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Mary G. Eitel

P.H. nurse Inst. Course  
for 5mo course 1949

## TEACHING PLAN

SUBJECT -- Tuberculosis

## I. Medical Aspects

The development of understanding of the nature of Tuberculosis, essential to public health nursing performance -- its etiology and clinical course, care and treatment.

This should be taught by a doctor who knows tuberculosis and public health control measures. Emphasis should be given to new theories and findings and their relation to public health nursing performance. The student's background should be considered and the lectures should be given on the nurse's level, not a doctor's level. (Outline of Doctor's lectures attached)

## II. Public Health Nursing in a Tuberculosis Control program \_\_\_\_\_ Hrs.

The functions of the public health nurse in the control of tuberculosis. The development of understanding of the program and the ability to apply public health nursing principles in its prevention, care and treatment.

This should be taught by a public health nurse who knows tuberculosis and who has had experience in public health nursing. (Outline of Nursing lectures attached).

## III. Demonstrations to be given:

Isolation set-up

Sed bath

Care of back

Comfort devices

Clinic set-up

## IV. Visual Aids used:

Posters: How tuberculosis spreads  
Importance of rest  
Explanation of pneumothorax

Statistics: Showing incidence of Tuberculosis in Japan as compared to other countries.

Blackboard:

## V. Field trips

Tuberculosis sanatoria

Tuberculosis diagnostic clinic

Pneumothorax clinic

## VI. Reference Material

Handbook of Tuberculosis for Public Health Nurses

NOPHN Manual

Family Health Series: Tuberculosis

Communicable Disease Nursing -- Lynch

Home care of Tuberculosis -- A Guide for the Family

Mimeographed Notes

## OUTLINE OF DOCTOR'S LECTURES

SUBJECT: Tuberculosis

- I. History of Tuberculosis
  - A. Incidence in history
  - B. Early theories of cause and treatment
  - C. First institutional care
  - D. Discovery of bacillus
  - E. Development of aids in diagnosis and treatment
- II. Knowledge of Tuberculosis
  - A. Causative organism
    1. Types of tubercle bacilli
      - a. Human
      - b. Bovine
      - c. Avian ) Not important to humans
      - d. Piscine)
    2. Nature of organism
      - a. Description of organism
      - b. Reproduction
      - c. Requirements for life and growth
  - B. Mode of Transmission
    1. Bovine
    2. Indirect contact
  - C. Types of Tuberculosis
    1. Primary infection
      - a. Health infection ) however, this may occur at any
      - b. Tuberculous meningitis) stage of infection
    2. Reinfection Tuberculosis  
Reaction of tissue to organism (allergy and immunity)
  - D. Factors Influencing Resistance
    1. Natural resistance
      - a. Age
      - b. Race
      - c. Sex
      - d. Environment
        - (1) Social conditions
        - (2) Contact
        - (3) Occupation -- silicosis
        - (4) Nutrition
        - (5) Housing
        - (6) Physical and mental stress
        - (7) Intercurrent disease
    2. Acquired resistance
      - a. First infection
      - b. Active immunization (BOG)
  - E. Symptoms
    1. Asymptomatic tuberculosis
    2. Constitutional symptoms
    3. Local symptoms
    4. Tuberculosis of other organs

### III. Diagnosing Tuberculosis

- A. Careful history taking (for symptoms and contact)
- B. Physical examination
- C. Diagnostic Aids
  - 1. Tuberculin testing
  - 2. X-ray, photofluorography, fluoroscope
  - 3. Laboratory tests
    - a. Sputum
    - b. Blood count
    - c. Sedimentation rate
    - d. Urinalysis

### IV. Care and Treatment of Tuberculosis

- A. Object of treatment -- To cure the disease by: closure of cavity and by changing the inflammatory process in the lung into a scarred process (healed lesion)
- B. Guides to treatment
  - 1. X-ray and fluoroscope
  - 2. Blood sedimentation rate
  - 3. Differential blood count
  - 4. Physical findings
  - 5. Symptoms
- C. General Medical Care
  - 1. Rest in bed
  - 2. Mental rest
  - 3. Diet
  - 4. Fresh air and sunlight
  - 5. Symptoms
- D. Specific Treatment
  - 1. Collapse therapy
    - a. Pneumothorax
    - b. Pneumonolysis
    - c. Oleothorax
    - d. Phrenic nerve operations
    - e. Thorocoplasty
    - f. Pneumopertoneum
  - 2. Chemotherapy
- E. Other factors complicating Tuberculosis
  - 1. Tuberculosis and pregnancy
  - 2. Tuberculosis and silicosis
  - 3. Tuberculosis and leprosy
- F. Places for Treatment
  - 1. Sanatoria or hospitals
  - 2. Home
  - 3. Clinic

## OUTLINE OF NURSE'S LECTURES

SUBJECT: Tuberculosis

- I. Functions of the Health Center in the Tuberculosis Control Program.
  - A. Tuberculosis, a Community Problem
    1. A communicable disease (many people are infected)
    2. Social factors influence rate of disease
    3. A preventable disease
  - B. Functions of officials agency
    1. Case finding
      - a. Examination
      - b. Reporting and epidemiological investigation (contact traing)
      - c. Laboratory facilities for community
    2. Care of active cases in
      - a. Sanatoria or hospitals
      - b. Clinics
      - c. Home
    3. Follow-up of active cases
    4. Rehabilitation
    5. Education
      - a. Patients -- isolation and care
      - b. General public -- prevention
      - c. Civil authorities -- needs of community
- II. Functions of the Public Health Nurse in Tuberculosis Control Program
  - A. Case finding, securing medical examination and supervision
  - B. Assists in making epidemiological investigations
    1. Find source of infection
    2. Trace contacts
    3. Collect epidemiological data
  - C. Assists in reporting
  - D. Teaches nursing care
  - E. Teaches isolation
  - F. Help to arrange for sanatorium care, post sanatorium care and rehabilitation of the patient
  - G. Helps patient and family adjust to long term communicable disease
    1. Emotional
    2. Social

**H. Educates**

1. Patient -- care, isolation
2. Community -- prevention and needs

**I. Helps integrate services of**

1. Clinics
2. Private physicians
3. Sanatoria
4. Social agencies

**III. Case Finding****A. Purpose**

1. To find early cases
  - a. Better chance of recovery
  - b. Less danger to community
2. To find all cases

**B. Method: (consider where most cases are found)**

1. Examination of contacts
2. Observe symptoms
3. History taking
  - a. Contact
  - b. Symptoms
4. Encourage routine chest examination
5. Follow up of positive tuberculin reactors
6. Assist with reporting

**IV. Tuberculosis Clinics****A. Purpose**

1. Examination and diagnosis
2. Treatment
3. Prevention
4. Education

**B. Location****C. Personnel****D. Duties of nurses**

1. History room
2. Examination room
3. Interviewing room

**V. Sanatorium or Hospital Care****A. Advantage of sanatorium care**

1. Patient isolated
2. Opportunity for rest
3. Patient learns about tuberculosis
4. Constant medical and nursing care

B. Discuss qualities of a good sanatorium

C. Nurse's responsibility in securing sanatorium care

1. Investigate sanatorium
2. Explain advantages and disadvantages to patient and family
3. Urge them to seek admission
4. Help them to prepare for admission

VI. Home care

A. Medical Supervision

1. Clinic
2. Private physician

B. Responsibility for nursing care

1. Public health nurse
2. Family

C. Nursing care

1. Isolation (Demonstrate isolation set-up)
  - a. Sputum
  - b. Separate room or unit
  - c. Dishes
  - d. Isolation technique
2. Rest
  - a. Separate room
  - b. Adequate nursing care
  - c. Comfort
  - d. Rigid schedule of activities
  - e. Occupational therapy
  - f. Understanding of rest
3. Comfort of the patient (Demonstrate bath, care of back and comfort devices)
  - a. Comfortable bed
  - b. Comfort devices
  - c. Good nursing care
  - d. Environment
4. Nutrition
5. Schedule
6. Treatment of hemorrhage

D. Supervision of contacts

1. Isolation of patient
2. Routine physical examination

VII. Recovery and Rehabilitation

A. Definition

**B. Nurse's responsibility**

1. Prepare home for patient's return
2. Supervise patient's activity (schedule)
3. Explain patient's condition to family

**VIII. Community Relationship****A. Other nursing agencies**

1. School nurses
2. Industrial nurses
3. Institutional nurses
4. Midwives

**B. Social Agencies****C. Hospital and sanatoria****D. The private physicians****E. The community****IX. Reasons for High Incidence of Tuberculosis in Japan****A. Lack of health education**

1. Patients
2. Community
3. Civil authorities

**B. Poor community relationship**

1. Reporting
2. Physicians and health center
3. Health center and sanatoria
4. Health authorities and community (Civil authorities)

**C. Health center program**

1. Lack of personnel
2. Lack of follow-up
3. Lack of equipment

**D. Sanatoria**

1. Food
2. Nursing care
3. Lack of sanatoria
4. Mortality rate
5. No follow-up

**E. War**

1. Crowded housing
2. Malnutrition
3. Transient Population



## Student Program in Health Center (4 weeks)

1. Assign the student to the best staff nurse in the health center. Only one student per staff nurse. In most health centers the chief nurse is too busy to have a student.
2. She comes equipped with a complete visiting box. This box is to be taken on all field visits. The staff nurse may have to use the student's box for demonstration field visits to the student.
3. She should come suitably dressed for all weather. The weather should not prevent her from going out in the field.
4. The student has transportation money for all field visits she makes.
5. The student works in the same district as the staff teacher nurse.
6. If possible, each student should have her own record box. If the health center can not provide her with one she may share the one belonging to the staff teacher nurse.
7. She works the same number of days and hours as the other personnel in the health center. She is to be on time and is not to leave early except for illness or some equally valid reason. The students from the Institute of Public Health do not report to the health center on Saturdays.
8. The weekly schedule for nurses should include the student.
9. The first morning is spent becoming familiar with the health center, personnel, records etc.
10. A monthly activity sheet is expected to be kept by the student. Supervised cases in the field should be circled. Indicate new cases with a small square.
11. The student should observe her teacher nurse in the field twice. She should be supervised in the field once by the staff teacher nurse and once by the chief nurse. Each should make a separate evaluation sheet on the student. Hence, two evaluation sheets are required for the one month of work. These visits should be made on 4 different types of cases.
12. The teacher nurse and chief nurse confer separately with the student following the supervised home visit. It is best to have the evaluation sheet filled before the conference for reference. The student's clinical work should be frequently supervised and at this time her clinical work may also be discussed.
13. She is not to go on any excursions, meetings, parties or lectures outside the regular staff education program.

