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Review of last 6 months

1. Reorganization of Public Health Section, 衛生課の再組織 as a separate section. 別課として It is now in the process of reorganization within the Department. 現在課内の組再組織で行ってる.

2. Reorganization of Nippon Medical Association, Gifu Branch. 岐阜市郡 日本医師会 改再組織

3. Reorganization of Nippon Dental Association, Gifu Branch.

4. Organization of Clirical Nurses, Midwives and Public Health Nurse Association of Japan, Gifu Branch. 助産婦

5. Inauguration of Coupon Method in Distribution of Drugs and Controlled Medicines. 統制薬品配給切符制開始

6. Completed construction of Central Health Center in Gifu City. 市内中央保健所建物と分局病院の完了 Also V.D. Hosp.

7. V. D. Clinics for General Public set up in each Health Center. 各保健所に一般の為性病治療開設.

8. Blood Serology of all pregnant women, and treatment when needed, in an effortto stamp out congenital Syphilis. 先天徴毒を根絶の為妊産婦の血清検査.

9. Mass X-ray of School children and B. C. G. given needed. Program is still on. 学生の広範的X-ray B.C.G やりつつある.

10. A higher degree of General Sanitation all over Prefecture. 県内一般衛生高上.

11. Education of People through media of Movies, Newspaper, Posters, etc.

12. Immunization Programs.

Typhoid----- Not complete yet. Must be done by months end.

Diptheria----Plan made, Waiting Vaccine.

B.C.G -----Going on continuously should be pushed by Japanese Officials.

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Smallpox-------Completed in Fall- New program to start in spring.

13. Organized campaign on Rodent Control completed and successful.

14 Public Health Nurses working out of Health Centers. Care of sick in home — Education of TB Patients — Home Sanitation.
家庭衛生.

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HEADQUARTERS
TOKAI-HOKURIKU MIL GOVT REGION
APO 710 (Nagoya, Honshu)

JHM/yt

Public health Section

3 February 1948

The overall mission in public health is directed toward
公衆衛生使命は日本公衆衛生従事者が設備，材料
assisting in the attainment and maintenance of Japanese public
の有効なる使用をもって十分になる様健康及び衛生
health personnel to become self-sufficient by the effective
が最高に達する迄努力し保持し，及び民主義的
use of their own equipment and supplies in order to attain
理想と医術の倫理道徳形成実行の援助に向けてる.
the highest possible standards of health and sanitation for
the Japanese people and to aid in the formation and practice
of democratic ideals and ethieal codes of medical practice.

At the present time reorganization of prefectural health
現在に於ては県衛生部再組織が第一の事業である.
departments is of primary concern, since it is this department
なぜなら県の衛生活動を導くのはその部である本部である.
which will guide the public health activities in the prefecture.

Formerly, the P. H. D. was given an inconspicuous place in the
前には衛生課は県庁で目立たぬ所におかれた為に
P.G. & thus was unable to serve the health needs of the pre-
県の衛生の必要な所と充すが出来なかった.
fecture. Budget appropriated for health activities was in-
衛生活動用の予算は不充分である.
sufficient; personnel was inadequate as to number and ability
仕事をするのには人員は数，実力，訓練に於ても不充である.
& training to perform their duties. Therefore it is most
其れ故に前数の1.42%から
urgent that the budget of the P. H. D. shoubd be increased from
5%-10%は県予算を衛生部に増すは緊急必要なることである.
a former figure of 1.42% to approximately 5%-10% of the pre-
fectural government budget. Only thru this measure can ade-
この方法のみにて衛生部
quately trained personnel be obtained to staff the P. H. D.
は十分訓練を受けた人を得ることが出来る.

In conjunction with the establishment of the P. H. D. is
衛生部の設立と共に第101法に依り保健所の
the vast expansion of the functions of the health center as
promulgated in Law No. 101. The health center represents the
保健所は生命的連結環
公衆衛生プログラムと
業務とは
絶対に切り離すことの出来ない線.

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vital link in the public health program. Its main purpose is
この主なる目的は
to aid in the diffusion of knowledge concerning hygienic know-
~~知識の傳播を援助し特に~~衛生知識、保健看護及び
ledge, public health nursing and control of communicable diseases.
伝染病予防、知識の傳播である。
At present health centers function principally as clinics & do
現在に於て保健所は、クリニックとして主に奉仕する。前にのべた
not exert effort to carry out any of the aforementioned projects.
事を実現する努力をしなかった。
It shall be the responsibility of the chief of the P. H. D., with
知事の密接なる監視をもって衛生課長の責任として
close surveillance of the governor, to adequately staff these
保健所業務が十分果たせる様な~~訓練の受けた人を十分~~
health centers with trained personnel so that the functions of
完全な人を与え、
the centers may be exercised to their full effect.

Closely related to the health centers are the hospitals of
日本では病院が保健所と密接に関係す
Japan. The most glaring defect here is the lack of organization
最も目立ち過ぎる欠点は病院の組織不~~統一~~であること
of the hospital. The director in many cases has the opinion
~~多くの場合院長はの意見解~~として自らは~~院~~
that his past is honorary and will not assume the responsibility
名誉であった、患は病院を導く責任を取らぬ。
of guding the institution. The governor must appoint men of
知事は病院を監視する責任をおう
reputation who will undertake the task of supervising the hos-
~~名誉~~ある人を任命する。
pital; he will see that the hospital has the necessary fuel
その人は必要な燃料は病院に十分あるように注意を払う、
supply, personnel and that adequate services are furnished.
~~人員~~と十分なるサービスが給されているかに注意す。
In many hospital there is no division as to medical services,
多くの病院に於ては~~医療サービスの~~外科等の区分がない。
surgical etc., this must be accomplished in the very near future.
これに近き将来に完成せねばならぬ。

In the field of preventive medicine much progress has been
予防医学~~監視~~に於ては多くの進歩が~~現われ~~
accomplished, in the control of V. D. & the reduction of the
性病予防及び発疹チフス、~~赤痢~~腸チフスの減少が
incidence of typhus & Typhoid fever. However, there are still
~~完成せず~~、現われて又。
many obstacles to be mastered. Too much emphasis is being
多くの~~困難~~があることも事がある。
placed upon the treatment & weekly examination of prostitutes
及び~~毎~~週期の検~~査~~には重みをを置ぎる。
and street walkers for venereal disease. Although these in-
各々を人達は治療を当然
dividuals deserve & should be treated it is the mass of the
受けるはずがしと受けるべきである。~~大衆の全体は~~達~~は~~ねばならぬ。
population that must be reached. They represent the individuals
全家庭~~有~~→は及ばねばならぬ。

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人口の大半は治療後 陰性 に止まる人々である.
who will most probably remain free of disease following treatment.

