongly against the separation, while the pharmacists naturally wanted the separation, and vigorous maneuvers were developed by the Medical and the Pharmaceutical Association to get an approval of the Diet.

My opinion at that time was in favor of the separation. I supported it only from a purely logical point of view. I wrote a paper on this problem and showed it to near friends of mine then. It was during the time when German school of medicine was omnipotent in medical circle and American medicine was being regarded with contempt in

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

our country. And, therefore, these friends of mine advised me not to make public my paper, saying, "Dr. Kibata, you are right. But you have been known as a doctor of American school of medicine. You will expose yourself to odium of the members of the Japanese Medical Association, regardless of whether your opinion be right or wrong." Following their advice, I said no more.

When I look back upon the past, the situation at the time was quite different in contrast to the present situation where I am invited to speak before you to-day about "Education, Practice of Medicine and Pharmacy in the States", and my heart is full. Moreover, I cannot help but be filled with deep satisfaction when I find that my views held almost 20 years ago coincide with the Recommendations of the Missions of the American Medical and the Pharmaceutical Association.

I believe you are well acquainted with the Recommendation of G.H.Q. I am very anxious to know your reations concerning them.

I myself think that we have to make decisions any way to follow faithfully the Recommendations, whether we like them or not, under the present occupied situation. In Recommendations, they call upon us:-

1. To make every possible effort to bring about an early seperation of medicine and pharmacy,
2. To limit physician's work to diagnosis and treatments,
3. To establish pharmacist's practice in making up physicians prescriptions,
4. To improve the facilities and administration of hospitals like institutions as well as good hotels,
5. Not accomodate patients longer than 48 hours in hospitals which have less than 20 beds.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

As I have pointed out that even in the States where separation of medicine and pharmacy is being practiced, the pharmacists can hardly make a living by only filling physicians' prescriptions. For this reason, drug-stores carry merchandise and operate soft drink counters and fountains on the side. I believe, therefore, that in the event the pharmacy is separated from the medicine, it would not bring about an increase of income to pharmacists as much as they expect. And as for physicians, their income from compounding and dispensing of medicines is not their sole income. Most of their income comes from their professional services, such as diagnosis, treatments, injections, operations and callings, etc.

If we can separate practice of medicine and pharmacy, and are able to charge fees purely of our professional services with no inconvenience to patients, it would without doubt be a logical and rightful way of practice. This, I believe, you will agree with me.

However, in putting this satisfactorily into practice, we have to consider the following questions:-

1. How and to what ratio should we divide the charge of medicines between a physician and a pharmacist ?

   It has been the practice of physicians to charge patients no fees for diagnosis but to charge it for compounding and dispensing medicines, and in reality to include in it the fees for diagnosis.

2. What effect will such practice have upon patients ?

   a. Whether or not it causes heavier monetary burden on patients ?

   b. Whether or not it induces patients inconvenience ?

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

3. How about the number of physicians and pharmacists, their distribution and ratio in the country ?

4. Are our pharmacists to-day satisfactory enough in their qualification and education, in knowledge and ability to carry out a separate practice in medicine and pharmacy in our country ?

5. Can we set up a separate practice ? If yes, from when ?

I believe that we should study, at least, these factors thoroughly and then draw our conclusion before we discuss yes or no.

As for Medical Treatment Act, it is, of course, a very good thing that the hospitals be improved in every phase. But if this much alone is forcibly carried out and others are set aside, what would become of private practitioners ?

I am the director of a big general hospital, though in the worst shape now, only hospital in Hiratsuka area. Suppose I exert myself to improve my hospital as best as I can and employ the first-class specialists with salaries on full time basis, and let them treat patients of all classes of people, how would things become ? My hospital, I am sure, will be prosperous. But what would become of the private practitioners in the neighbourhood ?

If the medical school hospitals are left as they presently are, and allow them to absorb patients of all classes of people, and take only very few patients for students' educational purpose, how would it be ?

The results are clear, I believe.

There is no doubt that the general hospitals themselves will become prosperous, if the present Medical Treatment Act be enforced and the reform of the factors other then the improvement in the administration of

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

the hospitals left untouched. But, private practitioners in general will lose their patients. The more the general hospitals flourish, the more the practice of private practitioners decline. And no matter what you say that you want to write prescriptions or not, or that you want to compound and dispense medicines or not, you will come to lose your patients by and by.

Thus the problems will become fundamentally more drastic than that of compunding and dispensing of medicines.

As I have told you, these problems are being satisfactorily settled in the States.

I sincerely hope, therefore, that you would study thoroughly the difference of social, medical and pharmaceutical conditions between America and Japan, and would find out a sure solution for us.

Recently, at the so-called "Sanshi-kai" which consists of the Committees of the Medical, the Pharmaceutical and the Dental Association the principle of a separation of respective practice has been acknowledged. Accordingly, I believe that "Sanshi-kai" was to start right away to investigate the clauses of the Recommendations one by one from every possible point of view in order to find a plan to carry out the separation as easily and as quickly as possible.

Nevertheless, it was my great surprise to hear that the Committees of the Medical and the Pharmaceutical Association at the meeting of the Joint Committees of "Sanshi-kai" had been parted against each other from the very beginning, revolving around "the right" of compounding and dispensing.

In such a case as above, if it was Americans, I am sure, that they would appoint sub-committees to take over each other a portion of work

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

at the first meeting of the Joint Committees of "Sanshi-kai", and each sub-committee would start right away to survey and to study the problem. And the results of their work would be brought to the following meetings of the Joint Committees as occasion demands, and in this way would reach a final solution. It would be easy for them to adopt this kind of process and after all they would settle the matter by friendly talkings.

I cannot understand why the Committees of the Medical and the Pharmaceutical Association had started such conflict at the very beginning. If they were driven into opposition after having had carefully studied and conferred each other, it can be understood. But, standing against each other from the very beginning will not get them anywhere and cause them to lose sympathy of the general public. If one group did not have sufficient reasons to win the other one to consent, the dispute would naturally be endless and in the end may bring about a collision of feelings, with no satisfactory solution of the problem at all.

Medical doctors and pharmacists are supposed to be men of high education, and, therefore, should command respect of the public in general. And in turn they bear responsibility and obligation to the public by rendering services. I hope they would work together and talk frankly to find solution in settling the matter in the interest of the public at large, if for no other reason.

I know that the Medical Association is in a great bustle, taking it up as an ultra-vital question which relates the fate of physicians in the whole country. I admit that there is reason for the Medical Association to be topsy-turvy. But, if I may be permitted, I dare say that personally I believe that the problem of "compounding and dispensing" is by far the less important than the problem of

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

"the Medical Treatment Act". This is to say, I believe the Medical Treatment Act is by far the more critical not only for medical practitioners, but also for the public in general.

I cannot help but wonder why the Medical Association has not considered this Act more seriously.

If you consider a counter-plan for this Act, and take a measure to cope with the situation in our country, the question of "compounding and dispensing" will solve itself out.

I want to emphasize over again the importance of the Medical Treatment Act, for I believe that it involves various vital questions for us, as well as for the general public.

I sincerely hope that you would start at once to study one after another the clauses of the Recommendations of S.C.A.P., in addition to the following Questions which I propose. I believe the following are also important and undeniable, if plans are to be set up after American patterns.

I. Re-organization of all hospitals

1) Limit the clinics of general hospitals to indigent patients.

2) Open general hospitals to private practitioners.

3) Limit the medical school hospitals to indigent patients or patients because of the nature of their diseases are valuable study for students.

4) Increase the members of the clinical teaching-staff of medical schools as many as possible. That is, adopt subject system instead of chair system.

5) Do not put each department of clinical medicines of medical schools under the sole control monopoly of a professor.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

6) Employ members of clinical teaching-staff of medical schools on non-salary basis, as much as possible.

7) Set up free service plan of private practitioners for indigent patients of general hospitals.

8) Improvement of internship and set up residency system.

II. Abolition of title in medicine (Gakui). Let M.D. be the only and the highest degree for medical profession.

III. Immediate and complete abolition of treatments of patients in Health Centers.

IV. Fundamental revision of medical service fees.

V. Revision of social and national health insurance policy.

VI. Entire abrogation of physicians income-tax, or a great reduction of taxation rate.

VII. Complete and immediate prohibition of advertisements of pharmaceutical products in newspapers, general magazines and posters, etc. Set a law with severe punishment for violators. Advertisements of pharmaceutical products must be done directly from makers to physicians and pharmacists.

VIII. Improvement in education of pharmacists in accordance with the Recommendations.

IX. Limit "patent medicines" to the possible fewest kinds.

X. Set a law to prohibit pharmacists' compounding and dispensing of drugs without physicians' prescriptions. Set punishment regulations and take close supervision upon offenders.

P.S. However, it is a real revolution of medical and pharmaceutical worlds in this country to set up plans after American system. Therefore, much

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

cannot be accomplished only by the conferences of the Joint Committees of 'Sanshi-kai', for the problem is too big to be handled by themselves. The authorities concerned in G.H.Q. have been considerate and sympathetic to an unlimitted extent for the public health and welfare of our country. There is no doubt, therefore, that they would always be willing to back us up, if we are determined to accomplish it. I believe now is the best time for us to go ahead. It is not too much to say that, if we miss this golden opportunity to-day, we may never be able to sweep away all the evil practices of long standing in our medical and pharmaceutical domains.

I hereby propose that the Committee be organized at once to investigate various questions and to make plans to meet best in our country, and in the Committee be included only the best men of justice and courage. And I ask you hereby that the Kanagawa Prefectural Medical Society would take initiative to become the nuclear force in spreading this movement.

Despite the fact that I accepted your kind invitation to speak before you, I have been very busy officially and privately lately, and I have come here without a sufficient preparation. I sincerely ask you a thousand apologies that I have made a long and tiresome talk. And I appreciate very much your kind and long attention. Thank you.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Delivery Sheet

(TO: Public Health Section)

No. 876 Date 12 May 1951

1. Monthly Report of Scoring and Grading Food Establishments for April, 1951

Shizuoka, Nagano,

2. Monthly Report of Veterinary Information for April, 1951 (Public Health Section)

Nagano,

3. Monthly Report of Veterinary Information for April, 1951 (Livestock Section)

Nagano,

4. Dysentery Group Outbreak from 1948 to May 1951

Nagano,

IN
MAY 12. 1951
AGE CENTER
ANTO CAFF
EGION

KANTO
Liaison & Coordination Office

K. Narita, Director
(K. Kaneko, officer in charge)

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

SHIZUOKA PREFECTURAL GOVERNMENT

May 7, 1951.

SUBJECT: Scoring and grading food establishments.
(For the month of April, 1951)

TO : Chief, Public Health Section,
Kanto Civil Affairs Region.

Herewith is submitted our report on the above subject, as per attached sheets.

FOR THE GOVERNOR:

Hisaya Endo

Hisaya Endo

Chief,
Liaison Office,
Shizuoka Prefecture.