14. She is not to do the following work: X-ray, laboratory, pharmacy, heavy cleaning and clerical work that does not pertain to nursing.

15. The time is spent half in the health center and half in the field. If she works in the health center in the morning, she goes in the field in the afternoon and visa versa.

16. In the health center, she spends her time for the most part as follows:

a. Attends staff education meetings at least one hour per week. She may participate in this program.

b. Spends time in this number of clinics.

Maternity	3	
Infant	3	
Veneral disease	3	
Tuberculosis	3	
Pneumothorax	2	
Miscellaneous	<u>3</u>	<u>15</u>

c. Experience in clinics should be divided as follows:

- 1) Preparation for clinic and taking history.
- 2) Assisting doctor in clinic.
- 3) Guidance work, cleaning up following clinic and review and disposition of records following clinic.

17. The following types and numbers of cases should be visited in the field.

a. Infants 0 - 1 yr.		4
New health supervision	1	
Demonstration bath	1	
Others	2	
b. Pre-school 1 - 7 yrs.		3
New health supervision	1	
Others	2	
c. School 7 - 17 yrs.		2
New health supervision	1	
Others	1	
d. Veneral disease		3
New case	1	
Contact tracing	1	
Patient who hasn't re- turned for treatment	1	

e. Tuberculosis	14	
New cases	2	
Return visits on new cases	4	
Contact	2	
Others	6	
f. Other communicable diseases	3	
g. Miscellaneous	10	
h. A visit to a school with staff nurse	1	40

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18. The last afternoon is spent in the health center for unfinished business.

INSTITUTE OF PUBLIC HEALTH  
Field Work Evaluation Record

Code:  
A - Very good  
B - Good  
C - Fair  
D - Poor

Student's Name \_\_\_\_\_

Health Center \_\_\_\_\_

Teacher Nurse \_\_\_\_\_

wk 1st    2nd    3rd    4th

PLANNING HOME VISITS

1. Did she recognize the most urgent cases and visit them first?

2. Did she plan her day's work so that she did not spend unnecessary time traveling?

3. Before making the visit did she study all available records and write her plan of work on a memorandum?

4. Did she attempt to learn the health center physician's or the private physician's diagnosis and recommendations before making the visit?

5. Before she made the visit was she sure that she was familiar with the health center policies, health regulations, and nursing procedures relative to the case?

6. Did she take the necessary equipment and literature needed for nursing care and teaching?

THE HOME VISIT

1. Did she introduce herself clearly and professionally?

2. Did she put the family at ease?

3. Did she have an attitude of self confidence?

4. Did she have interest and sympathy in helping the family with their problems?

5. Was she a good listener and were the patient and family included in the conversation and planning?

6. Did she use words that the family could understand?

7. Did she give them accurate information and advice?

8. Were her suggestions practical for use in the particular home situation?

9. Did she recognize and give attention to the most important problems?

10. Did she utilize all opportunities of doing health teachings?

11. Did she teach by demonstration and illustration?

12. Did she compliment the family for doing good work?

13. Was her bag technique good?

14. Did she keep the bag clean and well-equipped?

15. Did she give nursing care skillfully?

16. Did she consider the patient's comfort?

17. Did she improvise readily?

18. Did she use the family's equipment with care?

19. Did she plan future visits with the family when indicated?

20. Did she leave written instructions for nursing care when necessary?

WORK IN CLINICS

1. Was she able to set up the clinic rooms conveniently and completely?

2. Did she direct the conversation during history taking in order to get desired information?

3. Was she friendly, polite and sympathetic to the patients?

4. Did she explain what the examination would consist of and why it was important?

5. Was her technique good?

6. Did she handle equipment carefully?

7. Was she careful to avoid exposing the patient unnecessarily?

8. As the doctor's assistant was she helpful to him during the examination?

9. Did she clean and store equipment properly?

10. When interviewing the patient was the doctor's diagnosis and recommendations clearly explained?

11. Was instruction accurate and suitable?

12. Were teaching opportunities utilized?

13. Did she use good judgment in selecting cases needing follow-up visits in the home?

14. Did she make a note of complete directions for finding the home and reasons for making visit when follow-up work was indicated?

RECORDS

1. Were her records complete, accurate and legible?
2. Did she record the home situation so that another nurse could picture it by reading the records?
3. Did she differentiate between what the patient or the family said and what she herself observed?
4. Was her recording done in a concise well-organized manner?
5. Did she make notes in the home and do her recording daily while the visit was still fresh in her memory?

GENERAL

1. Did she arrive at the health center promptly and work the required number of hours?
2. Did she wear neat, appropriate clothing?
3. Did she get along well with her co-workers?
4. Was she ethical in her relationship to the health center doctors and co-workers?
5. Was she industrious and did she use her time to good advantage?
6. Did she attempt to utilize the services of other medical and social agencies when it was indicated?
7. Did she take criticism well?
8. When she planned work in advance did she attempt to keep her plan?
9. Did she actually apply the knowledge gained at this course in her field work?

*Mary A. Eitel**PH. Nurse Inst Course  
for 5mo course 1949*

### OUTLINE OF NURSE'S LECTURES

**SUBJECT:** Principles and Practises of Public Health Nursing

**Object of Instruction:** The development of understand of:

1. The history and evolution of nursing and one of its branches, public health nursing.
2. The scope and functions of a public health nursing service in the public health program.
3. The principles which are basic to effective public health nursing.

**Note:** This should be taught by a public health nurse who has a good understanding of the total health program and of public health nursing in particular.

#### I. History of Nursing

##### A. Before 17th century (untrained)

1. By families
2. Medical students
3. Religious orders
  - a. Buddhists in India (Buddhism introduced into Japan 552 A.D.)
  - b. Early Christians -- Fabiela in Rome 590 A.D.)

##### B. After 17th century (Training started)

1. French sister of Charity
2. Theodore Fliedner -- Germany 1856
3. Florence Nightingale (England)
  - a. Visited training schools in France and Germany
  - b. Crimean war, 1853
  - c. Founded training school in London, 1860
4. Boston, U.S.A. 1872
5. Doshisha University, 1885
6. Red Cross Hospital, Tokyo, 1890

##### C. Public Health Nursing

1. William Rathbone, England, 1859
2. public Health nursing in tax supported agencies, 1900, USA.
3. Columbia University -- First university course in public health nursing, 1910.

##### D. Story of the Red Cross

##### E. Japanese Nursing

#### II. Present Day Public Health

##### A. Definition

1. Community sanitation
2. Control of communicable disease
3. Health education
4. Medical service
5. Vital statistics
6. Epidemiological service
7. Bacteriologic service
8. Research

B. Responsibility of the public health nurse in the total program. (Follow outline Under "A")

C. Definition of Public health nursing

1. Community service to:
  - a. Individual
  - b. Family Common
  - c. Community
2. Purpose
  - a. Interpretation of medical, sanitary and social procedures
    - (1) To correct defects
    - (2) prevent disease
    - (3) promote health
  - b. Nursing care of sick in homes
3. Accomplished by assisting in:
  - a. Nursing care and health supervision of prenatal postpartum and new-born infant
  - b. Nursing care and health supervision of infant and preschool child
  - c. Supervision of health and habits of school child
    - (1) Control of communicable disease
    - (2) Correction of defects
  - d. Supervision of the health of adults
  - e. Nursing care and health supervision to industrial workers
  - f. Teaching and demonstrating measures for prevention and control of communicable diseases.

D. Activities of the public health nurse

1. Case finding
2. Case holding
3. Health teaching
4. Care of the sick

### III. Principles of public health nursing

A. Introduction -- Evolution of principles

B. Principles

1. Determination of needs by study of:
  - a. Statistics -- disease rate
  - b. Resources -- health agencies and wealth
  - c. Survey to determine effectiveness of program



- d. Community composition and organization
- e. Health and social legislation
- f. Occupations and members
- g. Social conditions
- h. Education and illiteracy
- 2. Sponsored by a representative group
  - a. To insure continuous support of all of the community
    - (1) Funds
    - (2) Cooperation
  - b. So that all may benefit by the service
- 3. Non-sectarian, non-political
  - a. Service to all in community
  - b. Support of all in community
  - c. Follow professional principles rather than political policy
  - d. Continuous service not interrupted by political party changes
- 4. Non-limitation of service
  - a. Service must reach all members of community if it is to be effective
  - b. Supported by tax funds, therefore should be available to all
  - c. Health officer responsible for the health of all members of community.
- 5. Leadership of official health authorities
  - a. Government has legal responsibility for health of people.
  - b. Government makes and enforces health laws.
- 6. Adequate records for:
  - a. Insuring adequate continuous service to patients
  - b. Statistics and epidemiological studies
  - c. Evaluation of work
  - d. To explain needs, activities and accomplishments to the community.
- 7. Cooperation with other agencies
  - a. Private physicians
  - b. Health officer
  - c. Clinics, hospitals and sanatoria
  - d. Social agencies
  - e. Community
- 8. Only graduate nurses employed
  - a. Must have good general nursing education because she encounters many types of illness
  - b. Works alone in homes -- good judgment and skill necessary.
- 9. Health Education
  - a. "To help family to help themselves"
  - b. To secure cooperation and support
- 10. Professional
  - a. To gain confidence of members of community
  - b. To gain confidence of physicians and other agencies
  - c. To gain confidence of patients
  - d. To gain confidence of fellow workers.