そのふまえて
The first step in this direction is prenatal blood examination for
~~その方面の~~最初の仕事は 妊産婦の血液検査である.
the general population. ~~一般の~~

現在発疹チフスは依然として非常な危険性を持っている,
Typhus fever still exists as a threat amongst us at the
~~現在も発疹チフスは我々の間で取って危険~~ present time. Vigorous measures must be employed to control
その伝染病を防ぐ~~のに~~ ~~そのような~~ 手段を取らねばならぬ
the threat of an epidemic.

各人の
Immunization & D. D. T. dusting of individuals must be
Rat control の予防注射 各人の DDT 散布をやらねばならぬ.
carried out Rodent Control. These must be done by the Japanese
これらの仕事は 日本の衛生主任が
sanitary teams with surveillance by the M. G. public health
軍政部軍医官の指導により行なわねばならぬ.
officer. The incidence of 25 suspect cases in Gifu Prefecture
岐阜県に於ける25名のギジ患者が出た,
~~10 in Gifu & 2 in~~ stresses the point that more strenuous
こと病気を根絶するには ~~強力な~~ 積極的な手段を取らねばならぬ事を示す,
measures must be taken to eradicate the disease.

10 Gifu area
9 Ogaki "
3 Tajimi "
2. Gujo - Gun
1 Tokayama

At present tuberculosis 即ち 717 結核は現在 最も ~~結核による~~ 蔓延する疾患である.
結核は現在最も
communicable disease. Mass X-Ray examinations & tuberculin
大規模 Rontge 検査 ツベクリン検査 BCG
testing & B. C. G. immunization have been conducted. However,
を大量に行なわれて来た. 広範囲に行き. 然しながら
proper isolation of infected individuals has not been accom-
感染者の正しい隔離は完成されていな.
plished you must educate the people that an infected person
結核蔓延予防には感染者は隔離せねばならぬ
must be hospitalized if control of the spread of T. B. is to
ということを人々に教へねばなぬ.
be realized. To this and information must be disseminated to
そして病院は患者を治療するに十分の人手がなければならぬ.
the people and hospitals must be adequately staffed to treat
the patients. Again it is the responsibility of the chief of
又この徹底を計る長なれば知るの責任である
P. H. D. & the governor to see that this is accomplished.
ことを完成するのは

At present the Japanese Medical Association is in its
現今日の日本医師会は幼稚 ~~であるが~~ である
infancy. This group must be encouraged to develop along
この ~~団体が~~ グループが 民主主義の線に発達するを
democratic lines, for it is this group which will aid in
確かめる なぜならこの グループが ~~その~~ 社会の 医師の
elevating the status of the physician in his community.
地位度を高める助けとなる

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医術は行為及び職業である
Medicine is an act & a profession and I do not believe that
和し日本人はうの様に見ると は信じれぬ
the Japanese people view it as such. this organization by
考へていると は その組織は
fostering better medical schools & training & better practice
よりよき医学校を励むることにより又医術の訓練又よりよき実習により
of medicine will aid immensely in raising the standards of the
日本における医者その職業を、高めるが出来る
medical profession in Japan,

であって
I have saved my closing remarks to emphasize the basic
最後に基本なる要素を主張 閉会のあいさつとはがそまた
element; public health eduction. You must educate the mass
公衆衛生教育が
of people so that they will understand why various procedures
なぜ種々の行動を使用されているかを理解し，自発的に
are being employed and so that they may accept the procedures
之等の行動を受け入れ為人々を教育せねばならぬ、
willingly. Close coordination therefore must be obtained bet-
衛生部と教育課と厚生課とは密接な連絡
ween the P. H. D. and the Education Department & Welfare Depart-
がなければならぬ、
ment. Public health knowledge must be disseminated by the
公衆衛生知識は保健婦に依って家庭へ伝播し，
P. H. nurse in the home and various other media such as schools,
又他のあらゆる手段により例へば学校，新聞，ラヂヲ，婦人会及び
newspapers, radio, women's organizations & Labor groups may
労働組合を利用してもよい、
be employed.

Thus it can be seen that in order to carry out the public
それ故に公衆衛生使命を仕遂げるのには
health mission, that is, 'to attain the highest possible stand-
医者，看護婦及び公衆衛生に従事している人々が多くの労力と時間ついや
ards of health & sanitation for the people, it will be necessary
人々の保健，衛生を出来丈の最高に達する為に
for the doctors, nurses & others employed in the P. H. D. to
expend much effort and time.
ことため

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Second Half of Speech

The Welfare Program on a National and Regional Basis.

The Welfare Program--during 1947--made notable progress.

Among the outstanding features of the program was the establishment of the Children's Bureau on March 19th.

On the 2nd of October, the National Disaster Relief Law was passed by the Diet and became effective on the 1st of January 1948.

The first class of students of the Japan Social Work School was graduated on the 6th of October. Shizuoka and Ishikawa were fortunate in being able to employ two graduates. These men are doing outstanding work and providing good leadership in both Prefectures.

On November 25th the first Community Chest campaign was initiated and was concluded on the 25th of December. While in many instances the entire goal was not achieved, it is believed that the experiment was a success and the success of future campaigns is assured.