Received
K.L.A.O.
26.5.11
ATMB

The A marked:

REPORT FOR TOTAL FIGURES OF THE ESTABLISHMENTS GRADED AND SCORED DURING THE MONTH OF 4 '51

Shizuoka Prefecture

Areas: (City or H.C. District) \ Kind of business:	Restaurants (establishments serve foods and beverages)	Cafe (excluding beverages serving)	Bakeries	Ice Candy Manufacturing(incl Ice Cream)	Milk Plants (bottled or special milk)	Milk Plants (processed)	Milk Plants (sub-milk products or its similar)	Butchers	Meats Processing Plants	Sea Foods Shops	Sea-Foods Markets	Fish Cake Processing Plants	Sea Foods Refrigeration (cold storages)	Refreshing Drinks (soft)	Ice Dealers(incl making, selling & natural ice collecting)	Processed foods in soy (boiled), Plants	Canning or Bottling Plants (besides the above)	Hotels	Total:
Shizuoka H. C.																		2	7
Atami "	2	1						2										10	23
Mishima "			1					7	1									1	3
Numazu "	2																	2	17
Yoshiwara "	3	1	1					3		5	2								11
Fujinomiya "	6		3							2								1	6
Shimizu "	1		3							1									
Abe "																		1	6
Shimada "		1		1						2									
Fujieda "																			1
Kawaseki "	1							1											2
Kakegawa "			1			1													1
Iwata "					1														1
Hamamatsu "	1									1								1	3
Ryuhoku "	1																		
Shizuoka City "																			
Total	17	3	7	1	1	1		13	1	11	2							22	91

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

REPORT FOR TOTAL FIGURES OF THE ESTABLISHMENTS GRADED AND SCORED DURING THE MONTH OF 4 '51

Shizuoka Prefecture

The B market:

Kind of Establishment / Name of City, Town or Village	Restaurants (establishments serving foods and beverages)	Cafe (excluding beverages serving)	Bakeries	Ice Candy Manufacturing (incl Ice Cream)	Milk Plants (bottled or special milk)	Milk Plants (processed)	Milk Plants (sub-milk products or its similar)	Butchers	Meats Processing Plants	Sea Foods Shops	Sea Foods Markets	Fish Cake Processing Plants	Sea Foods Refrigeration (cold storages)	Refreshing Drinks (soft)	Ice Dealors(incl making, selling & natural ice collecting)	Processed foods in soy (bolled), Plants	Canning or Bottling Plants (besides the above)	Total
Shizuoka	77	7	14	4	9	4		37	1	53	1	1	2	5	4	3		220
Fujieda	14	2	2	1	1	1		2		2								25
Shimizu	44	3	7	2	3	1		8	1	7				2				78
Numazu	22	2	4	1	1	1		2		2								35
Yoshiwara	2																	2
Fuji	3		1					1										5
Kanbara	1																	1
Kambara	1																	1
Yui	1																	1
Kuno	1																	1
Kawajiri	1																	1
Shimizu Ujiie	1																	1
Total:	167	14	28	8	14	7		50	2	64	1	1	2	7	4	3		374

The C marked:

REPORT FOR TOTAL FIGURES OF THE ESTABLISHMENTS GRADED AND SCORED DURING THE MONTH OF 4 '61

Shizuoka Prefecture

Area: (City or H.C. District) / Kind of business:	Restaurants (establishments serve foods and beverages)	Cafe (excluding beverages serving)	Bakeries	Ice Cream Manufacturing (Including Ice Cream)	Milk Plants (bottled or special milk)	Milk Plants (processed)	Milk products or its similar	Butchers	Meats processing Plants	Sea Foods Shops	Sea Foods Markets	Fish Cake Processing Plants	Sea Foods Refrigeration (cold storages)	Refreshing Drinks (soft)	Ice Dealers (incl. making, selling & natural ice collecting)	Processed foods fa say (boiled), Plants	Canning or Bottling Plants (besides the above)	Hotels	Total:
Shimoda H. C.	4	3	11		2					3	1								24
Atami "	23	9	30		3			4		17	2			1	2		2	30	123
Mishima "	13		11		2			2		1	2	1				1		20	60
Numazu "	16	1	12		4			15	3	30		6		3	2		1	3	97
Yoshiwara "	21	2	19		3	1		13		10	4	1						12	88
Fujinomiya "	30		12							1		3							43
Seimizu "	59	3	30	28	1			1		13				2				11	145
Aso "	5	3	1					2										2	18
Shimada "	3	3	7	3				2		9								5	32
Fujieda "	1	12			2								1					1	21
Kanaoka "	3							2		2									7
Kakegawa "	37	4	30		11			9		27								12	130
Iwata "	7	2	4		6			12		40	2	2					1	3	71
Hamamatsu "	1							2		2					1			2	7
Mikkabi "	11	1	3					11	1	10		1		1		2	1	1	43
Shizuoka City "	17		16		2									1		2		1	39
Total	251	43	186	31	36	1		95	4	172	11	14	1	7	5	5	5	120	961

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

The D marked:

REPORT FOR TOTAL FIGURES OF THE ESTABLISHMENTS GRADED AND SCORED DURING THE MONTH OF 4 '51

Shizuoka Prefecture

Area: (City or H.C. District) / Kind of business:	Restaurants (establishments serve foods and beverages)	Cafe (excluding beverages serving)	Bakeries	Ice Candy Manufacturing (incl Ice Cream)	Milk Plants (bottled or special milk)	Milk Plants (processed)	Milk Plants (Sub-milk products or its similar)	Butchers	Meats Processing Plants	Sea Foods Shops	Sea Foods Markets	Fish Cake Processing Plants	Sea Foods Refrigeration (cold storages)	Refreshing Drinks (soft)	Tea Dealers (incl mfg, selling & natural ice collecting)	Processed foods in soy (Koji od), Plants	Cooking or Serving Places (besides the above)	Hotels	Total:
Shimoda H. C.	3	4	7		1			1		3	1				2			17	45
Atami "	4	1	12							3								3	23
Hashima "	6		4		6	1				3							2	2	84
Numazu "	19	3	16		2	1		6	1	28	3	4	1					1	38
Yoshiwara "	11		15		3			2		2	2	2							31
Fujinomiya "	24		2									1						8	75
Shimizu "	43	2	15	6				4											58
Aso "	34	14	5	1				2		6	1							2	16
Shimada "	0		1								2	13			6			1	30
Fujieda "	4	4						1		4								1	24
Kanaoka "	10		12		1			4		10	1							7	50
Yaizaki "	11	1	15					3		9	1							3	30
Iwata "	1	2	3							1	1				1	1		1	19
Hamamatsu "								2		3	1					2			18
Ikkabi "	2		5		3														
Shizuoka City "	6	1	9																
			1																
Total	183	32	130	7	16	2		24	1	24	20	20	1		3	11		47	576

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

Disapproved

The ____ marked:

REPORT FOR TOTAL FIGURES OF THE ESTABLISHMENTS GRADED AND SCORED DURING THE MONTH OF 4 '51

Shizuoka Prefecture

Areas: (City or H.C. District) / Kind of business:	Restaurants (establishments serve foods and beverages)	Cafe (excluding beverages serving)	Bakeries	Ice Candy Manufacturing (incl Ice Cream)	Milk Plants (bottled or special milk)	Milk Plants (processed)	Milk Plants (sub-milk products or its similar)	Butchers	Meats Processing Plants	Sea Foods Shops	Sea Foods Markets	Fish Cake Processing Plants	Sea Foods Refrigeration (cold storages)	Refreshing Drinks (sort)	Ice Dealers (incl making, selling & natural ice collecting)	Processed foods in scy (boiled), Plants	Canning or Bottling Plants (besides the above)	Hotels	Total:
Shimoda H. C.	4		2							4								2	13
Atami "	1		3							1								4	9
Mishima "	1		1		2														4
Numazu "	4		3							2								1	10
Yoshiwara "	1		1	1															3
Fujinomiya "																			
Shimizu "																			
Abe "																			
Shimada "																			
Fujieda "	6							1		4									11
Kawasaki "	6		1							4									11
Kakegawa "										4	1								6
Iwata "	1		1																2
Hamamatsu "																			
Mikkabi "			1																2
Shizuoka City "	1		1																
Total	24		24	1	2			1		26	1							7	72

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

The Total marked:

REPORT FOR TOTAL FIGURES OF THE ESTABLISHMENTS GRADED AND SCORED DURING THE MONTH OF 4 '51

Shizuoka Prefecture

Areas: (City or H.C. District) / Kind of business:	Restaurants (establishments serve foods and beverages)	Cafe (excluding beverages serving)	Bakeries	Ice Candy Manufacturing (incl Ice Cream)	Milk Plants (bottled or special milk)	Milk Plants (processed)	Milk products or its similar	Butchers	Meats Processing Plants	Sea Foods Shops	Sea Foods Markets	Fish Cake Processing Plants	Sea Foods Refrigeration (cold storages)	Refreshing Drinks (soft)	Ice Dealers (incl making, selling & natural ice collecting)	Processed foods in acy (boiled), Plants	Canning or Bottling Plants (besides the above)	Hotels	Total:
Shizuoka H. C.	12	3	28		4	1		1		12	4							6	66
Atami "	41	13	68		3			12		20	3			2	4		2	11	243
Kishima "	26		24		10	2		13	2	14	2	1	1			1		14	157
Numazu "	45	7	38		7	4		24	4	66	3	10	2	3	2	2	1	9	227
Yoshiwara "	52	5	40	1	6			28		36	8	3						21	206
Fujinomiya "	92		25							5									122
Mishimizu "	128	5	76	38	2			1		18		5		2				37	312
Ito "	40	17	6	2				6										11	82
Shimada "	8	8	21	11	1			7		27	1			2	1			17	104
Fujieda "	11	17			2			1		4	2	13	1			6		8	67
Kawasaki "	22		20		1			3		12								2	65
Kakoga "	51	10	58		10			21		44	3			2				30	243
Iwata "	13	5	11		8	1		21		55	7	2					1	8	132
Hamamatsu "	3							3		4	1					1		3	15
Hikabi "	17	1	10		3			14	1	14	1	1		1	2	3	1	3	72
Shizuoka City "	31	1	31		2									1		7		1	74
Total	620	102	445	52	64	8		155	7	336	35	35	4	13	10	19	5	271	2481

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DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Name and Location of Establishments Inspected

Classification	Name	Location	Grade was decided on	Score	Grade
Eating-house (Hotel)	K.K. Shimoda Hot-spring Hotel	Shimoda-machi, Kamo-gun.	April 14	88	B
"	Fujiya Hotel	Atami City	" 2	91	A
"	Kansui-So	Ito City	" 6	92	A
"	Ito-En	"	" 6	76	C
"	Danko-En	"	" 5	76	C
"	Shisuitei	"	" 5	86	B
"	Ebina	"	" 4	91	A
"	K.K. Yamato-Kan	Izu-Nagaoka-machi, Tagata-gun	" 20	86	B
"	Matsuya Hotel	1976, Shimbashi, Gotemba-machi, Sunto-gun.	" 10	92	A
"	K.K. Minato Hotel	Mansei-cho, Shimizu City.	" 25	83	B
	(Remark: Being repaired).				
"	K.K. Minaguchi-Ya	Okitsu-machi, Ihara-gun.	" 2	81	B
"	YOSHIMURA Jisuke	Shizunami, Kawasaki-machi, Haibara-gun.	" 10	71	C
"	AIDA Genjiro	"	" 17	62	D
	(Remark: Additional rooms being constructed.)				
"	Yoshino-Ya	Kiga-machi, Inasa-gun	" 25	94	A
Cannery	Azuma Foodstuffs K.K.	1514, Hiyoshi, Ooka, Numazu City	" 19	76	C

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Licenses cancelled

None.

Newly licensed

Classification	No. of cases licensed	Reason
Eating-house	54	Facilities commensurate with the standards of the law.
Tea-house	3	"
Confectionery	31	"
Ice-candy manufacturing	4	"
Milk processing	1	"
Meat selling	4	"
Marine foodstuffs selling	4	"
Marine foodstuffs market	7	"
Fish-meat-processing	1	"
Soft drinks manufacturing	3	"
Ice and snow collection	1	"
Total	113	

Suspension of business, and the reasons thereof

Classification	No. of cases suspended	Reasons
Eating-house	1	Directions stated in the Regulation for the Enforcement of Food Sanitation Law, Article 21, Item 2 were not observed.
Confectionery	2	"
Total	3	

Problems encountered in the inspection of establishments

None.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

NAGANO PREFECTURAL GOVERNMENT

PUBLIC HEALTH SECTION

File: NLS-1961

May 10, 1951

TO: Chief of Kanto Civil Affairs Region
Attention: Public Health Section, Veterinarian

THRU: Kanto Liaison & Coordination Office

SUBJECT: Monthly Scoring and Grading Food Establishment Report.