- e. To establish higher nursing standards (Read Florence Nightingale Pledge)
- f. To keep the nurses activities within the limit of her knowledge and ability.
- 11. Supervision and staff education
  - a. To insure quality of service to community
  - b. To keep the nurse informed of new procedures and concepts
- 12. Working time for public health nurses
  - a. To promote morale of group
  - b. To maintain health of individuals
  - c. To maintain the enthusiastic spirit of individuals.

#### IV. Organization of public health nursing services

##### A. Public health nursing in the national government

- 1. Duties and responsibilities
  - a. Suggests and implements nursing legislation
  - b. Plans education of public health nursing
  - c. Standardizes nursing practice
  - d. Instructs nurses through prefectural nursing actions, in all nursing activities related to public health activity.
- 2. Administration
  - a. Section -- Medical Bureau
  - b. Budget -- Medical Bureau
  - c.
- 3. Personnel
  - a. Chief -- Mrs. Hora
    - (1)
    - (2)
    - (3)
  - b. Clinical nurse -- Miss Suko
    - (1)
    - (2)
    - (3)
  - c. Midwife -- Miss Suzuki
    - (1)
    - (2)
    - (3)
  - d. Public health nurse -- Miss Kaneko
    - (1)
    - (2)
    - (3)
  - e. Mr. Sukejima -- Supply Division
    - (1) Arranges to get bicycles
    - (2) Bags
    - (3) Paper -- books
    - (4) Soap, towels, shoes, cotton cloth

##### B. Public health nursing in the prefecture

- 1. Public health nurse
  - a. Instructs activities

- b. Supervises public health nursing services in health center
- c. Supervises public health nursing education

G. Public health nursing in the health center (Use diagram)

#### V. Supervisions

##### A. Qualifications

##### B. Responsible to:

- 1. Health officer
- 2. Staff nurses
- 3. Patients
- 4. Community
- 5. Public health nursing (to up hold standards)

##### C. Purpose

##### D. Functions

- 1. Administrative
  - a. Assign nurses to district and clinics
  - b.
  - c.
- 2. Educational
  - a.
  - b.
  - c. Health center manual
  - d. Reference library
  - e. Nurse's notebook

#### VI. Reports and Records

##### A. Reports

##### 1. Purpose

- a. To indicate type and volume of service rendered
- b. As a guide in planning the work of the agency
- c. To interpret the work to the community and to other agencies.
- d. To aid in studying the health of the community

##### 2. Types of reports

- a. Daily report
- b. Monthly report
- c. Annual report
- d. Special reports

##### 2. Principles of making useful reports

- a. Items carefully selected to give significant information.
- b. Arranged so that comparisons can be made
- c. Standard classifications and definitions should be used.
- d. Statistical data should be related to prefectural or national figures.

**B. Records****1. Purpose**

- a. To provide record of services rendered to prevent gaps.
- b. To evaluate service
  - (1) Supervision
  - (2) Self evaluation
- c. To assist the physician in making a diagnosis and prescribing treatment

**2. Types of records**

- a. Family folder
- b. Individual records
  - (1) Maternity
  - (2) Child health
  - (3) School
  - (4) Morbidity
  - (5) Tuberculosis
  - (6) Other special records
- c. Medical record
- d. Record of care
- e. Nurse's records

**3. Principles of record keeping**

- a. Avoid unnecessary duplication of items
- b. Include only useful and necessary information
- c. Give prominence to significant information
- d. Provide space for narrative notes in order to give a complete and detailed picture of health and social conditions

**4. Handling and filing of records**

- a. Available at all times
- b. Stored properly for preservation
- c. Clinic records
- d. Nurse's records
  - (1) Call card (for cases new to health department)
  - (2) Index card (to indicate where patient's records are kept)
  - (3) Individual file (for active cases)
  - (4) Visiting card (a reminder of when visits are to be made)
- e. General file (for inactive or closed cases)

**VII. Public health nursing education****A. Qualifications (personal)****B. Education of public health nurses at present varies**

- 1. Well trained -- how many
  - a. 3 years hospital training
  - b. Post-graduate work
  - c. Study abroad
- 2. Poorly trained

**Prefectural examination**

(This should be discussed as a means of making the students want to improve the education of the

individuals and the group rather than to make them feel inferior)

- C. Education planned for the future
  - 1. Basic nurse's training
  - 2. Post graduate work
    - a. Public health nurses
    - b. Midwives
    - c. School nurses. — *separate? before or after training?*
- D. Staff education
  - 1. Intensive training and supervision of the new
    - a. To teach the fundamental principles of public health nursing
    - b. To teach the technique and the policies of the organization
    - c. To standardize nursing procedures
    - d. To determine the adaptability of the new nurse to public health nursing
  - 2. Continuous staff education (Group)
    - a. To refresh and stimulate the staff mentally
    - b. To introduce new services or procedures
    - c. To provide in-service training in lieu of pre-service training
  - 3. Individual supervision
    - a. To observe the situation the nurse has to face
    - b. To see how the nurse meets the situation
    - c. To observe techniques and procedures in actual practice
    - d. To help the nurse evaluate her performance
    - e. To broaden the nurses view-point by discussing the needs of particular situations

#### VIII. Present day personnel practices and problems

- A. Personnel practices (see mimeographed notes "The nurse's manual")
- B. Problems
  - 1. Shortage of nurses
    - a. Distribution of nurses
    - b. Salaries
    - c. Status of women
    - d. Lack of training (inefficiency and disorganization)
  - 2. Poor cooperation -- public and private agencies

#### IX. Family health service

- A. Social functions of family life
  - 1. Family perpetuates the life of the race
  - 2. Family contributes to economic life of the community
  - 3. Family raises and educates children in the cultural pattern of the nation.
- B. Purpose of community health service.

1. Makes possible the continuity of the race by protecting the health of mother and children.
2. Helps to prevent economic and social waste by preventing illness, disability and death.

C. Classification of public health nursing service

1. Health supervision
  - a. Infants
  - b. Preschool
  - c. School ✓
  - d. Adults
2. Morbidity service
  - a. Communicable
  - b. Non-communicable
3. Maternity
  - a. Prenatal
  - b. Delivery
  - c. Postpartum (and care of new born)

D. Functions of the public health nurse

1. Helps to secure early medical diagnosis and treatment
2. Gives or secures nursing care of the sick
3. Helps family to carry out recommendations and procedures
4. Guides the family in securing help for social problems affecting health.
5. Tries to understand and consider emotional factors influencing family.
6. Shares in community activities for development of adequate health program and facilities.

E. Procedures

1. Evaluate needs
2. Family and nurse evaluate
3. Family stimulated to plan for health with help from other agencies.
4. Nursing service given
  - a. In home
  - b. In clinic
  - c. Classes

X. Morbidity service

A. Functions of the public health nurses

- 1.
- 2.
3. (NPHN Manual Page 334)
- 4.
- 5.
- 6.
- 7.

B. Nursing care

1. Purpose

- a. Prevention of disease
- b. Treatment of disease
- c. Relief of patient
- 2. Principles
  - a. Scientific principles
  - b. Organization of equipment
  - c. Skill in performance
    - (1) Adequate care of patient
    - (2) Economy of motion and time
    - (3) Orderly and economical use of equipment
    - (4) Prevent spread of infection
  - d. Comfort of patient
    - (1) Physical factors
    - (2) Emotional factors

## XI. Maternity and child health

- A. Classification
  - 1. Maternity
  - 2. Infant
  - 3. Preschool
- B. Maternity
  - 1. Public health objectives
    - a. Conservation of the life and health of every pregnant mother and to provide opportunity for proper growth and development of the baby.
      - (1) Complete medical examination before marriage
      - (2) Adequate medical care during the maternity period
      - (3) Understanding acceptance and practice of hygiene of pregnancy.
      - (4) Community understanding, interest and action in providing facilities for care of all pregnant women
  - 2. Means of achieving objectives
- C. Infant health
  - 1. Public health objectives (good start in life)
  - 2. Means of achieving objectives

## OUTLINE OF NURSE'S LECTURES

## SUBJECT: Nursing Procedures

## I. Purpose -- To train students to be skillful in performing their basic functions of:

## A. Caring for the sick to:

1. Aid recovery
2. Make patient comfortable

## B. Teaching nursing procedures and nursing care to families

Note: Students should be taught ideal methods. They will have to adapt procedures and equipment to suit each situation but the basic principles of the procedure must be kept.

When planning a procedure the entire staff should plan it together so that it is acceptable to all and so that the procedure will be done the same way by every nurse.

## II. Points to consider when doing all procedures

A. Will the procedure be effective?  
(Will it accomplish the purpose?)

## B. Patient's comfort

1. Will it make the patient comfortable?
2. Will it hurt as little as possible?

## C. Economical use of equipment

1. Avoid waste (Remember A & B)
2. Careful use to avoid damage
3. Proper cleaning and storing

## D. Economy of time and effort (Remember A &amp; B)

1. For patient
2. For attendant

## III. Basic Nursing Procedures

## A. Bag technique

## B. Bed making

## C. Bed bath

## D. Oral hygiene

## E. Care of hair and nails

## F. Comfort devices

## G. Hot water bottle, ice cap, ice pillow



- H. Bed pan, urinal
- I. Housekeeping
- J. Care and cleaning of equipment
- K. Draping patients
- IV. Special procedures
  - A. Communicable disease isolation
    - 1. Isolation unit
    - 2. Gown technique
      - a. Nurses
      - b. Attendants
    - 3. Care of sputum
    - 4. Care of dishes
    - 5. Care of linen
    - 6. Care of equipment
    - 7. Care of waste material (Urine, feces, bathwater, food)
  - B. Maternity
    - 1. Breast binder (Postpartum)
    - 2. Breast care (Postpartum)
    - 3. Abdominal binder (Antepartum)
    - 4. Perineal care (If doll available, if not draw picture)
  - C. Infant and preschool
    - 1. Sponge bath
    - 2. Tub bath
    - 3. Formula making
    - 4. Method of nursing and after care
  - D. Simple treatments
    - 1. Enemas
    - 2. Compresses
      - a. Eye
      - b. Other
    - 3. Inhalations
    - 4. Dressings
- V. Outline for each procedure
  - A. Purpose
  - B. General instructions
  - C. Equipment needed (Available and improvised)
  - D. Procedure
  - E. Points to emphasize (Principles -- cleanliness, effectiveness, etc.)