The new recertification plan for review of recipients of aid under Sei Katsu Hogoho was inaugurated on December 1st and is now in effect. This is the first time that a comprehensive review of cases has been made.

On December 7th, the Local Autonomy Law was passed to provide for a separate Department of Welfare and a separate Department of Health in each Prefecture. This is perhaps one of the most noteworthy milestones in the development of the

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welfare program.

It is noteworthy, too, that relief payments under Sei Katsu Hogoho were adjusted, in many instances, to meet the increased living costs. In this connection, it is noted that while there has been a decline in the number of relief cases, there has been an increase in the allowance in order to meet present living costs.

Another important step in the progress of the Welfare Program has been the development of standards for the establishment of Social Welfare curriculum in Universities and Colleges.

The year 1948 promises even greater progress.

Already the Prefectural Director of Welfare has achieved Cabinet status and Welfare Offices are being reorganized to conform with the new Local Autonomy Law.

Further development of the Japan School of Social Work and academic preparation for Social Welfare pursuits within Universities and Colleges have received encouraging impetus. Within our Region, Nagoya University and Kanazawa University are considering establishing departments of social welfare. Nagoya University has sent representatives to the meetings held in Kobe to discuss with other University Directors, curriculum and methods of financing such departments. It is planned that eventually we will be able to draw trained personnel for prefectural Welfare Departments from these schools.

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Each Prefecture is attempting to interest at least ten applicants--within the Prefecture--to compete for the one year free scholarship to the school of social work in Tokyo.

In the field of Public Assistance, Shizuoka Prefectural Welfare Department has pioneered a new system of administrative reviews of relief cases. I believe that most Prefectures have, by now, sent representatives to Shizuoka to study the new system. This system will give the Governor and the Welfare Director an accurate month by month analysis of relief cases and costs, and will provide a good barometer for trends and forecasts of the relief problem. Already, officials in Tokyo have evinced interest in the program and it is hoped that the system will be adopted nationally.

All Prefectures are now screening Minsei-iin and attempting to select only the most highly qualified and professionally interested personnel for the work. Intersive In-Service-Training Programs are being conducted in all Prefectures. It is planned eventually to put Minsei-iin on a full time, well-paid basis. In connection with this program, greater emphasis is being placed on the establishment of high standards of care for Public and Private Institutions--and-- the development of personnel standards for welfare personnel at the National, Prefectural and Local levels.

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One of the most far reaching and important acts of recent legislation was the formation of the Children's Bureau. This seems to be the first mahor indication of a National awakening to the need for organized activity in the field of Child Welfare. With the establishment of the Children's Bureau there followed the promulgation of the new Child Welfare Law. Some of the main features of the bill provide for Prefectural Child Welfare Stations for mental and physical care, paid full-time Child Welfare officials; National and Prefectural Child Welfare Boards, free medical examination and hospitalization for needy children, and supervision of maintenance of high standards for Mothers' and Children's Institutions.

The assistance of newpapers and the radio is needed to keep the people informed of Prefectural Disaster Plans. It is needless to point out to you the importance of this program. I would urge you to become familiar with it and to give Prefectural and City authorities every assistance possible.

Present world conditions have brought about new sociological problems that are taxing our capacities to the maximum--Welfare, of necessity-must bear the brunt of this impact. We need your help and guidance.

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Capt Pace
1400

Legal & Govt Press Conference Speech

20 Feb 1948

The 7th of March this year will mark the advent of a reorganized police force in Japan. The basis for this reorganization is aptly stated in the Preamble to the Constitution of Japan to guarantee that the keepers of the peace do not impinge upon the ideals of human liberty to which the people of Japan are now committed. In effect, the preamble of the constitution states that "Government is a sacred trust of the people, the authority for which is derived from the people, and the benefits of which are enjoyed by the people."

In the past it has been the dominant characteristic of the Japanese police system to maintain a strongly centralized police bureaucracy headed by a chief executive officer beyond the reach of any control by the people. Indeed, through this organization the Japanese military were enabled to spread a network of political espionage, to suppress freedom of speech, of assembly and even of thought, and, what was most important, to degrade the dignity of the individual.

It is with full cognizance of this condition that the reorganization of the police is soon to take place. It should never again be possible for antidemocratic elements to enmesh the freedom of the people in a web of police terrorism. This basic objective can best be accomplished thru (~~by the thorough~~) decentralization of the police system in accordance with the principle of local autonomy embodied in the constitution.

Each city and town should be responsible for the preservation of its own law and order independent of the central government. This organization is to be headed by a police chief to be appointed and removable by a commission composed of three civilian members appointed by the mayor of the city or town with the consent of the local assembly. This type of organization will apply to cities or towns of over 5000 population. I feel that the law for the reorganization of the police force as promulgated by the Japanese diet on 8 Dec 1947 is in full compliance with the spirit of decentralization as is here indicated.

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In further explanation of the organization of the police force, there is, in addition to these local city & town independent police forces, a prefectural public safety commission appointed by the governor of each prefecture which will exercise operational control over the National Rural Police operating within the boundries of that prefecture, reserving to the national government administrative authority over such national rural police wherever stationed. The administrative control as here referred to, comprehends management of all police matters not included in operational control. Operational control, as is exercised by the prefectural governor through his own appointed public safety commission, is the process of carrying on law enforcement including handling of police forces in preservation of law and order, planning & carrying out law enforcement procedures and the use of police powers in areas of responsibility as provided by law. This area of responsibility will not extend into the boundries of the 211 cities and towns in ~~Japan~~ - Hokuriku Region that will have their own independent police forces which are to be administered and operated under the municipal public safety commission. However the National Rural Police Force may be requested by competent local authority to lend assistance in a specific situation and thereby operate within one of these cities but this will be reserved for emergencies.

No channel of command will exist between the National Rural Police Unit and the local police forces, but technical channels of communication will, of course, be established in the interest of over-all efficiency and to facilitate a relationship of mutual assistance, liaison and coordination. There will accordingly be close coordination between the local municipal police forces and the national rural police forces in each area to facilitate the apprehension of black-marketeers, tax evaders and any other illegal operators.