We hereby submit the above report for April as attached sheets.

For the Governor; S. Kurashina
S. KURASHINA,
Chief, Liaison Sect.

NK/TM

Received
K.L.O.O
26. 5. 12
TLMB

1. A List of scoring and Grading of Principal Food Establishments

Establishment	Date of Grading	Score	Grade	Name of house	Address	Owner	Action took by Health Center
Restaurant (Inn)	April 28	88	B	Sasaya Hotel	3,055, Togura-machi, Hani-shina-gun	Mitsu Sakai	
"	"	91	A	Nishi-Ishikawa	Asama, Hongo-mura, Higashi-chikuma-gun	Eikichi Ishikawa	
"	"	87	B	Takano-yu	"	Misuyo Suzuki	
"	"	82	B	Yoshinoyu	"	Kazuo Imai	
"	"	82	B	Fukinoyu	"	Kumao Takizawa	
"	"	84	B	Koyanagi	"	Tadao Miura	
"	"	80	C	Suwako Hotel	460, Minamimachi, Kawasaki city. 688 Koyanagi-machi, Suwa city	Shotaro Asaji	
"	"	85	B	Kanko Hotel	640, Nakahama-cho, Suwa city	Masao Fujimori	

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

Restaurant (Inn)	April 28	84	B	Hamanoyu	1, Higashimachi, Suwa city. Nakahama-cho, "	Hisao Yamazaki	
Restaurant (Ordinary dinning hall)	April 20	72	C	Iseya	126, Nakagomi-cho, Minamisaku-gun	Tadao Kitamura	
"	" 27	78	C	Tagoto	193, " "	Tsuyako Takahashi	
Restaurant Cabaret	"	76	C	Shinsekai	87, Nakagomi-cho, "	Toku Nakajima	
" (Caterer)	" 12	80	C	Ichimatsu	82, "	Kazuichi Shibuya	
Butcher	" 26	79	C	Nakayama	1055, Kamimaruko, Marukomachi, Chiisagata-gun	Kahei Nakayama	
"	"	74	C	Torimatsu	970, " "	Tomio Takeda	

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

II. Food Establishments,Permit, Revoked, Suspension etc.

Item Classification / Business Classification	No. of Permit	Permit revoked	Reason for revocation	Business suspension	Reason of suspension	Remarks Reinspection
Eating establishment	53	3	Closed business	-	-	-
Confectionary	41	-	-	-	-	-
Ice Candy ~~Confectionary~~ Maker	1	1	Closed business	-	-	-
Butcher	4	-	-	-	-	-
Seafoods shop	71	-	-	-	-	-
Bean curd maker	21	-	-	-	-	-
Edible oil pressing business	2	-	-	-	-	-
Noodle maker	1	-	-	-	-	-
Seafoods peddler	26	-	-	-	-	-
Ice Candy maker	9	-	-	-	-	-
Total	231	4				

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Nagano Prefecture

The Excellent (A) Marked

REPORT FOR TOTAL FIGURES OF THE ESTABLISHMENTS GRADED AND SCORED DURING THE MONTH OF APRIL, '51

Areas (City or H.C. District) / Kind of Business	Restaurants (establishments serve foods and beverages)	Cafe (excluding beverages serving)	Bakeries	Ice Candy Manufacturing (incl. Ice Cream)	Milk Plants (bottled or special milk)	Milk Plants (processed)	Milk Plants (sub-milk products or its similar)	Butchers	Meats Processing Plants	Sea Foods Shops	Sea Foods Markets	Fish Cake Processing Plants	Sea Foods Refrigeration (cold storages)	Refreshing Drinks (soft)	Ice Dealers (incl. making, selling & natural ice collecting)	Processed Foods in soy-bean (boiled), Plants	Canning or Bottling Plants (besides the above)	Hotel	Total
Nozawa H.C.																			
Komoro "																			
Ueda "								2											2
Suwa "								1											1
Okaya "																			
Ina "								1		1									2
Iida "																			
Fukushima "								1											3
Matsumoto "			2																
Toyoshina "																			
Omachi "																			2
Shinonoi "			2																5
Matsushiro "			5																
Suzaka "																			4
Nakano "			4																
Nagano "																			
Iiyama "																			19
Total			13					5		1									

NK/TM

The Good (B) Marked

REPORT FOR TOTAL FIGURES OF THE ESTABLISHMENTS
GRADED AND SCORED DURING THE MONTH OF APR, '51

Nagano Prefecture

Kind of Business / Areas (City or H.C. District	Restaurants (establishments serve foods and beverages)	Cafe (excluding beverages serving)	Bakeries	Ice Candy Manufacturing (incl. Ice Cream)	Milk Plants (bottled or special milk)	Milk Plants (processed)	Milk Plants (sub-milk products or its similar)	Butchers	Meats Processing Plants	Sea Foods Shops	Sea Foods Markets	Fish Cake Processing Plants	Sea Foods Refrigeration (cold storages)	Refreshing Drinks (soft)	Ice Dealers (incl. making, selling & natural ice collecting)	Processed Foods in soy-bean (boiled), Plants	Canning or Bottling Plants (besides the above)	Hotels	Total
Nozawa H.C.																			
Komoro "			1		1														2
Ueda "					2														2
Suwa "	8		1		1			5											15
Okaya "			10		1			1		1									13
Ina "								3											3
Iida "					2			1		40	1								44
Fukushima "	1							1		2									4
Matsumoto "			44		1			12		5	4						1		67
Toyoshina "								4		2									6
Omachi "				1	1														2
Shinonoi "	3		2							1									6
Matsushiro "			6		1			3		10									20
Suzaka "			1					3		9									13
Nakano "	7				3			10		4									24
Nagano "			1					1											2
Iiyama "								3											3
Total	19		66	1	13			47		74	5						1		226

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DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

The (C) Marked

REPORT FOR TOTAL FIGURES OF THE ESTABLISHMENTS GRADED AND SCORED DURING THE MONTH OF APR,'51

Nagano Prefecture

Areas (City or H.C. District) / Kinds of Business	Restaurants (establishments serve foods and beverages)	Cafe (excluding beverages serving)	Bakeries	Ice Candy Manufacturing (incl. Ice Cream)	Milk Plants (bottled or special milk)	Milk Plants (processed)	Milk Plants (sub-milk products or its similar)	Butchers	Meats Processing Plants	Sea Foods Shops	Sea Foods Markets	Fish Cake Processing Plants	Sea Foods Refrigeration (cold storages)	Refreshing Drinks (soft)	Ice Dealers (incl. making, selling & natural ice collecting)	Processed Foods in soy-bean (boiled), Plants	Processed Foods Canning or Bottling Plants (besides the above)	Hotels	Total
Nozawa H. C.	4				1														5
Komoro "	4	1	1		2			2		8					2				20
Ueda "			1					2											3
Suwa "	7		4					7		12	2								32
Okaya "			26					3		10	1								40
Ina "								10		24	1								35
Iida "								16		12	1								29
Fukushima "		3						1		9									13
Matsumoto "	25		40					15		16	1				1		2		100
Toyoshina "	2		6							4									12
Omachi "	21			4	2			2		6									35
Shinonoi "	13		1		1			1		2									18
Matsushiro "	3				2			9		30					1				44
Suzaka "	8				2			7		18									36
Nakano "	6							4		28	1								39
Nagano "	4									2									6
Iiyama "	1	1						4		3									9
Total	98	5	79	4	10			83		184	7				4		2		476

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

The D Marked

REPORT FOR TOTAL FIGURES OF THE ESTABLISHMENTS GRADED AND SCORED DURING THE MONTH OF APR., '51

Nagano Prefecture

Area (City or H.C. District) / Kinds of Business	Restaurants (establishments serve foods and beverages)	Cafe (excluding beverages serving)	Bakeries	Ice Candy Manufacturing (incl. Ice Cream)	Milk Plants (bottled or special milk)	Milk Plants (processed)	Milk Plants (sub-milk products or its similar)	Butchers	Meats Processing Plants	Sea Foods Shops	Sea Foods Markets	Fish Cake Processing Plants	Sea Foods Refrigeration (cold storages)	Refreshing Drinks (soft)	Ice Dealers (incl. making, selling & natural ice collecting)	Processed Foods in soy-bean (boiled), Plants	Canning or Bottling Plants (besides the above)	Hotels	Total
Nozawa H.C								4		12					5				28
Komoro "	3	1			3														
Ueda "								6		18	1								29
Suwa "	3				1														
Okaya "								2		27									29
Ina "	4				1			2		38	1								46
Iida "								1		10	1								12
Fukushima "	6				3			6		35									50
Matsumoto "	6							9		23	1			1	1		1		42
Toyoshina "					2			2		4									8
Omachi "	23	4		3				1		15									46
Shinonoi "	6																		6
Matsushiro "								5		5									10
Suzaka "		1						2		12									15
Nakano "					2			2		6									10
Nagano "																			
Iiyama "	5							1											6
Total	56	6		3	12			43		205	4			1	6		1		337

SK/TM

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The ____Poor____ Marked

REPORT FOR TOTAL FIGURES OF THE ESTABLISHMENT GRADED AND SCORED DURING THE MONTH OF APR.'51

Nagano Prefecture

Areas (City or H.C. District) \ Kinds of Business		Restaurants (establishments serve foods and baverages)	Cafe (excluding beverages serving)	Bakeries	Ice Candy Manufacturing (incl. Ice Cream)	Milk Plants (bottled or special milk)	Milk Plants (processed)	Milk Plants (sub-milk products or its similar)	Butchers	Meats Processing Plants	Sea Foods Shops	Sea Foods Markets	Fish Cake Processing Plants	Sea Foods Refrigeration (cold storages)	Refreshing Drinks (soft)	Ice Dealers (incl. making, selling & natural ice collecting)	Processed Foods in soy-bean (boiled). Plants	Canning or Bottling Plants (besides the above)	Hotels	Total
Nozawa	H.C.																			
Komoro	"	3		1	1						10									15
Ueda	"								2											2
Suwa	"	3		3					2		50	1								59
Okaya	"	16	1	22							38									77
Ina	"	50				3					3									56
Iida	"										2	2								4
Fukushima	"																			
Matsumoto	"			1					1		15					1		1		89
Toyoshina	"	4		9					9		15									37
Omachi	"	36	2	12					2		5					2				59
Shinonoi	"																			
Matsushiro	"																			
Suzaka	"																			
Nakano	"	12		3																15
Nagano	"	5																		5
Iiyama	"																			
Total		129	3	51	1	3			16		138	3				3		1		348

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

NAGANO PREFECTURAL GOVERNMENT
PUBLIC HEALTH SECTION

File: NLS-1955
May 10, 1951

TO: Chief of Kanto Civil Affairs Region
Attention: Public Health Section, Veterinarian

THRU: Kanto Liaison & Coordination Office

SUBJECT: Veterinary Information Report

We hereby submit the above report for April Month

(From April 1 to 30) as attached.

For the Governor: S. Kurashina
S. KURASHINA.
Chief, Liaison Sect.

NK/TM

Received
G.H.Q.
25 5. 11
AG 16.2

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

VETERINARY INFORMATION SHEET

(Period: From April 1
To " 30)

Public Health Section, Nagano-ken

A. RABIES CONTROL:

1. Number of animals (dogs) vaccinated and areas:

Area	No.
Throughout the Pref.	28,168

2. Number of rabies cases:

None

3. Number of specimens submitted to the laboratory:

None

4. Number of rabies cases diagnosed:

a. Clinically: -

b. Laboratory Confirmations: -

5. Number of animals remaining to be vaccinated:

11,644

6. Number of stray dogs collected:

48

7. Disposition of all stray dogs: Same as the previous report

8. Number of retention pens available and locations:

Pens	Location
48	17 Health Centers

9. Were any prevaccinated animals found to be rabid - Give details

None

10. Is there sufficient vaccine available in prefecture for the rabies control program? (Yes, 21,750 c.c.)

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11. How many animals were vaccinated by private practitioners?