F. Does this procedure take into considerations the points mentioned in II?

Reference Material: Procedure Book  
NOPHN Manual  
Red Cross Home Nursing  
Communicable Disease Nursing -- Lynch

## OUTLINE OF NURSE'S LECTURES

SUBJECT: Principles and Methods of Health Teaching

I. Purpose of instruction:

To gain an understanding of human behavior and how its principles are applied in helping individuals and groups in the community to learn, so that they may assume responsibility for their own and the community's health.

II. Principles of learning and teaching

A. The nurse as a teacher

- B. The laws of learning
1. The law of readiness
  2. The law of exercise
  3. The law of effect

- C. Applying the laws of learning to teaching
1. What to teach
  2. How to teach
  3. When to teach

D. Evaluating results

III. Methods of teaching (how)

- A. The spoken word
1. Conversations (Individual teaching and conferences)
  2. Lectures (Group teaching)
  3. Radio broadcasts

- B. Visual aids
1. The written word
    - a. Newspapers
    - b. Magazines
    - c. Pamphlets and leaflets
  2. Motion pictures
  3. Posters, charts and graphs
  4. Exhibits

- C. Practical experience
1. Demonstrations
  2. Return demonstrations
  3. Participation in work
  4. Responsibility for work

IV. Individual teaching

A. In homes

- B. In clinics
  - 1. During history taking
  - 2. In examination room
  - 3. During interpretive interview

V. Group teaching

A. Consider:

- 1. Composition and interest
- 2. Methods to be used

B. Some community problems

## OUTLINE OF NURSE'S Lectures

SUBJECT: Maternity Hygiene

## I. Relationships

## A. Midwives

1. Securing medical examinations
2. Division of responsibility between midwife and public health nurses
  - a. No duplication of service
  - b. No gaps in service

## B. Private physician

1. Treatment of medical problems
2. Guidance of medical problems

## C. Families (Educate prenatal in knowledge and maintain family cooperation)

1. Husband
2. Mother-in-law
3. Mother

## II. Activities of the public health nurse in maternity program

## A. Early case finding -- cooperating with midwife to get medical examination as early in pregnancy as possible.

## B. Assists in maternity clinic

1. History taking
2. Assists doctor with examination
3. Interview with patient after examination if necessary

## C. Instruction

1. Individuals and families
  - a. Clinic
  - b. Home -- if necessary
2. Groups
  - a. Patients
  - b. Fathers

## D. Home visiting

1. Purpose
  - a. For health inspection and instruction if there is no midwife
  - b. To follow up medical problems

## E. Nursing care

1. When no midwife
2. To teach family or attendant nursing care
3. To teach mother care of infant

## III. Public health nursing guidance in maternal hygiene

- A. Prenatal
  - 1. Health observation
    - a. TPR
    - b. Teeth and gums
    - c. Panger signals
      - (1) Headache
      - (2) Dizziness -- blurring vision
      - (3) Edema
      - (4) Epigastric pain
      - (5) Nausea and vomiting if continuous
    - d. (6) Vaginal discharge or bleeding
    - e. Minor discomforts of pregnancy
      - (1) Nausea
      - (2) Constipation
      - (3) Frequency of urination
      - (4) Shortness of breath
      - (5) Varicose veins
      - (6) Hemorrhoids
      - (7) Edema
  - 2. General instructions
    - a. Diet
    - b. Sleep and rest
    - c. Exercise
    - d. Bathing
    - e. Breasts and nipples
    - f. Clothing
    - g. Sexual intercourse
    - h. Oral hygiene
    - i. Mental attitude
      - a. Supplies
        - (1) Delivery
        - (2) Infant
      - b. How labor starts and progresses through delivery
      - c. Care after delivery
        - (1) Nursing care
        - (2) Housekeeping
- B. Postpartum immediately after delivery
  - 1. Mother
    - a. Check bleeding
    - b. Binders
    - c. Rest
    - d. Diet
    - e. Urine
  - 2. Infant
    - a. Cord tie and dressing
    - b. Prophylactic care of eyes
    - c. First bath (skin care)
    - d. Inspection for defects (abnormalities)
    - e. Weight - height
    - f. Clothing
    - g. Position for rest
    - h. Bed

## OUTLINE OF NURSE'S LECTURES

SUBJECT: Infant and preschool Hygiene

- I. Activities of the Public Health nurse
  - A. Case finding
    1. Through referrals from midwives and physicians
    2. Through routine work
  - B. Case holding
  - C. Nursing care
    1. To teach mothers general care
    2. Nursing care of the sick child
  - D. Education
    1. Interpreting doctor's recommendations
    2. General care
    3. Factors which contribute to proper growth and development
    4. Prevention of disease
  - E. Assists in securing complete registration of births
  - F. Assists in child welfare clinics
- II. General care of the infant
  - A. Daily schedule
    1. Feeding
    2. Sleeping
    3. Bath
  - B. Cleanliness
    1. Bath
      - a. Eyes
      - b. Nose
      - c. Mouth
      - d. Face
      - e. Ears
      - f. Hair
      - g. Body
      - h. Umbilicus
      - i. Genitalia
    2. Care at time of diaper change
    3. Care of clothing
  - C. Infant feeding
    1. Breast feeding
      - a. Value
      - b. Stimulating breast milk
    2. Preparation of formula
    3. Handling of infant at feeding time
      - a. Breast feeding
      - b. Bottle feeding

- c. Semi-solid food
- d. Burping
- e. Minimum of handling after feeding

- D. Clothing
- E. Sunbath
- F. Sleeping conditions
  - 1. Noise
  - 2. Comfort

### III. Care of the Premature

- A. Maintaining body temperature
- B. Feeding -- codliver oil, iron, vitamins
- C. Clothing
- D. Care of skin
- E. Handling
- F. Weight gain

### IV. Health inspection of the infant

- A. Inquire and advise regardings
  - 1. Feeding
    - a. Breast or formula
    - b. Food
    - c. Interval
    - d. Water between feedings
    - e. Codliver oil
  - 2. Habit training
    - a. Eating
    - b. Sleeping
    - c. Control of bladder
    - d. Control of bowels
  - 3. Daily bath
  - 4. Sunbath
  - 5. Immunization
  - 6. Intestinal disturbance
- B. Inspect and advice
  - 1. Eyes
  - 2. Ears
  - 3. Nose and throat
  - 4. Fontanelle
  - 5. Skin and scalp
  - 6. Umbilicus
  - 7. Weight gain
  - 8. Teeth
  - 9. Abnormalities
- C. Notes
  - 1. General development
  - 2. Color



**V. Preschool hygiene**

- A. General care and development of the preschool**
  - 1. Daily schedule
    - a. Eating
    - b. Sleeping
    - c. Bath
  - 2. Toilet training
  - 3. Food habits (Learning to eat)
  - 4. Clothing
  - 5. Sleeping conditions
  - 6. Learning cleanliness
    - a. Bathing
    - b. Teeth
    - c. Hands
    - d. Clothing
  - 7. Discipline
    - a. Purpose -- To encourage the development of desirable behavior patterns
    - b. Types of discipline
      - (1) Positive
        - (a) Diverting child from bad behavior to good
        - (b) Expectation of good behavior
        - (c) Developing a recognition of right and wrong
      - (2) Negative -- punishment (sometimes necessary)
  - 8. Play
    - a. Environment
      - (1) Safety
      - (2) Clean
    - b. Development through play
      - (1) Physical
        - (a) Muscle coordination
        - (b) Exercise
      - (2) Mental -- learning
      - (3) Social
        - (a) Self dependence
        - (b) Learning to play with others
        - (c) Group relationships
        - (d) Respect for possessions (his own and others)
- B. Health inspection of the preschool**
  - 1. Inquire and advise regarding
    - a. Food and appetite
    - b. Habit training
      - (1) Eating
      - (2) Sleeping
      - (3) Control of bladder
      - (4) Control of bowels
    - c. Bathing
    - d. Outdoor play
    - e. Immunization disturbance
    - f. Intestinal disturbance

2. Notice and advise
  - a. Eyes
  - b. Ears
  - c. Nose and Throat
  - d. Skin
  - e. Teeth
  - f. Development
  - g. Color

## OUTLINE OF NURSE'S LECTURES

SUBJECT: Communicable Disease Nursing

- I. Activities of the public health nurse in Communicable Disease Control
  - A. Case finding and reporting, securing medical examination and supervision
  - B. Assists in making epidemiological investigations
    1. To find source of infection
    2. To trace contacts
    3. To collect epidemiological data
  - C. Teaches nursing care and isolation
    1. To hasten recovery
    2. To prevent complications and sequelae
    3. To prevent spread
  - D. Assists in immunization programs
  - E. Health Education
    1. Individuals
      - a. Nursing care
      - b. Isolation
    2. Community
      - a. Hygiene as means of disease prevention
      - b. Value of immunization
      - c. Early recognition of symptoms
- II. General nursing care of communicable diseases
  - A. Preparation of the nurse
    1. Knowledge of communicable disease nursing
      - a. Medical nursing (adult)
      - b. Pediatric nursing
      - c. Mode of transmission
      - d. Medical asepsis
    2. Protective measures
      - a. Immunization
      - b. Physical condition
      - c. Personal hygiene
  - B. Care of the patient
    1. Isolation
      - a. Separate room
      - b. Handwashing
      - c. Gown
      - d. Concurrent disinfection
      - e. Terminal disinfection
    2. Bed rest
    3. General hygiene
- III. Communicable Diseases (Same as in Doctor's lectures)

IV. Specific nursing care of the communicable disease

- A. Isolation
- B. Comfort of the patient
  - 1. Care of skin
  - 2. Care of eyes, nose and throat
  - 3. Elimination
- C. Diet
- D. Complications
- E. Convalescence
- F. Essential points to remember

## OUTLINE OF NURSE'S LECTURE

SUBJECT: Non-Communicable Diseases

Purpose of Instruction: To give the public health nurse a recognition of some of the preventable aspects as well as the nursing needs of some of the more prevalent non-communicable diseases.