To administer the laws effectively there is the closest coordination between the police officials charged with the apprehension of offenders against the laws, and public attorneys charged with the prosecution thereof. The procurators office in each town, city, district and prefecture is doing a job, which is of the most vital importance to the proper administration and enforcement of the laws as established by the people of Japan, and they are worthy of great commendation. They are doing everything in their power to comply meticulously with the underlying principles of the constitution as are their co-workers, the police, as organized under the recent law of the diet.

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In this connection it should be borne in mind that police power in the preservation of law and order in a democratic society does not attain its maximum strength through oppressive controls imposed on the people from above, but rather, it finds infinitely greater strength in the relationship of a servant of the people and thereby will it encourage respect for the people's laws through confidence and paternalistic pride in the police as the law enforcement agency of people themselves.

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GIFU
MILITARY GOVERNMENT TEAM
APO 25, Unit 2 (Gifu, Honshu)

Civil Education

17 February 1948

Speech for Mayors and Headmen Assembly

I am very glad to have this opportunity to explain to you the principal programs that the Education Section of Military Government will emphasize during the next four months. In some of our programs you will take an active part, in others which must be carried out principally by teachers your support and encouragement will be of great benefit.

First Priority-School Inspections:

In the past, 5 or more schools have been inspected each month using the old inspection form with which some of you are familiar. No advance notice of the inspection was given.

In the future, we will continue to inspect 5 or more schools each month, but a new and more detailed form will be used. An advance notice of the inspection requiring collection of certain information will be sent to the schools to be inspected.

Mayors and headmen are requested to encourage the school principals to gatner the information prior to the date of the inspection and to support corrective action following the inspections.

Second Priority-Reorganization and Decentralization of the school system:

The 6-3-3-4 plan was started 1 April 1947. We now have the 6 year primary schools and the 3 year junior high schools.established. Action has been initiated to form the 3 year senior high schools and the plans have been reviewed by the Civil Education Officer.

The new senior high schools will be in operation 1 April 1948. The Civil Education Officer will be concerned that the following things are accomplished in regard to these schools.

1. Minimum standards as set up by law are met by the new secondary schools.
2. Coeducation is effected whenever possible.

3. Equal educational opportunities are provided in all parts of the prefecture.

4. A comprehensive curriculum rather than a specialized curriculum is offered in the maximum number of schools.

5. Some of the existing middle schools become junior high schools instead of all becoming senior high schools.

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GMGT
Subject: Speech for Mayors and Headmen Assembly

17 Feb 48

Mayors and headmen are requested to give their support to the attainment of the above objectives.

Temporary conference groups composed of teachers and laymen have been organized on the village, town, gun, and prefecture levels. Their purpose has been to advise concerning education matters particularly on the reorganization of the schools.

In the future, the Civil Education Officer will supervise the work of the temporary conference groups more closely to include the following matters:

1. That the groups meet frequently

2. That plans or blueprints for long range expansion of school plants are prepared.

3. That Ken officials supervise the work of the conference groups.

4. That the conference groups lay the ground work for school boards that will be provided for by law in the near future.

Some of you people are probably ex-officio members of these groups. Your leadership and support in the above matters is requested by Military Government.

Third Priority-Teacher Reeducation:

An in-service teacher training program consisting of 24 hours of work based upon the new course of study is now in progress in each school.

Future plans include the following:

1. Completion of the present program.

2. Initiation of later units of study to make the teachers aware of their community responsibilities.

3. Organization of continuing courses of study by the teachers of each school.

Fourth Priority-The Budget:

The prefectural education budget for the next fiscal year has been reviewed by the Civil Education Officer especially from the stand point of inclusion of adequate funds for the compulsory grades.

This Prefectural budget will be examined again by the CE Officer in the near future with the following considerations:

1. Elimination of necessity for later supplementary budgets.

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GMGT 17 Feb 48
Subject: Speech for Mayors and Headmen Assembly

2. That the budget be more thoroughly itemized.

3. Distinction between capital outlay and operating expense and separation of cost of personnel from other operating costs.

4. Per capital cost for primary, junior high, senior high, and university education.

IN making your local budgets it is recommended that you give consideration to the above points and provide the maximum amount of funds for education

Fifth Priority-Health and Safety Curriculum:

Last month, health and safety units were introduced in each grade of the primary schools.

Further health and safety units will be introduced in the 7th and 8th grades of the junior high schools.

The cooperation of the town authorities is requested in the prefecture wide school safety campaign that is being planned for the near future probably to coincide with the opening month of school.

Sixth Priority-PTA:

The education section reports that every school in the prefecture now has a PTA organization based upon the approved constitution.

The prefectural education section will be requested to maintain a continuous check on the functioning of the PTA's. The education officer will make spot checks of various PTA's to ascertain to what extent they are complying with the provisions of their constitutions.

I want to ask each of you to accept as a part of your community responsibility ~~for the functioning of the PTA's to the approved constitution.~~ The encouraging and support of the PTA's

Seventh Priority-Student Body Self-Government for Junior and Senior High Schools:

There is at present some form of student government in the majority of the secondary schools of the prefecture.

Future plans include promotion of a student government organization in every lower secondary and upper secondary school.

We would like for you people to understand that student government is a teaching method to give the pupils an opportunity to get experience in democratic government and must be accomplished under the guidance of the teachers.

Eighth Priority-Youth Groups:

There is a youth organization for young women and men in practically every community of the prefecture. Their working in civic matters such as

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

GMGT 17 Feb 48

Subject: Speech for Mayors and Headmen Assembly

Promotion of CPH's and local drives as the Community Chest Drive has been one of the most engouraging aspects of social education work.

Within the near future leadership training courses for youth group leaders are being planned. Boy Scout and Girl Scout organizations will be encouraged. Materials for these groups will be distributed as soom as they are received from our higher headquarters.