28,168

12. Any remarks pertinent to the rabies control program (Detailed)

Same as previous report

(Annex Report according to Memorandum KPH 700, dated on 8 June 1950)

B Area of occurrence of all rabies cases (animal) in the prefecture during this year and number of case outbroken by each gun;

None

C Area in which human death have occurred by Rabies during this year and number of cases by each gun;

None

B. MEAT INSPECTION:

1. Ante and postmortem inspections on the following livestocks:

	Cattle	Calves	Horses	Swine	Sheep	Goats
No. of slaughtered	263	44	477	1,063	2	6
Body wt.	85,812	4,857	165,001	93,742	85	252
Dressed wt.	38,544	2,189	71,029	54,108	36	152
Condemed Antemortem	-	-	-	-	-	-
Condemed Postmortem	-	-	-	-	-	-
Wholly	690 kg.	-	-	75 kg.	-	-
Partial	367	25	195	16	-	-
Viscera	412	19	175	49	5	-

2. Number of "TB" and "Brucellosis" reactors referred for slaughter:

TB ..... 17 Brucellosis 1

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3. What disposition was made of all TB reactors?

Throw out lymphatic glands and diseased parts.

Disinfected slaughterhouse with phenol and cresol

4. List number of diseases diagnosed on antemortem inspection:

1.	Difficult delivery	5
2.	T B	17
3.	Intestinal break	2
4.	Pneumonia	6
5.	Bone spraining	11
6.	Over-eaten	2
7.	Kolik	3
8.	Infectious anaemia	9
9.	Gastritis vulnus	1
10.	Acute Meteorismus	4
11.	Bone dislocation	1
12.	Brucellosis	1

5. What disposition was made on animals found to be diseased on antemortem inspection:

	Name of disease	Disposition done
1.	Fifficult delivery	Throw out diseased part.
2.	T B	Throw out lymphatic glands & diseased part.
3.	Intestinal break	Throw out diseased part.
4.	Pneumonia	ditto
5.	Bone spraining	Throw out Bone sprained part and blood infiltrated part.
6.	Overeaten	Throw out viscera diseased part.

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Name of disease	Disposition done
7. Kolic	Throw out viscera diseased part.
8. Infectious anaemia	Throw out water boiled part and viscera diseased part.
9. Gastritis vulnus	Throw out viscera diseased part.
10. Acute meteorismus	Throw out viscera diseased part.
11. Bone dislocation	Throw out blood infiltrated part & Inflammated part.
12. Brucellosis	Throw out diseased part.

6. How many postmortem condemnations were made during this period?

a. Complete 3

b. Partial 127

7. For what conditions were condemnations made:

Complete	Partial		Pathology
	77 cows	1 cow	Brucellosis
		1 cow	Boil
		16 cows	TB, boil of each lymphatic gland.
		41 cows	Distoma
		16 "	Inflammated parts or stained by filth
		2 "	Changed by disease or atrophy
2 cows		1 cow	TB, boil of lymphatic gland, asthenic of whole body.
		1 cow	Inflammation and filthily stained.

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Complete	Partial	Pathology
6 calves	4 calves	Inflammation or filthily stained
	2 "	Others
11 swines	2 swines	Inflammation or filthily stained
	1 swine	Poisoned
	8 swines	Others
1 swine	1 swine	Uraemia
32 horses	9 horses	Infectious Anaemia
	2 "	Pyaemia
	1 horse	Poisoned
	17 horses	Inflammation or filthily stained
	1 horse	Changed by disease or atrophy
	2 horses	Others

8. What postmortem conditions (generalized or localized) were observed and passed as fit for human consumption:

Pathology		Extent
Brucellosis	1 cow	Throw out diseased parts.
Boil	1 "	Throw out boiled diseased parts.
T B	17 cows	Throw out lymphatic glands & diseased parts.
Distoma	41 "	Throw out viscera parasited parts (Liver)

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Pathology	Extent	
Stained by filth	17 cows 4 calves 2 swines 17 horses	Throw out blood infiltrated parts.
Changed by disease or atrophy	2 cows 1 horse	Throw out parts/changed by disease or atrophy
Others	2 calves 8 swines 1 sheep 2 horses	Throw out viscera
Poisoned	1 swine	Throw out diseased parts.
Infectious Anaemia	9 horses	Throw out water boiled part & viscera.
Pyaemia	2 horses	Throw out diseased parts.

9. Are records kept on all postmortem findings?

Yes, the records were kept.

10. Are all carcassed properly stamped after being passed by inspectors?

Yes, all carcasses were stamp properly.

11. Are inspectors always present during inspection?

Inspectors were always present.

12. How much emergency slaughtering was done during this period and for what conditions ?

Meteorismus	8 cows	11 cows
Difficult delivery	2 "	
Bone spraining	1 cow	

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Bone spraining 11 horses

Difficult delivery 3 swines

13. How much slaughtered meats in diverted to meat processing plants?

Cow meat ..... 1,211 K.

Swine " ..... 4,538 K.

Rabbit " ..... 5,238 K.

Sheep " ..... 10 K.

Horse " ..... 34 K.

14. What type or types of processed meats are manufactured in the processing plants ?

Ham, Pressed ham, Sausage, Bacon

15. What quality controls are maintained on processed meats ?

Using inspected meat for processing, and enforced strongly to keep the processing place clean and handle instruments sanitarily.

16. How many samples were collected during this period and what was laboratory findings ?

Processed goods (Meat)	Test view
Ham	(Decay test, parasite test, (Ammonia test

Found no inferior goods.

Sanitary inspection of meat processing establishment

a. No. of establishment: ... 11

b. No. of establishment inspected:..... 6

c. Sanitary condition:..... Excellent 0
Good 4
Fair 2
Poor 0

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d. Amount of meat and meat food products examined .... 410 Kg.

e. Amount of meat and meat food procuts condemed ..... -

f. Cause for condemnation .... -

g. Disposition of condemed goods .... -

17. Is there any evidence of fraudulent activities in meat processing plants?

None

18. Give detailed report as to auticipated programs and completed programs in reference to meat plant sanitation ?

Taking non-inspected meat but at the inspection put grading score on them.

19. Is there a detailed list of all formulas used in sausages meats available at the prefectural office ?

None

C. DAIRIES AND MILK PROCESSING PLANTS

1. Sanitary inspections on dairy farms, milk plants, establishments producing milk products

(1) Special milk: None

(2) Ordinary milk:

a. No. of farm inspections: 292

b. Sample examined: 73

c. Over bacterial standards: (1c.c. 4,000,000) None

d. Under butterfat standard: 11

e. Number plant inspection: 104

f. Samples examined: 26

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(3) Goat Milk:

a. No. of goat farms inspections:

b. Sample examined:

c. Over bacterial standard: (4,000,000 per 1 c.c.)

d. Under butterfat standard:

(4) Amount of milk produced during (April) 1951

Type of Milk	No.of Farms	No. of cows & goats	Amount of output
Special Milk	-	-	-
Ordinary milk	3,524	3,861	1203,905
Goat milk	-	-	-

(5) Amount of milk bottled in milk plants

Type of Milk	No. of plants	Raw Milk	Pasteurized	Sterilized
Ordinary milk	41	137,903	51,791	86,112

(6) Milk products produced in (April) 1951

Recombined milk (Kg)	
Whole powdered milk (Kg)	19,423
Modified powdered milk (15% added sugar)	336,655
" (35% " ")	-
Sweetened condensed milk	124,468
Evaporated milk	7840
Butter	11,216
Cheese	-

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2. What is volume of raw milk produced for consumption as such ?

None

3. What is the result of bacterial analysis for this period (plate count)?

Also give coliform index in each case.

as attached.

4. Is the "Phosphatase Test" use on pasteurized milk? Give details

Not performed

5. Is their evidence of mastitis as demonstrated by cultural analysis? (Detailed)

None

6. Give results of bacterial analysis performed on dairy utensils.

How often is this accomplished ?

Not performed

7. Discuss in detail programs of improvement in the handling of milk and equipment:

Called out Dairy Asson. chiefs to the pref. office and gave instructions on sanitary handling and improvement of milk farm, milk collecting place and milk plants.

D. SEAFOOD PROCESSING

1. Total tonage of seafood imported into the jurisdiction:

(a) Sanitary inspections of wholesale seafood makers:

Number of establishments: 34

Number of establishment inspected: 19

Sanitary condition:	Super-excellent:	5
	Excellent:	7
	Good:	4
	Fair:	3

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Amount of seafood examined: 1221,049

Amount of seafood condemed: 250 Kg.

Cause for condemnation:

Disposition of condemed: As they are below the standard freshness they are used for animal feeds or fertilizer.

d. Sanitary inspections of seafood processing plants:

Number of establishments: 22

Number of establishment examined: 2

Sanitary condition: Super-excellent:

Excellent:

Good:

Fair: 1

Poor: 1

Amount of seafood products examined: 68 Kg.

Amount of seafood and seafood products condemed: -

Cause for condemnation: -

Disposition of condemed: -

2. Discuss in detail all conveyances used in shipment as to <u>sanitation</u> and <u>refrigeration.</u>

Seafoods brought in by refrigerated freight car are transferred to cold storage by sanitary truck of the market and kept there after sanitarians inspected freshness of the seafoods.

3. List the prefectures giving the most trouble in the shipment of seafoods and in what respect?

None

4. What improvements have been made in the large fish markets?

We are guiding to meet the standard according to the Food Sanitation laws enforcement regulations.

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5. How many samples were submitted to the laboratory for analysis?

Raw fish ....None Processed goods .... None

6. Are fish canning factories maintaining adequate sanitary standards? (Discuss)

None

7. What improvements have been made in seafood processing plants during this period?

None

8. Discuss storage facilities for seafoods-both processed and raw.

Fresh seafoods are kept in refrigerators or cold storages, processed goods are kept in the storage perfectly equipped preventing rats and insects.

E. GENERAL INFORMATION:

1. What training programs were accomplished for prefectural veterinarians (PH.)?

Carried out short course on the ministerial ordinance concerning ingredient standard of milk, milk processed and similar goods to sanitarians of each health center and person engaging dairy business.

2. What educational programs were conducted for processors of food stuff?

Gave sanitary education to ice candy makers, milk farmer and eating establishment businessmen concerning improvement of the establishments and sanitation in general.

3. Discuss cold storage and refrigeration plants from the standpoint of sanitation and storage capacity.

Sanitary condition of seafoods and meat in generally good.
Storing capacity is sufficient at present.
Materials are obtained smoothly.

4. What licensing procedure are followed in the licensing of new food processing establishments? How many such plants have been licensed?

Licenses of meat & seafoods business shall be applied to Health Center. When all equipments met with the standard after inspection by the Food Sanitarians, the Health Center will issue the license. Other business licenses will be issued after the same procedure for the application and Health Center submit the application with the opinion to the pref. office and when all requirements are met with the standard.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

No. of licenses in this month:

Sea foods store -

Seafoods peddlers -

Meat shop -

5. Discuss present methods of transporting slaughtered carcasses, raw milk etc. and outline trends toward improvement.

Dressed meat are transferred by clean auto-trucks.
Raw milk is put in perfect milk cars and transferred by various vehicles.
Transportation of raw milk should be made with refrigerated car, therefore we are trying to make further improvement along this line.