- I. Socio-economic aspects of long term or permanent illness
  - A. Individual and family
    1. Loss of earning capacity
    2. Cost of illness
    3. Emotional adjustment
  - B. Community
    1. Loss of productivity
    2. Cost of illness
    3. Cost of resulting social problems
      - a. Relief giving
      - b. Case work
- II. Activities of the public health nurse in heart disease, cancer and orthopedic conditions
  - A. Case finding and securing medical supervision of these cases
  - B. Case holding -- urges patients to remain under medical supervision
  - C. Nursing care
    1. Gives, demonstrates and supervises proper nursing care for individuals who have illnesses which may result in heart damage or an orthopedic condition
    2. Teaches nursing care for patients who are suffering from these diseases.
      - a. To prolong life or aid recovery
      - b. To make the patient comfortable
      - c. To ease the burden on the family
  - D. Assists the patient and family to make a physical and mental adjustment to the incapacity caused by the condition
  - E. Health education
    1. Recognition of early symptoms and value of prompt medical care
    2. Prevention and control of communicable diseases which may cause these conditions
    3. Value of periodic physical examinations for early detection of these conditions

**III. General nursing care**

- A.
- B.
- C.
- D. Mimeographed notes
- E.
- F.
- G.

**IV. Heart disease**

- A. Prevalence
- B. Common types
  - 1.
  - 2.
  - 3.
- C. Symptoms

**V. Cancer**

- A. Prevalence
- B. Symptoms
- C. Facilities for treatment

**VI. Orthopedic conditions**

- A. Definition
- B. Causes (listed in mimeographed notes)
- C. Prevention
  - 1. Adequate maternity care
  - 2. Prevention and adequate treatment of communicable diseases
  - 3. Prevention of accidents and adequate treatment when they occur
  - 4. Adequate nutrition
  - 5. Correct posture of the body in long term illness
  - 6. Correctly fitted clothing and shoes
- D. Treatment
  - 1. Purpose
    - a. To restore functions
    - b. To prevent progression of condition
  - 2. Treatment is individualized as prescribed by a physician

## OUTLINE OF NURSE'S LECTURES

SUBJECT: School Hygiene

Objective: To cultivate in the public health nurse the ability to function effectively in relation to the school child's health. It is done with the following goals.

1. Maintenance and promotion of health and welfare of every school child. This includes giving the school child the ability to recognize and take the responsibility of his own health.
2. Restore sick child to health  
To decrease the school child's morbidity and mortality rates and defects.

Indirect objective:

1. To have the public health nurse understand the functions of the schools in the community and give her ability to become an important part of the educational program.

- I. History of school hygiene (World, Japan)
- II. Requirements of a good school program
  - A. Health education  
Responsible people: Principal, teachers, nurse, doctor, dentist, health coordinator
  - B. Health service  
Responsible people: Same as above
  - C. Healthful environment  
All in school are responsible (Including the students)
- III. Health Education (especially emphasize the nurse's functions)
  - A. What is it?  
(It's not just formal classroom teaching)
    1. Purpose
      - a. Promotion of child development and health
      - b. Endeavor for child welfare through healthful living
        - (1) Health habits
        - (2) Prevention of communicable diseases
        - (3) Other health knowledge
    2. Health teaching methods
      - a. Formal
      - b. Incidental
  - B. Whose is the teaching responsibility?
    1. Teachers
    2. Nurse
    3. Doctor
    4. Principal
    5. Health coordinator

- C. Curriculum planning  
(How should it be woven into other subjects? -- Nurse's participation)

IV. Health service (especially emphasize the nurse's function)

- A. If good health service is to be done, it must be health education
- B. Physical examination (Not meaning treatment)
  - 1. Purpose
  - 2. Regulations
  - 3. Public health nurse's duties
- C. Dental examination (Not meaning treatment)
  - 1. Purpose
  - 2. Regulations
  - 3. Public health nurse's duties
- D. Physical inspection
  - 1. Communicable disease control
    - a. Daily inspection
    - b. Special communicable disease inspection
  - 2. Follow-up on correction of defects
  - 3. Dental inspection
  - 4. Vision and hearing inspection
  - 5. Measurements of weight and height
- E. Immunizations
- F. First aid (Not meaning treatment)
- G. School lunch supervision
  - 1. Purpose
  - 2. Cocks
  - 3. Kitchen facilities
- H. Home visiting
- I. Conferences
  - 1. Student
  - 2. Parents (Guardian) (Individual, group)
  - 3. Teachers (Individual, group)
- J. Consideration of the handicapped

V. Healthful environment (with emphasis on nurse's functions)

- A. Good healthful environment is good health teaching
- B. Cleanliness and orderliness of school grounds
- C. Cleanliness and orderliness of school building



**D. Seating**

1. Consideration of spacing
2. Diseases and seating arrangement
  - a. Nearsightedness, weak vision
  - b. Partial deafness
  - c. Others
3. Correct posture (height of desk and seat)

**E. Lunchroom**

1. Size
2. Plants
3. Cleanliness

**F. Drinking water facilities****G. Toilets**

1. Distance from school buildings
2. Facilities (handwashing, flush toilets)
3. Cleanliness
4. No. Of toilets (Separate male and female toilets)

**H. Leighting and ventilation****VI. Functions of the public health nurse in the school health program****A. School hygiene teaching outline (Introduction)**

1. Endeavor for development of health service
2. Explanation of results of an advice on physical examination
3. Communicable disease prevention (Immunization, isolation)
4. Utilization of health facilities
  - a. Health center
  - b. Hospitals
  - c. Other near-by health facilities
5. Correction of physical defects
6. Planning
  - a. Education of handicapped school child
  - b. Preventive program
7. First aid according to doctor's orders
8. Cooperation with other health activities (social and home)
9. Maintanance of healthful school environment
  - a. General hygiene
  - b. Heating
  - c. Seating
  - d. Lighting
  - e. Ventilation
  - f. School grounds
  - g. Lunchrooms
  - h. School building

**B. Hygiene room and necessary equipment**

Bed, basin, measurement equipment (scales, measuring rod), medicine cupboard, waste container, posters, vision test chart, visiting bag, full lenght mirror, thermometer, bandage material necessary for first aid, desk, chairs, running water

VII. Qualifications of school nurse

VIII. Organizations concerned with school hygiene

A. Health organizations (school doctor, principal, dentist, nurse, pharmacist)

B. T.F.A.

C. General groups

IX. Reference material

N.O.P.H.N. Manual, Guide to Secondary Schools, Guide to Elementary Schools, Yokota "Public Health Series -- School Hygiene"

## OUTLINE OF NURSE'S LECTURES

SUBJECT: Industrial Hygiene

- I. Industrial hygiene, important to public health
  - A. Influence on individual's life
    1. Many health hazards due to occupation
    2. Worker spends 1/3 of each day working and 2/3 of life span are working years
    3. Socio-economic problems are result of loss of earning power
  - B. Influence of community
    1. Loss of productive capacity
    2. Cost of resulting disability to community
    3. Disability fosters social problems
- II. Administration
  - A. Management
    1. Physician
    2. a. Public health nurses
    - b. Sanitary inspector (if there is one)
  - B. Nurse responsible to
    1. Workers
    2. Management
- III. Functions of the public health nurse in the factory
  - A. First aid and nursing care
    1. Medical supervision
    2. Standing orders
  - B. Assisting with physical examinations
  - C. Advice to employees in securing:
    1. Correction of defects
    2. Social aid
  - D. Health education
    1. Individuals (home visits)
    2. Groups
    3. Management
  - E. Determining causes of accidents and ill health
  - F. Supervision and interpretation of sanitary environment
    1. Rest rooms
    2. Toilets

- 3. General factory environment
  - a. Temperature, humidity
  - b. Illumination
  - c. Ventilation
- 4. Dormitory
  - a. General hygiene
  - b. Nutrition
- G. Consulting with manager of lunchroom regarding:
  - 1. Nutrition
  - 2. Sanitation
- H. Record keeping -- to protect:
  - 1. Employee
  - 2. Employer

References: NOSH Manual  
Mineographed notes

## OUTLINE OF DOCTOR'S LECTURE

SUBJECT: Public Health Organization and Administration

I. Object of Instruction

To give the public health nurse an understanding of the organization, administration, and responsibilities in protecting the health and welfare of citizens through organized community.