We wish to request you to support and encourage these youth organizations, particularly to assist in finding adequate meeting places. It is not the plan of Military Government to split younger people and older people, but to encourage their working together for the improvement of the new democratic Japan.

Otner adult education programs that will continue to be emphasized are:

1. Womens Organizations

2. Extension Courses

3. Citizens Public Halls

Continued surveillance will be exercised in the field of religion. It is desired that you assume leadership in carrying out the constitutional provisions for freedom of choice in religion and separation of religion from government and from public schools.

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

CIVIL INFORMATION

Address for conference on 20 Feb. '47.

[redacted], Col Seitz, and Public Officials of Gifu Prefecture:

It is one of the desires of SCAP that the Prefectural Government Officials organize and develope their own information programs, with city, town, and village officials assisting by insuring the success of these programs in their own localities. It is up to each Official to take the initiative and do all he can to help in the rehabilitation of Japan. The people must feel that their Government is an efficient one, interested in them, and working for them. The activities of each Government Official and each Government Department or Section should not be concealed or kept secret in any way what-so-ever because the people must know what is happening in their own Government. This is probably difficult for some of you to understand because your Government in the past has been much different. You should know however that Democracy is the Government of the people, by the people, and for the people. So you can redily see that the people of a Democracy must be informed to be able carry out their obligations in their Government. In short the object of these information programs is to insure that every citizen is provided with true factual knowledge in specific fields so that he can form intelligent opinions, take action to protect his rights, and discharge his responsibilities.

It is also the desire of SCAP that the Prefectural Press do their

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

utmost to cooperate, with the Officials and Departments or Sections of the Government in putting over these programs, by using the best and most effective means possible to present them. There should be no profiteering on the programs what-so-ever. The press plays the most important part in the presentation of them because by the way a subject is presented bad trends can be discouraged, good trends can be encouraged, and new trends can be started. The use of such materials as posters, leaflets, pamphlets, radio and public address announcements, cartoons, and general meetings of instruction by responsible Officials should not be overlooked. But first the press should have a well organized plan of presentation to start a program and then these other means can be used most effectively. Teasers can be printed in the newspapers on the important broadcasts to be made by radio or "Teaser announcements" can be made by radio calling attention to the important articles in the newspapers. These need only consist of the subject, time, date, and name of station or newspaper. Student newspapers can be contacted and material for them can be prepared so as to be presented in proper form so it can be understood, but it must also coincide with their student activities. Women and Youth groups throughout the prefecture can be given material and encouraged to form committees to step up the presentation of these programs. At the same time however these committees could check on such things as how much electricity is used in their localities legally or illegally and encourage the people to conserve as much as possible. However this type of committee need not confine their activities to electricity conservation alone. There is the Income Tax, Fish and Vegetable. Nogyokai Dissolution, and Collection of Staple Foods programs to be considered

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

also at the present time because they are very important.

In the past information programs on such topics as Fish and Vegetable Control, Dissolution of Nogyokai, Looted and Hoarded Goods, and others have been organized by the sections concerned and are being carried out with a notable amount of success. But there is still a great deal of improvement to be made. We must be constantly alert for new ideas and more effective means of carrying out these programs of education. That is exactly what these programs are, programs of education to teach the citizens of Japan the everyday problems of their new Democratic Government. You must also remember that it is your duty, as a public official serving the people, to see that they are informed as to what is happening in their own Government.

As you probably know our main objective in the immediate future is to organize throughout all Departments and all Sections of the Gifu Prefectural Government, information programs that will be not only efficient but also active at all times. These programs must cover the whole prefecture, not just the four main cities. This is the point where the Town and Village Officials can be of the most help, by putting over this information in their own localities.

The topics of greatest importance during February are:

1. Food Distribution (Fish and Vegetables)
2. Tax Collection
3. Nogyokai Dissolution
4. Electric Power and Fuel Conservation
5. Collection of Staple Foods.

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

The topics of greatest importance during March are:

1. School Decentralization
2. Food Distribution (Fish and Vegetables)
3. Tax Collection
4. Nogyokai Dissolution
5. Collection of Staple Foods

The topics of greatest importance during April are:

1. School Decentralization
2. Food Distribution (Fish and Vegetables)
3. Nogyokai Dissolution
4. Safety Week

These topics are the most important and therefore they should be given the greatest amount of consideration by the people concerned with them. But this does not mean that we should slight any topic of lesser importance to publicize the more important ones. The information program of each Department or Section should be a general program which will cover everything with emphasis placed on the more important topics until every citizen in Gifu Prefecture is thoroughly familiar with all topics covered. We of Military Government want you to put forth your best and most successful efforts to get these programs underway. Thank you.

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

GIFU
MILITARY GOVERNMENT TEAM
APO 25, Unit 2 (Gifu, Honshu)

JMS/NA/hn

~~470~~ 720

14 October 1948

SUBJECT: Request for Use of Radioactive Compound

THRU: Commanding Officer
Tokai-Hokuriku Mil Govt Region
APO 710

TO: Commander-in-Chief
G.H.Q., SCAP
APO 500
Attn: Special Projects Unit
E.S.S.

In compliance with verbal instructions given to Mr. Tatsuhiko Kawakami of Takayama-shi, Gifu-ken, by Mr. W. T. Hosokawa, Special Projects Unit, E.S.S., G.H.Q., SCAP, petition for authority to use radioactive compounds on hand for medical treatments in the Takayama Red Cross Hospital is forwarded herewith.