6. Discuss any other problems relevant to veterinary (PE) problems.

None

7. Veterinary and food sanitation inspections of canning plants ((1) seafood, (2) meat, (3) fruits & vegetables)

a. Number of food establishment: 37

b. Number of food establishments inspected: 5

c. Number of cases of food condemnations: None

d. Number of suspensions: None

e. Number of permit revoked: None

f. Number of violation cases in civil court: None

For the Governor: Signed: _____

S. KURASHINA,
Chief, Liaison Sect.

NK/TM

Nagano Prefecture
(Attached Sheet C-3)

Result of Bacterial Analysis of Milk (Inspection by Microscope)

Name of Milk Plant	Milk was taken up for inspection at	Time required from taking up milk to completion of inspection	Time required from milking or handling to completion of inspection	Type of milk taken up	No. of bacteria in pp. 1 cc.	Results of inspection	Remarks
Hotaka-machi, Minamiazumi-gun G. Yamamoto	Toyoshina-machi	2 hours 20 m.	3 hours 50m.	Pasteurized	390	Suitable	
" H. Hirabayashi	"	2 " 10m.	3 " 40m.	"	380	"	
Matsumoto city Shochiku Milk Business Coop. Asson.	Shochiku Milk Business Coop. Asson.	1 hour	2 hours	"	650	"	
Hongo-mura Agr. Coop. Asson.	Agr. Coop. Asson.	"	"	"	880	"	
Matsumoto city Morinaga Milk Co., Ltd.	Morinaga Milk Co., Ltd.	"	"	"	500	"	
Shochiku Milk Business Coop. Asson.	Shochiku Milk Business Coop. Asson.	"	"	Non- "	900	"	
Komoro-machi J. Kimura	Komoro	"	"	Pasteurized	11,000	"	

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773013

Iwamurada-machi, T. Nakamura	Iwamurada	2 hours	3 hours	Pasteurized	22,200	Suitable
Miyota-mura, S. Odai	"	3 "	4 "	"	10,000	"
Karuizawa-machi, T. Goto	Karuizawa	3 "	4 "	"	14,300	"
" H. Kobayashi	"	3 "	4 "	"	11,200	"
" Y. Ide	"	3 "	4 "	"	23,200	"
Nakano-machi, T. Azagami	Milk Plant	1 "	2 "	Non- "	9,500	"
" T. Shiozaki	"	2 "	3 "	"	10,500	"
Kamisato-mura, Iida Milk Co., Ltd.	On street	1 hour	3 "	Pasteurized	2,050	"
"	"	"	4 "	"	2,400	"

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 743013

Iida city, Municipal Milk Plant	On street	1 hour	4 hours	Pasteurized	2,300	Suitable
"	"	"	"	"	2,250	"
Ueda city, Jyosho Milk Business Coop. Assoc.	Handling place	35 m.	Unknown	"	120	"
"	On street	1 hour	"	"	200	"
"	"	"	"	"	250	"
Chikusata-gun, Kurashiro-mura, H. Kurashina	Handling place	"	3 hours 30m.	Non- "	250,000	"
Ueda city, Jyosho Milk Business Coop. Assoc.	"	35 m.	2 hours	Pasteurized	180	"
"	On street	1 hour	"	"	200	"
"	"	"	"	"	250	"

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773013

Kamishina-mura, Chiisagata-gun H. Kurashima	Handling place	1 hour	3 hours 30m.	Non-pasteurized	250,000	Suitable
" M. Takizawa	"	"	3 "	"	270,000	"
Kangawa-mura, " S. Yamaura	"	"	"	"	200,000	"
" S. Yamaoka	"	"	"	"	270,000	"
Kamishina-mura, " K. Takizawa	"	"	"	"	250,000	"
Kangawa-mura, " S. Yamaura	"	"	"	"	200,000	"
" S. Yamaura	"	"	"	"	270,000	"
Mamejima Dairy firm Assen.	Meiji Yoshida Plant	Immediately	30 m.	"	150,000	"

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773013

Naniai-mura, "	"	"	3 hours	"	150,000	"
Minochi-mura, "	"	"	"	"	150,000	"
Chosui Milk Business Coop. Asson.	Chosui Milk Business Coop. Asson.	"	Immediately	Pasteurized	30,000	"
Toyoi Dairy Firm Asson.	Toyoi Dairy Firm Asson.	1 hour	5 hours	Non- "	20,165	"
Okaya city N. Chino	On street	2 hours	4 "	Pasteurized	12,750	"
T. Hanaoka	Collecting place	2 "	4 "	Non- "	170,000	"
Y. Hama	"	2 "	4 "	Pasteurized	130,000	"
K. Hanaoka	"	2 "	4 "	"	141,000	"

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R. Oguchi	Collecting place	2 hours	4 hours	Non-pasteurized	145,000	Suitable
A. Takei	"	"	"	"	13,900	"
C. Oguchi	"	"	"	"	177,500	"
S. Hama	"	"	"	"	155,000	"
Hama	"	"	"	"	164,000	"
Osachi-mura, R. Yamada	"	"	"	"	170,000	"
E. Ayuzawa	"	"	"	"	127,500	"
S. Hayade	"	"	"	"	155,000	"
M. Hayade	"	"	"	"	155,000	"

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T. Hayade	Collecting place	2 hours	4 hours	Non-pasteurized	150,000	Suitable	
S. Sugimura	"	"	"	"	155,000	"	
T. Ayuzawa	"	"	"	"	170,000	"	
T. Inoue	"	"	"	"	125,000	"	
Meiji Milk Business Hiraga Plant	"	5 hours	7 hours	"	15,000	"	
Nozawa Milk Plant	"	3 "	5 "	"	13,000	"	
Omachi S. Matsuda	On street	40 m.	3 "	Pasteurized	4,000	"	
Ikeda-machi, Y. Kanazawa	"	60 m.	4 "	"	4,100	"	
Yashiro-mura, F. Furihata	"	40 m.	"	"	4,100	"	

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DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

NAGANO PREFECTURAL GOVERNMENT
LIVESTOCK SECTION

File: NLS-1964
May 10, 1951

TO: Chief of Kanto Civil Affairs Region
Attention:

THRU: Kanto Liaison & Coordination Office

SUBJECT: Veterinary Information

In compliance with your memorandum No. 319.1, Sect. 8 Parg. 10, dated Jan. 5, we hereby submit the above report as attached.

For the Governor: S. Kurashina
S. KURASHINA.
Chief, Liaison Sect.

NK/tm

Received
K.L.O.O.
26. 5. 12
TIME 9:—

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

VETERINARY INFORMATION
(FOR APRIL 1--30)

Nagano Prefecture
Livestock Section

A. TUBERCULOSIS:

1. Number of animal tested during the period: 626 (Retested=38)

2. Testing was accomplished in the following areas:

Minamisaku-gun
Suwa-gun
Minamiazumi-gun
Shimotakai-gun
Shimominochi-gun
Nishichikuma-gun
Higashichikuma-gun
Sarashina-gun.

3. No. of positive and/or suspect cases and areas:

Area	Suspects	Positives
Nishichikuma-gun	1	0
Higashichikuma-gun	0	2
Sarashina-gun	0	2
Shimotakai-gun	10	0
Total:	11	4

4. No. of positive reactors sent to slaughter houses: 4

5. No. of animals remaining to be tested: 45402

6. Remarks concerning the "TB" control program:

(a) Sickness and pathological investigation of cattle TB.

(b) Thorough examination and of all milch, working and meat cows, and early elimination of diseased cows.

(c) Perfect disinfection of cattle disease outbroken sheds.

(d) Educational propagation of cattle TB.

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B. BRUCELLOSIS

1. No. of animals (bovine) tested during this period:

85 (Retested= 13)

2. Testing was accomplished in the following areas:

Minamisaku-gun
Minamiazumi-gun
Shimotakai-gun

3. No. of positive and/or suspect cases area:

Area	Suspects	Positive
None		

4. No. of suspects or positive isolated: None

5. In cases of positive or suspects animals, what general sanitary program was effected with regard to milk or milk products:

Not performed in this month

6. No. of goats tested for Brucellosis:

None

7. No. of reactors among goats: None

8. No. of animals remaining to be tested:

a. Milch cow -)
) 49,075
b. Working cow -)

c. Goats - 50,401

9. Remarks in detail regarding the Brucellosis Control program:

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

(a) Enforcement of examination on all milch.

(b) Early discovery and early elimination of diseased cows (For slaughter we carry it out after confering with the Agr. & Forestry Ministry authority concerned)

(c) Enforcement of investigation of causes of abortion and non-pregnant cows, especially enforcement of bacteriological and serological examination.

(d) Prohibition of breeding of positive & suspected diseased cows and their isolation.

(e) Perfect disinfection of filthy shed and other filthy articles.

C SWINE DISEASE:

1. No. of swine vaccinated for the following:

a. Swine Cholera: 297

b. Swine Erysipelas: None

2. In what areas were swine diseases most prevalent:

Area	Name of Disease
Hanishina-gun	Swine Erysipelas
Chiisagata-gun	"

3. No. of fatalities autopsied in each disease diagnosed:

None

4. Write a bried report of autopay findings on one (1) of each disease diagnosed:

None

D EQUINE DISEASE:

1. No. of horses vaccinated for:

a. E. Encephalitis - 376

2. No. of horses remaining to be vaccinated for E. Encephalomyelitis:

30900

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

3. What is the age limit of animal vaccinated for E. Encephalomyelitis:

Above 4 yrs. old - 1 times vaccination

Under 3 yrs. old - 2 " "

4. Area of disease outbreaks of equine disease:

Minami saku-gun
Shimoina-gun
Kitaazumi-gun
Kamitakai-gun
Shimotakai-gun
Minamiazumi-gun
Hanishina-gun
Kamiminochi-gun

5. No. of cases diagnosed for each disease:

Disease	Clinical	Laboratory Confirmation
Infectious Anaemia	585	146
Asphyxia death	1	
Difficult delivery	1	
Bone spraining	1	
Acute Meteorismus	1	
Unable to stand up after delivery	1	
Strangles	1	
Acute gastrectasis	1	
Entritis catarrhus	1	

6. Areas in which cases occurred and number in each:

Area	No.
Minami saku-gun	Infectious Anaemia = 4 Asphyxia death = 2 Difficult delivery = 1

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Area	No.	
Shimoina-gun	Infectious Anaemia horse (suspected)	= 16
	Infectious Anaemia horse	= 14
	Bone spraining	= 1
	Acute Meteorismus	= 1
	Unable to stand up after delivery = 1	
Kitaazumi-gun	Strangles = 1	
Kamitakai-gun	Acute gastrectasis =	
Shimotakai-gun	Entritis catarrhus	
Minamiazumi-gun	Infectious Anaemia horse = 2	
Hanishina-gun	Infectious Anaemia horse = 2 (suspected)	
Kamiminochi-gun	Infectious Anaemia horse = 2	
	Infectious Anaemia horse (suspected)	= 22

7. Attach autopsy report on one of each disease autopsided:

None

8. Bried remarks on the status of equine disease program and suggestions:

(a) Enforcement of special examination in spreading area of Anaemia of horse, early elimination of diseased horse and perfect disinfection of filthy sheds.

(b) Propergation of sanitary thought on horse.

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E. BOVINE DISEASE:

1. No. of cattle vaccinated for: None

a. Anthrax

2. No. of cases of bovine diseases in each case (Exclude TB and Brucellosis)

Disease	No. of Animals
Acute Meteorismus	4
Food poison	1
Chronic Entritis catarrh	1
Bone Spraining	3
Puerperal fever	1
Pericarditis Vulnus	3
Fregnone	1
Liver distoma	1

3. Area of occurrence & Name of disease:

Diseases	Area
Acute Meteorismus	Minamisaku-gun, Kitasaku-gun, Shimoina-gun, Kamitakai-gun.
Food poison	Shimoina-gun
Chronic Entritis catarrh	Shimotakai-gun
Bone Spraining	Shimoina-gun
Puerperal fever	"
Pericarditis Vulnus	Kitaazumi-gun, Shimominochi-gun

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Disease	Area
Fregmone	Kitaazumi-gun
Liver distoma	Shimotakai-gun

4. No. of animals examined Trichomonas: 1

5. No. and disposition of Trichomonas cases: None

6. Reamrks regarding the treatment and control of bovine diseases:

Statistical survey for breed hindrance disease.