II. Development of Public Health and Public Health administration in Japan (3 year *summary*)

III. Organization and Administration

A. National Government

1. Organization and functions of welfare ministry
2. Appointment of Personnel
3. Source of funds
4. Relationship with other agencies
  - a. Other ministries
  - b. Professional groups

B. Prefectural Government

1. Organization and functions
2. Appointment of personnel
3. Source of funds
4. Relationships with other agencies
  - a. Other bureaus
  - b. Professional groups

C. Health Center (*Introduction used at Suginami*)

1. Organization
2. Personnel
3. Source of funds
4. Relationships with other agencies
  - a. Private physicians and midwives
  - b. Ward or city office
  - c. Schools
  - d. Hospitals and Sanatoria
5. Functions (Health Center Law)
  - a. Health education (Show relationship between health education and health legislation)
    - (1) Individuals
    - (2) Community
    - (3) Authorities
  - b. Vital Statistics
    - (1) Data collected
    - (2) Purpose
    - (3) Methods of collecting data.
    - (4) Methods of interpreting data
  - c. Nutrition

- d. Environmental sanitation
  - (1) Inspection of food source, handling preparation and examination of food handlers.
    - (a) Purpose (Disease spread and illness caused by contaminated food)
    - (b) Source of contamination
    - (c) Method of Control
  - (2) Milk
    - (a) Purpose (Disease spread and illness caused by contaminated milk)
    - (b) Source of contamination
    - (c) Method of control
  - (3) Water Supply
    - (a) Purpose
    - (b) Source of contamination
    - (c) Method of control and purification
    - (d) Related problems — Ice and the common drinking cup
  - (4) Sewage disposal
    - (a) Purpose
    - (b) Method
  - (5) Vermin and their control
    - (a) Purpose
    - (b) Method
  - (6) Public buildings (and housing)
    - (a) Bath houses
    - (b) Swimming pools
    - (c) Recreational facilities
    - (d) Apartment, Slums
- e. Medical social service
- f. Public health nursing
- g. Maternal and child hygiene
- h. Dental hygiene
- i. Diagnostic laboratory service
  - (1) Purpose
  - (2) Facilities available
- j. Control of Communicable disease including T.B. and V.D.
  - (1) Responsibility of official agencies
    - (a) National
    - (b) Prefectural
    - (c) Health center
  - (2) Method
    - (a) Infected individual, contact and environment.
      - 1) Recognition and reporting
      - 2) Isolation
      - 3) Quarantine
      - 4) Disinfection (Concurrent and terminal)
      - 5) Immunization
    - (b) Community
      - 1) Control of water supply
      - 2) Pasteurization of milk
      - 3) Supervision of food and food handlers
      - 4) Examination of animals

5) Education

- a) Personal hygiene
- b) Disease prevention
- c) Epidemic Measures
  - 1.) Discover source
  - 2.) Destroying intermediate host
  - 3.) Safeguarding food and water supplies
  - 4.) Immunizing population

D. Differentiate between "law" and "ordinance"

- R. Law enforcement
- 1. Responsibility
  - 2. Method

## OUTLINE OF DOCTOR'S LECTURES

## SUBJECT: Maternity Hygiene

Object of Instruction: To give the public health nurse ability to do her work effectively cooperating with the doctor and midwife concerning the maternity hygiene program. In other words:

1. To maintain life and health of each pregnant woman.
2. To grasp all opportunities for growth and development of the infant.
3. To restore mother to health after delivery

## I. Female anatomy and physiology

## A. Changes of female physiology

1. Adolescence (First menstruation, time amount, etc)
2. Maturity (Relationship of ovulation and menstration)
3. Menopause

## B. Marriage hygiene

1. Marriageable age as seen from medical view
2. Blood relation marriage
3. Marriage and tuberculosis
4. Marriage and venereal disease

## C. Gynecological diseases

## II. On the eugenic Law (heredity)

## III. Pregnancy

## A. Mechanics of pregnancy

1. Implantation of the ovum
2. Symptoms of pregnancy
  - a. Physical changes
3. Development of the fetus
  - a. Every month
  - b. Length of Pregnancy (Days)

## B. Diagnosis of pregnancy

1. Medical history taking -- as carefully as possible
  - a. End of menstration
  - b. Morning sickness
  - c. Fast pregnancies
  - d. Abortions, prematures, stillbirths
  - e. Health condition of present children
  - f. Consciousness of fetal movement (time)
  - g. Health condition of mate
  - h. Other obstacles
2. Diagnosis



- a. Physical condition (varices, edema of lower extremities, etc)
- b. Condition of breasts
- c. Abdomen (Measurements, observation, auscultation, palpation)
3. Other items to be in examination
  - a. X-ray
  - b. Urinalysis, stool examination
  - c. Blood pressure and temperature
  - d. Blood examination (Blood sedimentation, syphilis, blood count)
  - e. Pelvis measurements
  - f. Weight
  - g. Vaginal examination (Gonorrhoea)
- C. Hygiene of Pregnancy
  1. Mental hygiene
  2. Physical hygiene
- D. Pregnancy and its complication
  1. Toxemia
  2. Abortions, prematures, stillbirths
  3. Hemorrhages
  4. Venereal disease and pregnancy
  5. Tuberculosis and pregnancy
  6. Other complication diseases

#### IV. Delivery

- A. Preparation
  1. Delivery room and its preparation
  2. Preparation of the mother
    - a. Attendant
    - b. Necessary equipment for delivery
  3. Disinfection
  4. Preparation for the newborn
- B. Progress of delivery
  1. Symptoms of delivery
  2. Normal delivery progress
    - a. First period
    - b. Second period
    - c. Third period
  3. Abnormalities in the progress of delivery (Forcep delivery and episiotomy)
- C. Care after delivery
  1. Care of placenta delivery
  2. Prevention of hemorrhage and puerperal fever
  3. Prevention of other abnormalities

#### V. Postpartum

- A. Purpose of postpartum hygiene (nursing)  
Physiological changes, eg. breasts and uterus

1. Cleanliness and disinfection
2. Nutrition and nursing
3. Condition of uterus and perineum (birth canal)
4. Lochia
5. Perspiration
6. Bowel movement, temperature, pulse, urination
7. Disinfection
8. Physical and mental rest
9. Clothing and postpartum room
10. Postpartum examination
11. Others

B. Care in abnormal postpartum

Purpose: To lessen abnormalities in postpartum period by early detection and treatment.

1. Physical condition (Facial perspiration, pulse)
2. Severe hemorrhage
3. Abnormal condition of lochia and uterus
4. Breast abnormalities
5. Eclampsia
6. Puerperal fever
7. Embolism and phlebitis
8. Mental disorders
9. Others

C. Care of the newborn

1. Care immediately after birth
  - a. Care of eyes
  - b. Care of cord
  - c. Observation
2. Nursing during the postpartum period
  - a. Cleanliness
  - b. Maintenance of temperature
  - c. Nutrition
  - d. Other items to take care of.

VI. Maternity hygiene of industrial woman

A. Influence of industry on the mother

B. Protective policies of industrial maternity hygiene (medical ideal concept)

## OUTLINE OF DOCTOR'S LECTURES

SUBJECT: Infant and Preschool Hygiene

## I. Infant Hygiene (Birth to 1 year)

## A. The health infant

## 1. Growth and development

## a. Physical development

## (1) Before birth

- (a) Heart
- (b) lungs
- (c) Digestive tract
- (d) Muscles

## (2) After birth

- (a) Heart
- (b) Lungs
- (c) Urinary tract
- (d) Bony structure
- (e) Muscular development and control
- (f) Posture
- (g) Shape and proportion
- (h) Weight and height
- (i) Speech
- (j) Teeth

## (3) Feeding

- (a) Ability to nurse
- (b) Ability to swallow and digest solid food
- (c) Stomach capacity

## (4) Foods which contribute to growth and development

- (a) Proteins, fats and carbohydrates
- (b) Minerals
- (c) Vitamins

## b. Sensory development

- (1) Sight
- (2) Hearing
- (3) Taste
- (4) Smelling
- (5) Feeling

## c. Emotional development

- (1) Fear
  - (a) Noise
  - (b) Falling
- (2) Love
- (3) Anger
- (4) Pleasure

## d. Social development (totally lacking at birth)

- (1) First response (smile)
- (2) Later attempts to gain attention and approval

## e. Habit development (begins at birth)

- (1) Feeding -- interval
- (2) Sleep
  - (a) Amount
  - (b) Preparation for sleep
  - (c) Proper place

- (3) Cleanliness
- (4) Exercise
- (5) Play
- (6) Elimination
- (7) Crying
- 2. The importance of routine health supervision and
  - a. To give diet advice for proper growth and development
  - b. To detect abnormalities in growth and development
  - c. Immunization
- 3. The premature Infant
  - a. Definition
  - b. Development
  - c. Prognosis
  - d. Special care necessary
    - (1) Maintaining body temperature
    - (2) Careful feeding
      - (a) Method
      - (b) Type
    - (3) Minimum of handling
    - (4) Susceptibility to infection
- B. The sick child (Illnesses common to Infants)
  - 1. Digestive disturbances
    - a. Cause
    - b. Manifestations
    - c. Prevention and treatment
  - 2. Vitamin deficiencies
  - 3. Anemia
  - 4. Respiratory infections
  - 5. Tuberculosis
  - 6. Syphilis
  - 7. Childhood C.D. (Brief mention of C.D. especially common in infants -- diphtheria, measles, whooping cough and their sequelae)
  - 8. Accidents occurring among infants
- II. Preschool child (1 yr to 6 years)
  - A. Growth and development
    - 1. Physical
    - 2. Emotional
    - 3. Mental
    - 4. Social
    - 5. Habit
    - 6. Character
  - B. Correction of defects
  - C. Accidents

## OUTLINE OF DOCTOR'S LECTURE

SUBJECT: Communicable Diseases

- I. Purpose of Instruction
- II. History
- III. Knowledge of Communicable Diseases
  - A. The infectious process
    1. Definition of infection -- The presence of an organism capable of causing disease and under favorable conditions of causing illness.
    2. Definition of disease -- The interaction between the organisms and the body that is infected.
    3. Infection and resistance.
      - a. Infection
        - (1) Type of organism
        - (2) Quantity
        - (3) Virulence
        - (4) Capacity for multiplication
        - (5) Capacity for invasion
      - b. Resistance
        - (1) Specific antibodies
        - (2) Non-specific factors which protect body from invasion by disease-producing organisms
    4. Infective agents
      - a. Bacteria
      - b. Protozoa
      - c. Parasitic molds
      - d. Worms
      - e. Spirochetes
      - f. Filterable virus
    5. Sources of infection
      - a. Man
        - (1) Recognized case
        - (2) Unrecognized case
        - (3) Atypical case
        - (4) Latent case
        - (5) Carrier
      - b. Animals
    6. Portal of entry
      - a. Alimentary canal
      - b. Respiratory tract
      - c. Skin
      - d. Genitourinary tract
      - e. Placenta (before birth)
    7. Means of disease production
      - a. Toxins
        - (1) Exotoxins
        - (2) Endotoxins
      - b. Bacteria split proteins