Frank C Seitz
FRANK C. SEITZ
Lt. Col., Inf.
Commanding

1 Incl:
Application from Mr.
Tatsuhiko Kawakami

422

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

BASIC: Ltr, Hq Gifu Mil Govt Team, APO 25, dtd 14 Oct 48, Subj: "Request for Use of Radioactive Compound"

AG 470 1st Ind KBB/ai

Hq Tokai-Hokuriku Mil Govt Region, APO 710, 21 Oct 48

TO: Commanding General, I Corps, APO 301
ATTN: Mil Govt Section

M. S. B.

1 Incl:
n/c

AG 470 - BA 2nd Ind EFH/mo

Hq I Corps, APO 301, OCT 23 1948

TO: CG, Eighth Army, APO 343

C. R.

1 Incl:
n/c

28 OCT 1948

AGMGEM 470 3rd Ind

Headquarters Eighth Army, APO 343

TO: Supreme Commander for the Allied Powers, APO 500
(Attn: ESS/Special Projects Unit)

1 Incl:
n/c

98567

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

6883

Ltr, Gifu Mil Govt Team, 470, subj: Request for Use of Radioactive Compound , 14 Oct 48

AG 444(14 Oct 48)ESS/SPU 4th Ind

GENERAL HEADQUARTERS, SUPREME COMMANDER FOR THE ALLIED POWERS, APO 500,
22 November 1948

TO: Commanding General, Eighth Army, APO 343

Authority from GHQ, SCAP, is not necessary in using radium or radium salts for medical purposes.

BY COMMAND OF GENERAL MacARTHUR:

1 Incl
n/c

J. F. Bradshaw
J. F. BRADSHAW
Major, AGD
Asst Adj Gen

7259

AGMGEM 470 5th Ind 29 NOV 1948

Headquarters Eighth Army, APO 343

TO: Commanding General, I Corps, APO 301

MD

Your attention is invited to the 4th indorsement.

8

BY COMMAND OF LIEUTENANT GENERAL WALKER:

Monroe N. Hinry
MONROE N. HINRY
Major, AGD
Asst. Adj. Gen.

1 Incl:
n/c

C1123

3

wpc 277

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

MAIN FILE

BASIC: Ltr, Gifu Mil Govt Team, 470, subj: "Request for Use of Radioactive Compound", dtd 14 Oct 48.

AG 470 - BA 6th Ind DEC 31948 EHN/wjc/ay

Hq I Corps, APO 301,

TO: CO, Tokai-Hokuriku Mil Govt Region, APO 710

Your attention is invited to the 4th indorsement.

BY COMMAND OF MAJOR GENERAL SWING:

Wilder A. Johnson.

WILDER A. JOHNSON
Capt., A.G.D.
Asst. Adj. Gen.

1 Incl:
n/c

AG 470 7th Ind KBB/ai

Hq Tokai-Hokuriku Mil Govt Region, APO 710, 6 Dec 48

TO: Commanding Officer, Gifu Mil Govt Team, APO 25

M. S. B.

1 Incl:
n/c

120

291 6 DEC 1948

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

720

470

HEADQUARTERS
GIFU MILITARY GOVERNMENT TEAM
APO 25, Unit 2 (Gifu, Honshu)

NA/tt

9 December 1948

SUBJECT: Use of Radium for Medical Purposes

TO: Chief, Pharmaceutical Section
Gifu Prefectural Government

1. Reference is made to application submitted to this headquarters 8 October 1948 by Mr. Tatsuhiko Kawakami, 56 Kawara-cho, Takayama City, for permission to use a stock of 30.302 milligrams of radium bromide for medical treatment.

2. The following reply from General Headquarters, Supreme Commander for the Allied Powers, has been received:

"Authority from GHQ, SCAP, is not necessary in using radium or radium salts for medical purposes."

3. It is requested that this information be forwarded to Mr. Kawakami and applied to future applications of this nature.

SIDNEY T. MIMON
Major, Infantry
Commanding

MAIN FILE

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

Main File -

GIFU
MILITARY GOVERNMENT TEAM
APO 25, Unit 2 (Gifu, Honshu)

FGH/ms

23 March 1948

SUBJECT: Venereal Disease Control Survey

TO: Commanding General
Headquarters, Eighth Army
APO 343
ATTN: Surgeon

In compliance with Circular 34, Department of the Army and the Air Forces, dtd 10 February 1948 the Venereal Disease Control Survey Report is hereby submitted for this Headquarters.

FRANK C. SKITZ
Lt. Col., Inf.
Commanding

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

Report Control Symbol (OT)-44

GIFU
MILITARY GOVERNMENT TEAM
APO 25, Unit 2 (Gifu, Honshu)

23 March 1948

SUBJECT: Venereal Disease Control Survey

TO: Commanding General
Eighth Army
APO 343
ATTN: Surgeon

1. In compliance with Circular 34, Department of the Army and The Air Force, dtd 10 February 1948 the Venereal Disease Control Survey Report is hereby submitted:

a. Army Control Facilities: Negative

b. Concealment, Self-Treatment, Unauthorized treatment of Venereal Disease.

(1) Unscheduled Physical Inspections

(a) How often are such physical inspections accomplished? Monthly

(b) Are non commissioned officers excused from these physical inspections. No

(c) What is the percentage of venereal disease found at these physical inspections. 0%

(d) Has there been any notable increase in the past 9 months of venereal disease discovered at the physical inspections. No

2. Negative

3. Negative

4. Negative

5. It is the opinion of this headquarters that any punitive action for the contraction of a venereal disease encourages concealment, self-treatment, or treatment by unauthorized sources. Punitive action that is administer

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

GMGT 23 Mar 48
Subject: Venereal Disease Control Survey

is this area is reduction of non-commissioned officers and thirty days instruction at a Reeducation and Rehabilitation Camp for any enlisted man who contract a case of venereal disease.

6. Negative

FRANK C. SEITZ
Lt. Col., Inf.
Commanding

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

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

AG 726.1 - S 13 January 1948

SUBJECT: Venereal Disease Control

TO: Commanding Officer, Tokai-Hokuriku Military Government Region, APO 710

1. Pursuant to the provisions of paragraph 7 b, Circular #47, this headquarters, 1947, you are advised that the records of this headquarters indicate that the organization which you command had a venereal disease rate of 20.5/1000/annum for the fourth quarter 1947. This is a moderate decrease from the rate of 59.5/1000/annum for the third quarter 1947.