F. SHEEP AND GOAT DISEASE:

1. Number cases and type of diseases diagnosed for each animal:

Disease	No.
Goat Acute Meteorismus	2
Puerperal fever	1
Sheep Difficult delivery	1
Acute Gastro-Entritis catarrh	1
Acute Gastrectasis	1
Hepatitis	1

2. Number of disease fatalities autopsied in each incidence of goat and sheep diseases:

None

3. What control programs are being conducted in these diseases:

Diffusion of feeding management improvement.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

G. FOWL DISEASES:

1. Number of Pullorum test conducted on fowl:

400

2. Number of Pullorum disease diagnosed:

Area	Total No. of Chicken	No. of positive
Kitasaku-gun	400	

3. List any other disease diagnosed:

None

4. What is the current fowl disease program:

White diarrhea of chickens outbroken this month were found among those newly hatched chicks brought in from Saitama Pref. and raised by "Battery" chicken raising method and all of them died.

5. Remarks as to problem in fowl disease control:

Establishment of Preventive policy for new-castle disease.

H. GENERAL INFORMATION:

1. What conference were held in the Livestock Veterinary Section:

None

2. What education programs were conducted during the month?

None

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

3. What is the current animal census?

a. Milch cow 7,515

b. Working cow 42,000

c. Horse 31,276

d. Swine 23,696

e. Rabit 234,513

f. Sheep 24,585

g. Goat 50,401

h. Chicken 567,424

4. Works operating actually at 4 breeding station now:

a. Works operating at the Breeding station:

1) Breeding, multiplication of breeding chicken, raising and their disposal.

2) Livestock disposal.

3) Training of technical experts.

b. What problems are encountered?

1) Equipment & extention of sheep breeding station.

2) Efficiency test of breeding chicken egg laying.

5. Were there any cases of Anthrax, Blackieg, Foot and Mouth diseases in the prefecture during this period?

None

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6. Discuss the monthly activity of the "Animal Health Center's in the Prefectures:

1) Examination & inspection of various infectious diseas3 and their statistical survey.

2) Practice of artificial fertilization of livestock and guidance to get lid of breeding hindrances.

3) Guidance of livestock envirounmental sanitation improvement.

4) Examination and inspection of livestock sanitation in general.

5) Opening of lecture meeting on livestock sanitation.

7. Discuss any other pertinent data relevant to the animal disease control program (Example: Artificial breeding, etc.)

1) Made plans of sheep and goats loin paralysis investigation and sheep bronchocele investigation and their practice conference (Agr. & Forestry Ministry Livestock Bu. Sanitary Sect.

2) Livestock epidemics exam. & preventive inoculation and epidemic outbresk.

(Jan. -- Mar.1951)

Disease	No. of Exam.	No. of inoculation	No. of outbroken (+) positive	(+ — suspected)
Cattle TB	Milch cow ... 709	0	11	10
	Working " ... 2778	0	22	33
Cattle Brucellosis	Milch " ... 265	0	1	1
	Working " ... 90	0		
Trichomoniasis	7	0	0	0
Infectious Anaemia of horse	5417	0	12	11
E. Encephalitis	0	0	0	0

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Disease	No.of Exam.	No.of inoculation	No. of outbroken (+)	No. of outbroken (+- suspected)
Swine Erysipelas	0	0	2	0
Swine cholera	0	16919	0	0
White diarrhea of chicken	507		44	0

NK/ tm

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

NAGANO PREFECTURAL GOVERNMENT
DISEASE PREVENTION SECTION

File: NLS-1957
May 9, 1951

TO: Chief of Kanto Civil Affairs Region
Attention: Public Health Section

THRU: Kanto Liaison & Coordination Office

SUBJECT: Dysentery Group Outbreak from 1948 to May 1951

Concerning the above subject instructed on Apr. 30 by telephone we hereby report as follows:-

M. Kato
M. KATO,
Head of Public Health Dept.

NK/TM

26 5. 11
16.00

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 743 013

DYSENTERY GROUP OUTBREAK BY CITY, TOWN AND VILLAGE
(FROM 1948 TO MAY 7, 1951)

Classification: Outbroken year	Outbroken locality	Population outbroken locality	Drinking water taken: From water-work system	From wells	From water-work system and wells	From spring water	From river water	Patients Age: 0-4	5-9	10-14	15-19	20-29	30-39	Over 40	Total	Period since outbreak to the end
1948	Sarashina-gun Kawanakajima-mura	5,002		0			0	1	9	6	9	2	3	7	37	From: June 17 To: July 29
	〃 Nakatsu-mura	3,671		0			0	0	6	0	2	3	2	6	19	〃 〃
1949	Ueda city	42,746	0					8	6	4	4	0	2	4	28	From: July 16 To: Aug. 17
	Shimotakaigun Yomase-mura	6,467				0	0	5	12	11	3	6	14	5	56	〃 July 29 〃 Sep. 14
	〃 Hiraomura	9,138	0				0	5	7	9	2	5	2	6	36	〃 Aug. 2 〃 Sep. 3
	〃 Mizuho-mura	5,053		0			0	3	4	4	0	2	2	3	18	〃 Aug. 15 〃 Sep. 26
	Shimominochi-gun, Ota-mura	4,170		0			0	1	4	1	3	0	2	4	15	〃 Sep. 16 〃 Oct. 14
	Matsumoto-shi in Sanatorium	in city= 85,755 in sanatorium=183	0					1	0	0	1	8	2	3	15	〃 July 17 〃 Aug. 27
	Kamiminochi, Shigaramimura	4,397				0	0	2	2	4	1	2	1	2	14	〃 July 18 〃 Aug. 29
1950	Minamiazumigun Toyoshina-machi Kureha Spinning factory	in town= 8,417 in factory= 1,450		0				0	0	1	8	3	0	0	12	〃 Aug.1 〃 Sep.29
	Higashichikuma A.Niimura A 3,563 B.Shimadachimura B.4,530 C.Shimauchimura C.6,350 Total: 14,443						0	7	6	7	0	4	1	4	29	〃 Aug.15 〃 〃 29
May 1951	None	None														

Note: 0 = indicate the sources from which their drinking water taken.

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HEADQUARTERS
SHIKOKU CIVIL AFFAIRS REGION
APO 1050

ANNEX B-1
April 1951
PUBLIC HEALTH ACTIVITIES

BY Mary A. Eitel, P. H. N.

1. General Administration

Medical Officer, W.G.A. Edelman departed for the ZI 4 April 1951. An official visit by Dr. R.F. Brown was cancelled as all four prefecture Public Health Department Chiefs were in Tokyo attending a national conference.

Dr. W.J. Barngrover, accompanied by Japanese veterinarian made an initial visit to Kagawa and Tokushima. A work program was outlined which was carried out by Japanese veterinarian in Kochi and Ehime.

No Sanitary Engineering coverage since February.

Nursing Affairs coverage was limited to Kagawa Prefecture. Reorganization of Public Health Section was carried out.

2. Preventive Medicine

In Tokushima Prefecture the diphtheria immunization program is meeting with difficulty as parents fail to bring the children back for the 2nd and 3rd injections. An educational program is being carried out with the assistance of the Tokushima Information Section.

A total of 699 health center personnel, clinical nurses and midwives received "in-service" training in Tokushima Prefecture during the month of April. For the most part emphasis was on current preventive programs.

5. Hospitals

Report of the first year operation of a central supply room in Besshi Hospital, Ehime Prefecture, shows a saving of ¥163,225 over the previous year. The saving on syringes was 29.6% and 46.6% on hypodermic needles. All equipment is better cared for and so in better working condition. Breakage and loss are much reduced. Significant saving has been made in nursing time.

7. Veterinary Affairs

Dr. Nakaya, Chief of Kochi Sanitary Section, accompanied by Dr. Kiyooka, Veterinarian, made a trip to Kagawa Prefecture and spent two days inspecting food establishments in Kotohira ans Zentsuji to study local improvements and methods of inspection.

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Check on the movement of dogs from Honshu to Shikoku revealed that the Japanese National Railway has received instructions on the restriction of movement of dogs and is complying with the instructions. However, the privately owned Kansai Kisen Steamship Company which connects Kobe and Osaka with all four prefectures in Shikoku as well as Beppu, Oita Prefecture, report that they have received no such instructions and have been transporting dogs. Kagawa Prefecture Veterinarian had sent information to the Kansai Kisen Company November 1950. Contact will be made with company officials to ascertain if instructions have been received and understood. Cooperation will be asked from Kobe and Osaka veterinarians.

10. Nursing Affairs

A survey of the student diets being supplied by two "A" schools of nursing was made by the Takamatsu Health Center nutritionist. The study revealed that ¥ 35 per day or ¥1050 per month is the average amount spent per student. Study of the diet shows it to be very inadequate. As result of the study one hospital raised the amount to ¥1300 which is still inadequate. The above amounts include the cost of charcoal and the salaries for kitchen personnel. As result of a recent study of diets by the Kagawa Nursing Section, ¥2600 per student is being allowed at the recently opened Marugame Prefecture School of Nursing. Diets in other schools of nursing will be investigated.

An "A" school of nursing attached to the Kochi Central Hospital was opened 8 May 1951 with five (5) students. An effort is being made to recruit additional students from Okayama Prefecture.

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HEADQUARTERS
KYUSHU CIVIL AFFAIRS REGION
APO 1105

ANNEX B-1
APRIL 1951
PUBLIC HEALTH ACTIVITIES
Prepared by Richard F. Brown, DAC

1. GENERAL ADMINISTRATION

a. Resume of Civil Affairs Field Trips

Following trips made by Public Health Section Chief

Activity	No. Conf. Or Visits	Pref.	Did Pref. P.H.D. Repr. Accompany?	Purpose
Administration Problems Health Center Program Planning Communicable Disease Control - TB, V.D., Small-pox and Pertussis Medical Associations City Assemblies	29	Fukuoka Kagoshima Kumamoto	Yes	Discussion of administrative problems in health centers. Inspections of hospitals and nursing schools. Discussion of relationship of city health centers and municipal councils in the overall public health program in Kyushu. Liaison visits and discussion of public health teaching in the Kyushu University curriculum. Communicable disease control. Immunization programs particularly pertussis and smallpox.

Following trips made by KCAR Public Health Nurses

Nursing Affairs	25	Fukuoka Saga Oita Miyazaki	Yes	Inspection and guidance to health centers, general and tuberculosis hospitals, nursing and midwifery schools. BCG program surveys in health centers. Preparation of a TB sanitarium for nursing school. Nurses association meetings.

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Following trips made by Public Health Engineer

Activity	No. Conf. Or Visits	Pref.	Did Pref. P.H.D. Repr. Accompany?	Purpose
Sanitary Engineering	6	Fukuoka Kumamoto Kagoshima	Yes	Advice and guidance on environmental sanitation, nightsoil and garbage disposal, water plant operation and insect and rodent control.

Following trips made by Public Health Veterinarian

Veterinary Affairs	14	Oita Kagawa Tokushima	Yes	Discussions with prefectural authorities in Oita, Kagawa and Tokushima prefectures with regard to new milk ordinance, rabies control, animal disease prevention, fish sanitation.

b. Prefecture having the longest elapsed time since an assistance visit from each of the four professions

Public Health Officer	Miyazaki	four weeks
Public Health Nurse	Kagoshima Nagasaki	seven weeks
Veterinarian	Nagasaki	four weeks
Sanitary Engineer	Miyazaki	nine weeks

c. A conference was held at Kokura City on April 13th to discuss the reported high incidence of venereal disease, especially chancroid. The subject of unsatisfactory and unreliable V.D. diagnosis has been brought to the attention of Nagasaki and Fukuoka prefectural officials with a request that corrective action be taken.

d. It was recommended that V.D. clinics and private physicians be checked to make sure that adequate laboratory diagnosis is made. As an example eleven vaginal smears which were examined in the Sasebo Health Center were given a negative report. When other sources reexamined these same eleven cases, seven of the eleven cases were positive for chancroid. On bringing this matter to the attention of the Sasebo Health Center Director, the latter stated that since the girls had no visible ulceration they were therefore reported as being free from chancroid.