8. Body reaction to infective agent
  - a. Fever
  - b. Blood count
  - c. Production of antibodies
9. Incubation period
10. Portal of exit
  - a. Respiratory tract
  - b. Intestinal tract
  - c. Discharge of wounds
  - d. Urinary tract
  - e. Mechanical escape
    - (1) Insect bites
    - (2) Transfer of blood by hypodermic syringe or transfusion
11. Mode of transmission
  - a. Direct
    - (1) Person to person
    - (2) Droplet infection
  - b. Indirect
    - (1) Insects
    - (2) Water
    - (3) Milk
    - (4) Food
    - (5) Ecnites
    - (6) Soil
12. Period of communicability (Varies with each disease)
13. Immunity
  - a. Natural
  - b. Acquired
    - (1) Active
    - (2) Passive

#### IV. Vaccines, Immune sera

- A. Vaccines
  1. Definition
  2. Preparation
  3. Use
- B. Immune sera
  1. Definition
  2. Preparation
  3. Uses
- C. Serum reactions
- D. Supervision of biologic products

#### V. Medical asepsis

- A. Requirements for life and growth of organisms
- B. Destruction of organisms
  1. Soap and water

2. Heat
  - a. Degree
  - b. Time
3. Fire
4. Chemicals
  - a. Strength
  - b. Time
5. Sunlight
6. Drying

## VI. Diseases

### A. Diseases spread by discharges of nose and throat

- |                        |                        |
|------------------------|------------------------|
| 1. Measles             | 8. Mumps               |
| 2. Chickenpox          | 9. Epidemic meningitis |
| 3. Smallpox            | 10. Poliomyelitis      |
| 4. Scarlet fever       | 11. Common cold        |
| 5. Diphtheria          | 12. Influenza          |
| 6. Vincent's infection | 13. Pneumonic          |
| 7. Whooping cough      |                        |

### B. Spread by discharges of skin and mucous membrane

- |             |             |
|-------------|-------------|
| 1. Impetigo | 4. Trachoma |
| 2. Scabies  | 5. Leprosy  |
| 3. Ringworm |             |

### C. Spread by discharges of gastrointestinal tract

- |                        |             |
|------------------------|-------------|
| 1. Amebic dysentery    | 4. Hookworm |
| 2. Bacillary dysentery | 5. Typhoid  |
| 3. Food poisoning      | 6. Cholera  |

### D. Spread by infected insects

- |            |                 |
|------------|-----------------|
| 1. Malaria | 3. Yellow fever |
| 2. Typhus  | 4. Plague       |

### E. Resulting from infected wounds

1. Tetanus

### F. Resulting from animal bites

1. Rabies

## VII. Outline for each disease

- A. Symptoms and course
- B. Etiologic agent (describe)
- C. Source of infection
- D. Mode of transmission
- E. Incubation period
- F. Period of communicability

- G. Susceptibility and immunity
- H. General and specific treatment
- I. Prevalence
- J. Method of control
  - 1. Individual
  - 2. General
  - 3. Epidemic (if applicable)



## OUTLINE OF DOCTOR'S LECTURES

SUBJECT: Venereal Diseases

- I. History of venereal diseases
  - A. Morbidity rate through history (statistical)
  - B. First theory on cause and treatment
  - C. Discovery of causative organism
  - D. First institutional care
  - E. Development of aids in diagnosis and treatment
- II. Knowledge of venereal diseases
  - A. Syphilis
    1. Causative organism
    2. Mode of transmission
    3. Symptoms (Including clinical course)
    4. Classifications of syphilis
    5. Nature of infectiousness
    6. Complications
    7. Diagnostic methods
      - a. Careful history taking
      - b. Complete medical examination
        - (1) Physical examination
        - (2) Laboratory tests
    8. Treatment
      - a. Chemotherapy
      - b. Reactions to treatment
  - B. Gonorrhoea
    1. Causative organism
    2. Mode of transmission
    3. Symptoms (Including clinical course)
    4. Classifications of gonorrhoea
    5. Nature of infectiousness
    6. Complications
    7. Diagnostic methods
      - a. Careful history taking
      - b. Complete medical examination
        - (1) Physical examination
        - (2) Laboratory tests
    8. Treatment
      - a. Chemotherapy
      - b. Surgical treatment
      - c. Reactions to treatment
  - C. Chancroid
  - D. Granuloma inguinale Same as A. Syphilis
  - E. Lymphogranuloma venereum

## III. Legislation on Venereal diseases

## OUTLINE OF NURSE'S LECTURES

SUBJECT: Venereal Diseases

- I. Functions of the health center in the V.D. control program
  - A. Venereal diseases are a community problem (social problem)
    1. A communicable disease
    2. Social factors that influence venereal diseases
      - a. Public's understanding
      - b. Treatment facilities
      - c. Treatment fees
    3. Venereal diseases can be prevented
  - B. Functions of the health center
    1. Finding of patients (case finding)
      - a. Examination
        - (1) Physical examination (Individual, group)
        - (2) Pathological examination
      - b. Investigation of contacts
        - (1) Interview with patient
        - (2) Physical examination (Individual, group)
        - (3) Home visit
      - c. Community laboratory facilities.  
Get recognition of utilizing V.D. dispensaries and hospitals
    2. Treatment of patient
      - a. Health center
        - (1) Treatment by health center
        - (2) Treatment in connection with the V.D. clinics
      - b. V.D. clinic  
Treatment in connection with health center
    3. Education
      - a. Patient (Sex education & nursing, prevention); thorough continuous treatment
      - b. Education to general public (Sex education and V.D. prevention)
- II. Public health nurse's functions in the V.D. control program
  - A. Assistance in the clinic
    1. Care of equipment
    2. Preparation of drugs
    3. Assisting doctor (treatment room)
    4. Assisting doctor (examination room)
    5. Handling of laboratory specimens

- B. Case holding (patient holding)
  - 1. Interview each diagnosed patient and explain the necessity of continuous, complete treatment
  - 2. Immediate follow-up of patients who have neglected treatment
  - 3. Endeavor to have a pleasant clinic atmosphere and thus encourage him to wish to come for treatment
- C. Case finding
  - 1. Arrange for locating and examining all named contacts of known infected persons
  - 2. Assist in mass testing programs (Continuous work done for patients who need further examinations)
  - 3. Encouraging periodic physical examinations which include blood tests for syphilis
  - 4. Assisting in general health education so thorough that when the individual suspects infection he will voluntarily receive medical examination
- D. Assist in prevention of disease
  - 1. Teach the infectious patients methods of isolation to prevent spread of disease
  - 2. Teach family the value of, and promote use of prophylactic treatment of eyes of newborn
  - 3. Assist in the prevention of congenital syphilis by encouraging every pregnant woman to have medical examination early in pregnancy
  - 4. Assist in community education with the hope that informed persons will not so readily expose themselves to the risks of the disease infection

### III. Community relationships

- A. With other nursing agencies
  - 1. School nurses
  - 2. Industrial nurses and sanitary inspectors
  - 3. Hospital nurses
  - 4. Midwives
- B. Social agencies
- C. Venereal disease dispensaries (clinics)
- D. General dispensaries and hospitals
- E. Community general public)

### IV. Reasons for high venereal diseases morbidity rate in Japan

- A. Insufficiency of health education
  - 1. Patient
  - 2. Community
  - 3. Authorities

- B. Poor community relationships
  - 1. Reporting
  - 2. Dispensaries, hospitals and health centers
  - 3. Health center and venereal disease clinics
  - 4. Health officials, authorities and community
  
- C. Health center program
  - 1. Lack of knowledge of venereal diseases
  - 2. Lack of personnel
  - 3. Lack of medicines
  - 4. Lack of follow-up work
  
- D. War
  - 1. Veterans and repatriates
  - 2. Inflation
  - 3. Prostitutes
  - 4. Conception

Y  
  
OUTLINE OF DOCTOR'S LECTURES

SUBJECT: Oral Hygiene

- I. Oral hygiene, a responsibility of the health center (and the public health nurse)
  - A. Oral hygiene influences general health
    1. Nutrition
    2. Foci of infection
      - a. Heart disease
      - b. Arthritis
      - c. Neuritis
  - B. Diseases of the mouth are preventable
    1. By proper care
    2. Early treatment
  - C. Prevalence
  - D. Education regarding oral hygiene needed as part of general health education
  - E. Cost of dental diseases
    1. To individual
      - a. Cost of care
      - b. Loss of earning power
    2. To community
      - a. Cost of care
      - b. Loss of productive capacity
  - F. Some diseases are communicable
- II. Functions, structure and development of teeth
  - A. Functions
    1. Mastication
    2. Forming of face
    3. Contour of face
  - B. Anatomical structure of teeth
  - C. Formation and growth
    1. Deciduous teeth
    2. Permanent teeth
- III. Abnormalities
  - A. Malocclusion
    1. Effect
      - a. Mastication
      - b. Cosmetic (psychological)
      - c. Possible decay
    2. Treatment

- B. Malalignment
  - 1. Effect
    - a. Mastication
    - b. Cosmetic
    - c. Possible decay
  - 2. Treatment
- C. Cleft palate
  - 1. Effect
  - 2. Treatment