2. You are commended for maintaining a rate under 50/1000/annum which aided in the attainment of a slightly lower I Corps rate for the fourth quarter 1947.

8 Incls
8 VD Rate for 3 month period 27 Sep 47-26 Dec 47, Hq I Corps, dtd 10 Jan 48.

R. B. WOODRUFF
Major General, USA
Commanding

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

BASIC: Ltr, Hq I Corps, APO 301, dtd 13 Jan 48, Subj: "Venereal Disease Control"

1st Ind GJH/un

Hq Tokai-Hokuriku Mil Govt Region, APO 710, 21 Jan 48

TO: CO, Aichi Mil Govt Team, APO 710
CO, Gifu Mil Govt Team, APO 25, Unit 2
CO, Ishikawa Mil Govt Team, APO 713
CO, Mie Mil Govt Team, APO 710
CO, Shizuoka Mil Govt Team, APO 1007
CO, Toyama Mil Govt Team, APO 713

For your information.

BY ORDER OF COLONEL DUMONT:

WALTER O. WADE
Capt, INF
Adjutant

8 Incls:
7 incls w/d.

RECEIVED: GMG
0800 hrs-time
23 Jan date

C. O.	
Ex. O	
Adj.	
P. W.	
C I & E	
Legal Sec	
P. H.	
Comm & Tr	
Reports	
Sgt Major	

TO: GIFU MIL GOVT TEAM APO 25

0001144 22 JAN 1948

Restricted

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

AG 726.1 - S

10 January 1948

VENEREAL DISEASE RATE FOR THREE MONTH PERIOD ~~1 October~~ 27 SEPTEMBER 1947 TO 26 DECEMBER 1947

The following represents the unit venereal disease rate on basis of individual contracting venereal disease for I Corps troops for the three month period ~~1 October~~ 27 September 1947 to 26 December 1947 inclusive.

UNIT	RATE/1000/ANNUM FOR THE PERIOD ENDING AT 2400							
	31 Oct 47		28 Nov 47		26 Dec 47		Three Mo Rate	
	Indiv	Rate	Indiv	Rate	Indiv	Rate	Indiv	Rate
I CORPS NON-DIVISIONAL UNITS								
Hq & Hq Co I Corps	2	52.5	2	67.5	1	44.3	5	55.8
Med Det I Corps	0	0	0	0	0	0	0	0
98th QM Sv Bn	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Hq Team	0	0	0	0	0	0	0	0
QMR Team #1	0	0	0	0	0	0	0	0
Sales Team #1	0	0	0	0	0	0	0	0
Supply Team #1	0	0	0	0	0	0	0	0
Team #10	0	0	0	0	0	0	0	0
I Corps MP Plat	3	127.8	2	114	2	153.8	7	130.8
622nd MP Co	3	192.5	1	83	0	0	4	100.6
21st MP CID	0	0	0	0	0	0	0	0
22nd MP CID	0	0	0	0	0	0	0	0
1st CIC Region	0	0	1	268.8	0	0	1	88.8
10th CIC Area	0	0	0	0	0	0	0	0
13th CIC Area	0	0	0	0	0	0	0	0
35th Med Sta Hosp	0	0	0	0	0	0	0	0
207th Malaria Survey Det	0	0	0	0	0	0	0	0
118th Sta Hosp	1	40	2	115	1	65.3	4	70.3
536th Ord Ammo Co (-1 Plat)	1	94.5	1	127	2	262.6	4	155.3
21st Ord MM Co	0	0	0	0	1	64.3	1	19
126th Sig Sv Co (-1st Opn Plat)	1	81.9	2	209.1	1	120.3	4	133.7

Restricted

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

Restricted

UNIT	RATE/1000/ANNUM FOR THE PERIOD ENDING AT 2400							
	31 Oct 47		28 Nov 47		26 Dec 47		Three Mo Rate	
	Indiv	Rate	Indiv	Rate	Indiv	Rate	Indiv	Rate
I CORPS NON-DIVISIONAL UNITS (Cont'd)								
551st TC Tk Co	2	301	2	382	0	0	4	233
5th Sp Sv Co (3d Plat)	0	0	0	0	0	0	0	0
295th AGF Band	0	0	0	0	1	684.2	1	129
15th TC Car Plat	0	0	0	0	0	0	0	0
163d Language Det	0	0	0	0	0	0	0	0
58th Sig Bn	(4)	(132.3)	(1)	(52.1)	(1)	(53.1)	(5)	(89.1)
Hq & Hq Co	2	378	1	245.2	1	244.4	4	298.1
Co A	1	112	0	0	0	0	1	48.3
Co B	1	66.4	0	0	0	0	1	31.9
Med Det	0	0	0	0	0	0	0	0
1st Engr Cons Gp	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Hq & Hq Co	0	0	0	0	0	0	0	0
567th Engr Dp Tk Co	0	0	0	0	0	0	0	0
587th Engr Dp Tk Co	0	0	0	0	0	0	0	0
73d Engr Light Equip Co	0	0	0	0	0	0	0	0
4th Engr Cons Group	(3)	(69.4)	(2)	(64.5)	(5)	(174.2)	(10)	(97.9)
Hq & Hq Co	0	0	1	175.6	0	0	1	54.3
240th Engr Cons Bn (-3 Cos)	0	0	0	0	1	141.3	1	39.4
453d Engr Depot Co (-1st, 2nd, 3d Plats)	0	0	0	0	1	342.1	1	85.7
595th Engr Dp Tk Co	2	228.5	0	0	0	0	2	86
23d Engr Map Depot Det	0	0	0	0	0	0	0	0
79th Engr Main Co	1	131.6	1	183	1	209.6	3	169.8
22nd Engr Repro Det	0	0	0	0	1	4333.3	1	666.6
6th Engr Sv Det	0	0	0	0	1	1300	1	352.9
Tokai-Hokuriku Mil Govt Reg	(0)	(0)	(1)	(66.6)	(0)	(0)	(1)	(20.5)
Hq & Hq Det	0	0	0	0	0	0	0	0
Ishikawa Mil Govt Tm	0	0	0	0	0	0	0	0
Toyama Mil Govt Tm	0	0	0	0	0	0	0	0
Gifu Mil Govt Tm	0	0	1	591	0	0	1	181.8
Aichi Mil Govt Tm	0	0	0	0	0	0	0	0
Shizuoka Mil Govt Tm	0	0	0	0	0	0	0	0
Mie Mil Govt Tm	0	0	0	0	0	0	0	0