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2. PREVENTIVE MEDICINE

a. Kawanabe Gun in the Kaseda Health Center jurisdiction of Kagoshima prefecture reported that filiariasis Bancrofti is very prevalent among fishermen in coastal villages. Although actual figures are not at present available it is the opinion of the Public Health Officer that this disease is more prevalent then the number of cases reported. Advice has been given to step up the anti-mosquito control program and to improve environmental sanitation of the district.

b. Within the last six weeks extensive smallpox vaccinations have been carried out in the region. Sasebo City vaccinated 180,000 citizens within a ten day period. Despite the fact that the port of Sasebo has been suspected as the entry of smallpox into Japan, not a single case of smallpox has occurred in the city among the Japanese population. The one site multiple puncture method is being performed throught the region.

Smallpox Vaccination Report
25 Feb. 1951 to 30 Apr. 1951

Prefecture	Vaccine Received	Vaccine Distributed	Vaccine On hand	No. of Vaccinated
Fukuoka	2,380,250	2,221,650	158,300	2,007,000
Saga	389,700	389,700	0	801,887
Nagasaki	578,000	571,200	6,800	542,973
Kumamoto	210,000	150,000	59,700	208,985
Kagoshima	216,000	215,500	500	140,313
Miyazaki	57,000	57,000	0	84,720
Oita	117,500	117,450	50	30,472
Total	3,948,450	3,722,500	225,350	3,750,280

c. Considerable confusion exists in the region as to whether pertussis vaccination is a compulsory measure under the Vaccination Law No. 68 of June 1948. It has been reported to the Public Health Chief that at a conference of Preventive Medicine Section Chiefs held in Tokyo in October 1950 that a member of the Ministry of Welfare stated that although the pertussis program was compulsory, the prefectures should not press this as the price of the vaccine was too high.

Pertussis Immunization Program

Prefecture	Date Season Program Began	No. Immunized Month of March	Cumulative Number	Est Balance Yet to Do	No. to be Immunized
Fukuoka	30 Nov 50	1,689	10,287	148,505	158 792
Saga	Oct 50	97	6,035	3,061	9 036
Nagasaki	10 Jan 51	771	771	59,229	60,000

Oita - Kumamoto - Kagoshima - Miyazaki - No Reports. Presume no vaccinations done

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

3. TUBERCULOSIS

a. One tuberculosis hospital reported ninety deaths in one year from tuberculosis, but only four autopsies were performed. Directors have been advised to make more efforts to secure autopsies on all deaths occurring in institutions and to record findings in the interest of better knowledge of the pathology and actual cause of death.

b. Spot checks show that surprisingly few BCG immunizations performed in or by health center officials. Fukuoka reports the highest number of BCG immunizations with thirty percent performed by the health centers. Saga prefecture has the lowest number of BCG immunizations which is only seven percent. The rest of the BCG immunizations are performed by private physicians, industrial groups, the JATA etc.. The majority of immunizations are reported to health centers and included in the health center records.

4. HEALTH CENTERS

a. One thousand questionnaires were circulated by the Public Health Chief to doctors in Fukuoka prefecture in order to ascertain the views of the doctors on health centers. Nine hundred and eighty of these questionnaires were completed and returned. Doctors do appreciate the work of health centers and want them continued and increased. A few doctors think health centers were established by SCAP and would be discontinued after the Peace Treaty is signed. Far too many doctors think that the health centers would do better work if they were controlled locally. All doctors want the basic services retained, but a few of them would like to abolish the Medical Social Service section. The public health nurse is much wanted and all doctors would like to see more of them, but stated the nurses should be better trained to give more effective leadership. Most doctors stated they do not object to having the public health nurse visit their patients. Some doctors qualify this remark by "only at the request of the doctor". Many doctors feel that all other cummunity health nurses particularly health insurance nurses should be controlled through the health center. Too many doctors have the opinion that the health center does not give adequate leadership to the community. A special report will be submitted on this questionnaire.

b. The following new or remodelled health centers not previously reported have been opened this year:

Name	Prefecture	Date Opened	Type
Hachiya H.C.	Fukuoka	27 Mar 1951	Extension and remodelled
Fukushima H.C.	"	29 Mar 1951	" " "
Saeki H.C.	Oita	28 Feb 1951	" " "
Ijuin H.C.	Kagoshima	29 Mar 1951	New
Ibusuki H.C.	"	7 Apr 1951	New

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

5. HOSPITALS

The Ministry of Welfare national hospitals and sanitariums are the worst offenders in carrying out the provisions of the Medical Service Law No. 205 of 1948. In these institutions the central kitchens are a definite health hazard to in-patients, also the staff and local residents, due to unsanitary conditions and the lack of proper screening and insect and rodent control. Kajiki National TB Sanatarium is a particularly bad case of poor sanitary conditions. It was reported that this institution must wait for the next fiscal year to correct the unsanitary conditions which now exist there. This hospital houses three hundred and fifty patients. These unsanitary conditions have been called to the attention of the Ministry of Welfare representative in Kyushu with a strong recommendation that these conditions be corrected as soon as possible.

7. VETERINARY AFFAIRS

a. During the past month, visits were made into Oita, Kagawa and Tokushima prefectures for discussions with prefectural veterinary authorities concerning the various veterinary public health programs.

b. The new milk ordinance was discussed in detail at each of these prefectural-level meetings and demonstrations of the steam chest method of pasteurization together with subsequent cooling of the milk as described in this ordinance were held. It was suggested at each meeting that official interpretations be obtained from local prefectural legal authorities as a means of correcting existing misinterpretations with regard to this law.

c. Rabies control programs are progressing with varying results in the various prefectures. To date, few detention houses have been constructed for holding stray dogs prior to final disposition. It has been suggested to the various prefectural groups that uniformity as to fees charged for registration and vaccination throughout the area will help to prevent non-compliance with this program by dog owners. It was also suggested that vaccination and registration periods be concentrated to shorter periods with greater information stress for greater public compliance.

d. Sanitary handling of fish is receiving greater stress due to the approach of summer weather. Generally speaking, the present handling of fish at the central markets is acceptable, however, subsequent handling prior to retail sale needs much improvement and will play a large part of future activities for veterinary public health programs.

e. No unusual nor outstanding outbreaks occurred in this area during this reporting period.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

8. SANITARY ENGINEERING

a. Observations reveal that the environmental sanitary inspectors (E.S.I.) are specializing in one phase of the sanitation program leaving other phases with no supervision or direction. Personnel is not sufficient to permit this specialization. The prefectural public health sections are being advised to assign E.S.I. (prefectural and health center) on a regional basis and that they consider all phases of sanitation so that when inspections are performed they will be complete inspections and not on one single phase of the program.

b. Sanitary teams are organized in cities over 13,000 population but do not have assistant sanitary inspectors (A.S.I.) to supervise their activities. Without this A.S.I. they lack the compelling force to drive the teams in the proper procedures for the overall improvement of the environment. Sanitary teams are for the most part under the supervision of a labor foreman with no authority. Municipal officials are being advised to appoint this important group of A.S.I. The ultimate goal is to have an organization with assigned responsibilities for total program from E.S.I. of prefecture health department down to E.S.I. of the health center to A.S.I. of areas under 10,000 population and the A.S.I. of the sanitary team with regional assignment of responsibility so that every locality will be under the supervision of a sanitary inspector.

c. All prefectures have been advised to reconsider their typhus control program and to concentrate on the summer phase of the insect and rodent control program.

d. Water Supply

Per capita consumption statistics to supplement the statistics in report of March 1951 are as follows:

Fukuoka	213.5 liters
Kagoshima	122.7 liters
Miyazaki	263.9 liters
Kumamoto	272.7 liters
Oita	274.5 liters
Nagasaki	274.5 liters
Saga	130.5 liters
Average	211.2 liters or 55.8 gallons.

9. NURSING AFFAIRS

a. Fukuoka National TB Sanitarium which has been designated as one of the two sanitariums in the region for a nursing school, has been active in setting up its institution to meet the qualifications as a class B school. Inspection of hospital and facilities reveal they will undoubtedly be able to pass inspection after some remodeling of hospital buildings in order to provide the required number of general medical, surgical and acute communicable disease beds, also the

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

addition of a special diet kitchen. Student affiliation for pediatric and OB-Gyn experience will be at Chikushi National Hospital class A nursing school instead of the institution first suggested by Welfare Ministry.

b. A survey of student enrollment in the accredited nursing schools in the region is as follows:

	A Schools	B Schools
Total No. schools.....	11	10
No. applications for new class.....	1,156	2,962
No. new students accepted.....	384	295
% applications over new student quota.....	66%	91%
Total student enrollment.....	922	557

A partial survey showed that 84% of A school and 94% of B school applicants took the entrance examinations.

10. OTHER

a. Items most needed to further the public health problem

(1) The Ministry of Welfare should evaluate the actual status of smallpox immunization of the population.

(2) National institutions should be encouraged to provide better facilities for the performance of autopsies by the staffs of these institutions. The Ministry of Welfare should improve the sanitary conditions of central kitchens and operating rooms under their supervision.

b. A health center director who contracted smallpox while working on a local outbreak of smallpox insists that he and three other personnel on the health center staff had immune reactions performed and read within fourteen days before exposing themselves to the infected village. The theory they advanced is that the vaccine used was of a mild virulency and their immunity for that strain was sufficient to give them immunity. The infecting virus which produced in them a moderate to severe smallpox was of a more virulent type such that their body immunity could not handle the situation. The health center director has enunciated a theory in Japan that should call for further attention. Is a new strain of smallpox virus needed to give better protection against smallpox? Were the readings of immunity correct or not?

c. Visitors to the Region	Purpose
Dr. Anna R. Manitoff	Hospital Administration
Dr. Albert P. Knight	TB control and B.C.G. immunizations
Miss Grace E. Alt	Nursing Activities

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Delivery Sheet

(TO: Public Health Section)

No. 887 Date 14 May 1951

Monthly Report of Grading Food Establishment for April, 1951

Kanagawa.

KANTO
Liaison & Coordination Office

K. Narita, Director

(H. Hori, officer in charge)

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Kanagawa Prefectural Government

KPGR No. 1028

Yokohama, 12 May, 1951.

Subject : Monthly Grading Food Establishment Report
for the Month of April, 1951.