#### IV. Dental diseases

- A. Dental caries
  - 1. Nature of disease (sugar)
  - 2. Diagnosis (recognition)
  - 3. Treatment (Flourine)
- B. Focal infections
  - 1. Nature of infection
  - 2. Diagnosis
  - 3. Treatment
- C. Gingivitis
  - 1. Nature of infection
  - 2. Diagnosis
  - 3. Treatment
- D. Pyorrhea alveolaris
  - 1. Nature of infection
  - 2. Diagnosis
  - 3. Treatment
- E. Vincent's angina
  - 1. Nature of infection
  - 2. Diagnosis
  - 3. Treatment
- F. Others

#### V. Nutrition as related to oral hygiene

- A. Foods that promote the development of sound teeth
  - 1. Minerals
  - 2. Vitamins
- B. Nutrition in pregnancy
- C. Nutrition in development of teeth in childhood
- D. Local symptoms of diet deficiency

**VI. Cleanliness of the mouth as related to oral hygiene****A. Purpose**

1. To remove retained food particles
2. Personal attractiveness

**B. Method**

1. Daily personal care -- proper brushing
2. Dental floss
3. Prophylactic cleaning by dentist

**VII. Purpose of dental supervision****A. During maternity cycle**

1. To protect mother's teeth and health
2. To insure proper prenatal development of baby's teeth
3. To detect nutritional deficiencies

**B. During child's developmental period**

1. To insure proper development of teeth
2. To establish good habits of oral hygiene
3. To detect nutritional deficiencies
4. To correct defects early

**C. General**

1. To detect early caries
  - a. Prevent extension of caries
  - b. Prevent tooth loss
2. To detect foci of infection
  - a. Prevent systemic infection and disability
  - b. Maintain general health
3. To detect nutritional deficiencies and infections

**VIII. Functions of health center (and public health nurse) in Oral Hygiene program****A. Educational**

1. Individual
2. Family
3. School
4. Community

**B. Treatment (Nurse assists in arranging for treatment)**

(Fill in treatment which is actually done in health center)

Reference Material -- Red Cross Home Nursing

## OUTLINE OF DOCTOR'S LECTURES

SUBJECT: Mental Hygiene

## I. Objective of Instruction

To give the public health nurse an understanding of the public health aspects of mental health and how she may apply the knowledge of human behavior in all of her contacts with individuals and families to promote their mental well-being and to prevent mental disorders, including psychosis, neurosis and mental defects.

## II. Mental disorders

## A. Feeble-mindedness

1. Classifications
  - a. Idiot
  - b. Imbecile
  - c. Moron
2. Intelligence quotient (Explain)
3. Etiology
  - a. Heredity
  - b. Birth injuries
4. Prevalence

## B. Psychosis

1. Classifications
  - a. Schizophrenia
  - b. Manic-depressive insanity
  - c. Senility and arteriosclerotic mental disorders
  - d. General paresis
  - e. Borderline psychosis
    - (1) Epilepsy
    - (2) Psychoneurosis
      - (a) Psychopathic personality
      - (b) Personality disorders in adults
      - (c) Behavior difficulties in children
    - (3) Alcoholism and drug addiction
2. Etiology
  - a. Heredity
  - b. Injury
  - c. Infections (Syphilitic, meningitis, etc)
3. Prevalence

## C. Prevention of mental disorders

1. Heredity
2. Birth injuries
3. Infections
4. Alcoholism and drug addiction
5. General paresis
6. Nutritional deficiencies.



**Notes:** The discussion of mental disorders should not take a great deal of time since the public health nurse will encounter more normal people who will have some degree of mental maladjustment and who will need assistance and sympathetic understanding. Teacher can recommend outside reading if students need further study.

### III. Mental hygiene

- A. Definition: "The science and art which aids the individual in securing a satisfactory mental and emotional adjustment to his environment." This definition refers to all of us. It may deal with individuals who actually have mental diseases -- but it is more concerned with the potentially normal person.
- B. Mental hygiene during the maternity period
  - 1. Fears, superstitions and prejudices of the patient
  - 2. Family attitudes and adjustments
- C. Early childhood (greatest influence)
  - 1. Early feeding and handling of the infant as a basis for parent-child relationship
  - 2. Security in family relationship as the basis for the child's emotional development
    - a. Parents' preference for males
    - b. Rivalry in home or school
    - c. Rejection of the child by one or both parents
    - d. Quarreling, lack of affection
  - 3. Authority and discipline
    - a. Unnecessarily strict discipline
    - b. Lack of paternal guidance and discipline because of broken homes, illness or death of parents.
    - c. Overindulgence
    - d. Erratic discipline
  - 4. Early play life
    - a. Over protection and over solicitude
    - b. Independence, self-confidence
  - 5. Early sexual interests
  - 6. Individual abilities, interests and defects
- D. Adolescence
  - 1. Physical and emotional changes
    - a. Sexual guidance
    - b. Supervised recreation
  - 2. Social changes
    - a. Growing independence of adolescent from family
    - b. Career guidance
- E. Illness
  - 1. Its meaning to be individual
    - a. Fear and apprehension
    - b. Frustration
    - c. Escape

- d. Means to obtain attention and exercise control
- 2. Reactions based on age
  - a. Childhood
  - b. Adult
  - c. Old age
- 3. Reactions based on nature of illness
  - a. Long term
  - b. Terminal
  - c. Permanent disability
  - d. Short term illness
- 4. Family's attitude
- 5. Resistance to health teaching, nursing care and medical treatment

#### IV. Functions of the public health nurses

- A. Promotes mental health as an integral part of all public health nursing services
- B. Case finding (Recognition of mental hygiene problems)
- C. Refers cases which are beyond her limitations to
  - 1. Hospitals
  - 2. Clinics
- D. Reports to physician so that he will handle case wisely
  - 1. Manner of living
  - 2. Attitudes
  - 3. Behavior
- E. Aids patients who have physical defects to adjust to them
- F. Promotes the attitude that psychosis and neurosis are illnesses which need prompt scientific care
- G. Assists in development of community resources for treatment and rehabilitation of mentally ill and mentally defective

## OUTLINE OF DOCTOR'S LECTURE

SUBJECT: Nutrition

- I. Object of Instruction -- To give the nurse the ability to perform her functions in relation to nutrition in order to:
  - A. Promote optimum nutrition for all member of the community
  - B. Prevent and correct conditions caused or aggravated by nutritional deficiencies
- II. Definition of nutrition: The process of taking food into the body to maintain life and to nourish tissue.
- III. Influence of nutrition on the health of the public
  - A. Influence on individuals
    1. Energy
      - a. More productive
      - b. Higher standard of living
    2. Resistance -- less illness
      - a. Longer, happier life
      - b. Cost of illness
      - c. Resulting social problems for loss of livelihood
    3. Mental stability
      - a. More happiness
      - b. Fewer social problems
  - B. Influence on national economy
    1. Energy -- more productive
    2. Resistance -- less illness
      - a. Loss of productive capacity
      - b. Cost of illness
    3. Mental stability
      - a. Fewer social and mental problems
      - b. More efficiency
- IV. Nutritional problems
  - A. Shortage of food
  - B. Low purchasing power (lack of money)
  - C. Lack of knowledge concerning basic principles of normal food requirements and foreign foods
  - D. Failure to understand the great importance of proper nutrition upon proper growth and development
  - E. Failure to recognize nutritional deficiencies when they occur
  - F. Poor food habits

## V. Solving the problems

- A. Shortage
  - 1. Fair distribution (Each individual has moral responsibility of buying in legal channels)
  - 2. Proper handling to prevent spoilage and waste
  - 3. Proper preparation of imported foods
  - 4. Population control
- B. Purchasing power
  - 1. Stabilisation of national economy by increased production and efficiency (less waste)
  - 2. Control of black market
- C. Correction of deficiencies (Responsibility of physician, dentists, nutritionists and nurses; private & HC)
  - 1. Provision for special requirements of maternity cases and infants.
  - 2. Improved infant feeding
  - 3. Instruction to individuals
    - a. Parents -- concerning food requirements of the family, especially the children and correction of improper food habits
    - b. Patients who need special diet instruction such as allergies, diabetes, diet deficiencies and etc.
- D. Promotion of normal nutrition (Responsibility of Health Dept.)
  - 1. School nutritional projects
  - 2. Instruction through newspapers, magazines, posters and radio
  - 3. Group instruction to mothers
  - 4. Family budgeting instruction (medical social worker, health education section)
  - 5. Aid from social agencies when income is too low to provide adequate diet

## VI. Food groups and their elements

- A. Green, yellow vegetables -- Vit. A.C. iron, calcium proteins
- B. Other vegetables and fruits -- Vit. C
- C. Soy bean and products, fish, egg, animal and bird meat -- Protein, fat, phosphorus, iron, Vit. B1, B2, niocinic acid
- D. 7/10 grain rice, wheat, potatoes, sweet potatoes -- Carbohydrates, Vit. B1, B2, C and A
- E. Fish with bones, milk, milk products and seaweed -- Calcium, Vit. B2, Am protein
- F. Dried mushroom, cod liver oil -- Vit. A and D, fat

**VII. Requirements of various groups**

- A. Pregnant and lactating woman
- B. Infants
- C. Preschool children
- D. School children
- E. Adolescents
- F. Adults -- defferent degrees of activity
- G. Elderly individuals

**VIII. Diseases due to diet deficiencies**

- A. Beriberi
- B. Night blindness
- C. Scurvy
- D. Hemophilia
- E. Others

**IX. Illnesses caused by certain foods**

- A. Poisonous chemical substances present in some foods
- B. Pathogenic organisms in food
- C. Allergic conditions

**X. Diets for special conditions**

- A. High iron diet
- B. High protein
- C. High caloric
- D. High vitamin
- E. Diet in constipation
- F. Control of weight
  - 1. For those who are underweight
  - 2. For those who are overweight
- G. Regaining strength
- H. Tuberculosis

I. Diabetes

J. Special diets

1. Liquid

2. Soft

3. Light

XI. Preparation of food

A. For infants

1. Cereal

2. Fruit juice

3. Vegetables

4. Egg

5. Meat and fish

B. Imported foods

Cookery by pamphlets, printed matter