TO : Chief of Kanto Civil Affairs Region
Attn: Public Health Section

Attached is a monthly report submitted from the Chief of Public Health Division (Mr. Ono, in charge of report)

Yuri Shirane
Chief, Liaison Division

1 Incl:

Monthly grading food establishment report

Received
K.L.O.O.
26. 5. 14
TIME 16:30

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LARGE ESTABLISHMENTS WITHIN KANAGAWA PREFECTURE

Marks: / Names & Addresses of Establishments	Sorts of Business	Date of Grading & Inspection	Score Given	Grading Sign Given	Re
Yokohama Fish Cake K.K., Kanagawa-ku, Yokohama	Fish cake processing	19 April	81	B	
Hacchoko Fish Cake K.K., Kanagawa-ku, Yokohama	"	20 April	81	B	
Yokohama Maruuo K.K., Kanagawa-ku, Yokohama	"	30 April	72	C	
Toshin Refrigeration Enterprise K.K., Kanagawa-ku, Yokohama	Cold storage of seafood	24 April	72	C	
Yokohama Market Refrigeration K.K., Kanagawa-ku, Yokohama	"	13 April	76	C	
Yokohama Refrigeration Enterprise K.K., Kanagawa-ku, Yokohama	"	26 April	81	B	
Kokusai Marine Products K.K., Kanagawa-ku, Yoko.	Sales of seafood	24 April	85	B	
Koyasu Noen Dairy, Kanagawa-ku, Yokohama	Special milk processing	17 April	86	B	
Meiji Milk K.K. Kanagawa-ku, Yokohama	Milk Processing	17 April	96	A	

Remarks describe matter/s regarding permits, permits revoked, temporary suspension
any problems encountered in this inspection.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

LISHMENTS WITHIN KANAGAWA PREFECTURE

For the month of April, 1951.

te of rading & pection	Score Given	Grading Sign Given	Remarks
April	81	B	
April	81	B	
April	72	C	
April	72	C	
April	76	C	
April	81	B	
April	85	B	
April	86	B	
April	96	A	

permits revoked, temporary suspension with the reason or

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

LARGE ESTABLISHMENTS WITHIN KANAGAWA PREFECTURE

Marks: / Names & Addresses of Establishments	Sorts of Business	Date of Grading & Inspection	Score Given	Grading Sign Given	Re
Hosho Milk K.K. Kanagawa-ku, Yokohama	Milk processing	17 April	74	C	
International Dairy Supply Co., Kanagawa-ku, Yokohama	Recombined milk products	30 April	98	A	
Morinaga Milk K.K. Yokohama Plant, Hodogaya-ku, Yokohama	Milk processing	9 April	94	A	
Kairakuen (Kunitaro Shimada), Isogo-ku, Yoko.	Restaurant and hotel	4 April	96	A	
Isoichi, Isogo-ku, Yokohama	"	3 April	96	A	
Kamakura Ham Co. (Tomioka Shokai), Okamoto, Kamakura City	Meat processing	30 April	86	B	
Morinaga Hiratsuka Plant, Shinshuku, Hiratsuka City	Manufacture of milk products	3 April 19 April	94	A	
Moriyama Shokai K.K., Shinshuku, Hiratsuka City	"	3 April 19 April	91	A	
Hakone Hotel, Motohakone Village, Ashigara-shimo-gun	Hotel	27 April	92	A	

Remarks describe [illegible]s regarding permits, permits revoked, temporary suspensio
any problems encount[illegible] in this inspection.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

ESTABLISHMENTS WITHIN KANAGAWA PREFECTURE

For the month of April, 1951.

Date of Grading & Inspection	Score Given	Grading Sign Given	Remarks
17 April	74	C	
30 April	98	A	
9 April	94	A	
4 April	96	A	
3 April	96	A	
30 April	86	B	
3 April 19 April	94	A	
3 April 19 April	91	A	
27 April	92	A	

rmits, permits revoked, temporary suspension with the noe or
ction.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

LARGE ESTABLISHMENTS WITHIN KANAGAWA PREFECTURE

Names & Addresses of Establishments / Marks:	Sorts of Business	Date of Grading & Inspection	Score Given	Grading Sign Given	R
Sansuiro Hotel, Yugawara Town, Ashigara-shimo-gun	Hotel	5 April	92	A	
Sagamiko Hotel, Yose Town, Tsukui-gun	"	13 April	81	B	
Sounkaku Hotel, Chigira Village, Tsukui-gun	"	20 April	91	A	
Hatano Meat Shop, Atsugi Town, Aiko-gun	Sales of meat	12 April	96	A	
Nihon Reizo K.K. Misaki Plant, Misaki Town, Miura-gun	Cold storage of seafood & ice-manufacture	26 April	98	A	
Tachibana Hotel, Misaki Town, Miura-gun	Hotel	17 April,	88	B	

Remarks describe matter/s regarding permits, permits revoked, temporary suspens
any problems encountered in this inspection.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

ESTABLISHMENTS WITHIN KANAGAWA PREFECTURE

For the month of April, 1951.

Date of Grading & Inspection	Score Given	Grading Sign Given	Remarks
5 April	92	A	
13 April	81	B	
20 April	91	A	
12 April	96	A	
26 April	98	A	
17 April,	88	B	

permits, permits revoked, temporary suspension with the reason or
pection.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

The A marked:

REPORT FOR TOTAL FIGURES OF THE ESTABLISHMENTS GRADED AND SCORED DURING THE MONTH OF Apri

AREAS: / SORTS:	Restaurants (establishments serve foods and beverages)	Cafe (excluding beverages serving)	Bakeries (Including noodle factories)	Ice Candy Making (including Ice Cream)	Milk Plants (bottled or special milk)	Milk Plants (Products)	Milk Plants (sub-milk products or its' similar)	Butcher's	Meats Processing Plants	Sea Foods Shops	Sea Foods Markets	Fish Cake Processing Plants	
Yokohama City	15	25	13		2	1q	1	9	1				
Kawasaki "		3						1					
Yokosuka "	1	1			2			3					
Fujisawa H.C.					1								
Hiratsuka "					2	2	1						
Odawara "	36	3	5					1					
Matsuda "		9	1	10				2		2			
Atsugi "								1					
Kamakura "		1	3		1			3					
Hisaki "											1		
Nakano	1												
TOTAL	53	42	22	10	8	3	3	20	1	2	1		

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

RT FOR TOTAL FIGURES OF THE ESTABLISHMENTS
D AND SCORED DURING THE MONTH OF April, 1951.

KANAGAWA PREFECTURE

Milk Plants (Products)	Milk Plants (sub-milk products or its' similar)	Butcher's	Meats Processing Plants	Sea Foods Shops	Sea Foods Markets	Fish Cake Processing Plants	Sea Foods Refrigeration (cold storages)	Refreshing Drinks, (soft) Factories	Ice Dealers (including manufacturing, selling & natural ice collecting)	Processed foods in soy (boiled), Plants	Canning or Bottling Plants other than the above.	Hotel	T O T A L :
10	1	9	1						1			56	124
		1						2				3	9
		3							1			5	13
													1
2	1										1		6
		1						1					46
		2		2					1			1	26
		1											1
		3										3	11
					1		1		1				3
													1
3	3	20	1	2	1		1	3	4		1	68	241

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

The B marked:

REPORT FOR TOTAL FIGURES OF THE ESTABLISHMENTS
GRADED AND SCORED DURING THE MONTH OF April,

AREAS: / SORTS:	Restaurants (establishments serve foods and beverages)	Cafe (excluding beverages serving)	Bakeries (Including noodle factories)	Ice Candy Making (including Ice Cream)	Milk Plants (bottled or speciel milk)	Milk Plants (Products)	Milk Plants (sub-milk products or its' similar)	Butcher's	Meats Processing Plants	Sea Foods Shops	Sea Foods Markets	Fish Cake Processing Plants	
Yokohama City	67	409	110	34	2	1		59		27		2	
Kawasaki "	3	3	20					14		14			
Yokosuka "	7	9	40					31					
Fujisawa H.C.		1	6		1			30	1	14			
Hiratsuka "					3			28		7		1	
Odawara "	131	37	48	32	5			1		16	2		
Matsuda "	7	11	21	1				2		2			
Atsugi "					3			10		20		1	
Kamakura "													
Misaki "	1	9	5	3				1		9		35	
Nakano	15	9	2	4				4	9				
TOTAL	231	488	252	74	14	1		180	10	109	2	39	

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

ORT FOR TOTAL FIGURES OF THE ESTABLISHMENTS
ED AND SCORED DURING THE MONTH OF April, 1951

KANAGAWA PREFECTURE

Milk Plants (Products)		Meats Processing Plants	Sea Foods Shops	Sea Foods Markets	Fish Cake Processing Plants	Sea Foods Refrigeration (cold storages)	Refreshing Drinks, (soft) Factories	Ice Dealers (including manufacturing, selling & natural ice collecting)	Processed foods in soy (boiled), Plants	Canning or Bottling Plants other than the above.	Hotel	T O T A L :
1	Milk Plants (sub-milk products or its' similar)	59	27		2	1		1			102	815
	Butcher's	14	14				1				51	106
	Meats Processing Plants	31								1	72	160
	Sea Foods Shops	30	14								14	67
	Sea Foods Markets	28	7		1							39
	Fish Cake Processing Plants	1	16	2			2	5	1	5	107	392
	Sea Foods Refrigeration (cold storages)	2	2					4			28	76
	Refreshing Drinks, (soft) Factories	10	20		1				3			37
	Ice Dealers (including manufacturing, selling & natural ice collecting)											
	Processed foods in soy (boiled), Plants	1	9		35	2		2	3		22	92
	Canning or Bottling Plants other than the above.	4	9							3	14	60
1	Hotel	180	10	109	2	39	3	3	12	7	9	410	1,844

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

- 2 -

The C marked:

REPORT FOR TOTAL FIGURES OF THE ESTABLISHMENTS GRADED AND SCORED DURING THE MONTH OF April,

AREAS: / SORTS:	Restaurants (establishments serve foods and beverages)	Cafe (excluding beverages serving)	Bakeries (Including noodle factories)	Ice Candy Making (including Ice Cream)	Milk Plants (bottled or special milk)	Milk Plants (Products)	Milk Plants (sub-milk products or its' similer)	Butcher's	Meats Processing Plants	Sea Foods Shops	Sea Foods Markets	Fish Cake Processing Plants	
Yokohama City	37	63	46		1			33		49	•	1	
Kawasaki "	15	8	43					21		38			
Yokosuka "	1	5	13					17					
Fujisawa H.C.		4	10		3			20	2	30		1	
Hiratsuka "					6			14		28	3	4	
Odawara "	52	32	77	13	2			2		20			
Hatsuda "	5	7	7					6		3			
Atsugi "								4		9			
Kamakura "													
Misaki "	11	39	8	5				6		48	2	116	
Nakano	13	10	3		2			3	8				
TOTAL	134	168	207	18	14			126	10	225	5	122	

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

FOR TOTAL FIGURES OF THE ESTABLISHMENTS
ED AND SCORED DURING THE MONTH OF April, 1951.

KANAGAWA PREFECTURE

Milk Plants (Products)	Milk Plants (sub-milk products or its' similer)	Butcher's	Meats Processing Plants	Sea Foods Shops	Sea Foods Markets	Fish Cake Processing Plants	Sea Foods Refrigeration (cold storages)	Refreshing Drinks, (soft) Factories	Ice Dealers (including manufacturing, selling & natural ice collecting)	Processed foods in soy (boiled), Plants	Canning or Bottling Plants other than the above.	Hotel	T O T A L :
		33		49	•	1	2	1				412	645
		21		38				3				117	245
		17						1				88	125
		20	2	30		1						20	90
		14		28	3	4							55
		2		20					20		4	205	427
		6		3								16	44
		4		9									13
		6		48	2	116	3		4	5		43	290
		3	8						2			17	58
		126	10	225	5	122	5	5	26	5	4	918	1,992

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

The D marked:

REPORT FOR TOTAL FIGURES OF THE ESTABLISHMENTS
GRADED AND SCORED DURING THE MONTH OF April,

AREAS: / SORTS:	Restaurants (establishments serve foods and beverages)	Cafe (excluding beverages serving)	Bakeries (Including noodle factories)	Ice Candy Making (including Ice Cream)	Milk Plants (bottled or special milk)	Milk Plants (Products)	Milk Plants (sub-milk products or its' similar)	Butcher's	Meats Processing Plants	Sea Foods Shops	Sea Foods Markets	Fish Cake Processing Plants	
Yokohama City		10	16					29	1	52			
Kawasaki "	5	4	6							14			
Yokosuka "			1					4					
Fujisawa H.C.		1	2		2			6		19	1		
Hiratsuka "								1		9			
Odawara "	12	3	29										
Hatsuda "	2	4	1		2								
Atsugi "								3		2			
Kamakura "													
Misaki "	6	27	4	4				2		38	3	263	
Nakano	7	7	2						3				
TOTAL	32	56	61	4	4			45	4	134	4	263	