Restricted

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

Restricted

UNIT	RATE/1000/ANNUM FOR THE PERIOD ENDING AT 2400							
	31 Oct 47		28 Nov 48		26 Dec 47		Three Mo Rate	
	Indiv	Rate	Indiv	Rate	Indiv	Rate	Indiv	Rate
I CORPS NON-DIVISIONAL UNITS (Cont'd)								
Kyushu Mil Govt Reg	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Hq & Hq Det	0	0	0	0	0	0	0	0
Fukuoka Mil Govt Tm	0	0	0	0	0	0	0	0
Oita Mil Govt Tm	0	0	0	0	0	0	0	0
Nagasaki Mil Govt Tm	0	0	0	0	0	0	0	0
Kumamoto Mil Govt Tm	0	0	0	0	0	0	0	0
Miyazaki Mil Govt Tm	0	0	0	0	0	0	0	0
Kagoshima Mil Govt Tm	0	0	0	0	0	0	0	0
Saga Mil Govt Tm	0	0	0	0	0	0	0	0
Kinki Mil Govt Reg	(0)	(0)	(2)	(104.8)	(2)	(104.8)	(4)	(66.8)
Hq & Hq Det	0	0	0	0	0	0	0	0
Fukui Mil Govt Tm	0	0	0	0	0	0	0	0
Shiga Mil Govt Tm	0	0	0	0	0	0	0	0
Nara Mil Govt Tm	0	0	1	500	0	0	1	160
Wakayama Mil Govt Tm	0	0	0	0	0	0	0	0
Kyoto Mil Govt Tm	0	0	0	0	0	0	0	0
Osaka Mil Govt Tm	0	0	1	448	1	448	2	255.3
Hyogo Mil Govt Tm	0	0	0	0	1	288	1	93.7
I CORPS NON-DIVISIONAL UNITS	20	55	20	73.2	18	73	58	66
24TH INFANTRY DIVISION	39	36	34	48	39	72.6	112	49.4
25TH INFANTRY DIVISION	73	85	48	78.5	36	66.6	157	78
I CORPS TOTAL	132	58	102	64.1	93	70	327	63

REMARKS: Following units reported multiple cases of venereal disease during period covered by this report:

I Corps Non-Div	58 individuals contracted	59 cases venereal disease
24th Inf Div	112 individuals contracted	116 cases venereal disease
25th Inf Div	157 individuals contracted	167 cases venereal disease
Total I Corps	327 individuals contracted	342 cases venereal disease

Restricted

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

BY COMMAND OF MAJOR GENERAL WOODRUFF:

W. N. HORNISH
Lt. Colonel, AGD
Assistant Adjutant General

DISTRIBUTION:
"A" plus 1 to each
organization concerned.
Plus 6 to Surg Sec.

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

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

129.3

GIFU
MILITARY GOVERNMENT TEAM
APO 25, Unit 2 (Gifu, Honshu)

GJF/hp

1 October 1948

SUBJECT: Safety Program

TO: Commanding Officer
Tokai-Hokuriku Military Government Region
APO 710

1. Reference:

a. Section IV, Memorandum 3, your Headquarters, dated 19 January 1948.

2. The following information is submitted:

a.	Number of military personnel	26
b.	Number of civilian personnel	7
c.	Number of man days military personnel	780
d.	Number of man days civilian personnel	154
e.	Number of man hours military personnel	18,720
f.	Number of man hours civilian personnel	1,232
g.	Number of injuries	None
h.	Total mileage of all vehicles	8,030

FOR THE COMMANDING OFFICER:

Gerald J. Fico

GERALD J. FICO
Captain, Infantry
Det. Commander

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

BASIC: Ltr, Dept of the Army, Office of the Adjutant General, St Louis 20, Missouri, File AGRS-D330.33, dtd 26 Nov 48

1st Ind

Hq Gifu Military Government Team, APO 25, Unit 2, 20 December 1948

TO: Office of the Adjutant General, St Louis 20, Missouri.

1. All records and records of disposition of records of this Team have been thoroughly screened and it has been determined that the non-current Sick Report, AGO Form 5, is not on hand and the disposition is unknown.

2. The current Sick Report's 1st entry is 1 July 1947. Charles P. Mamakos, 11 078 614, was entered on 19 July 1947, and his immediate disposition was duty. This is the only entry on current Sick Report of individual concerned.

3. Morning Report, AGO Form 1, from 1 November 1946, through January 1947, indicates that Charles P. Mamakos, 11 078 614, had never been absent sick or sick in quarters.

FOR THE COMMANDING OFFICER:

VAN B. POLLARD
Capt., Ord
Adjutant

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

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
RECORDS ADMINISTRATION CENTER
ST. LOUIS 20, MISSOURI

IN REPLY
REFER TO:
AGRS-DE~~xx~~330.33
DS-R

Suspense
Date 26 December 1948

SUBJECT: Sick Reports

26 November 1948

TO: Commanding Officer
Gifu Military Government Team
APO 25, c/o Postmaster
San Francisco, California

1. Paragraph 5b, AR 345-415, as changed and Section VI, Circular 209, War Department, 8 August 1947, directs that all Sick Reports, AGO Form 5, be transmitted to Demobilized Personnel Records Branch, Records Administration Center, AGO, St. Louis 20, Mo., one year after date of the last entry therein.

2. It is desired that all Sick Reports coming under the purview of the War Department instructions cited above be forwarded as indicated as soon as possible.

3. In event the non-current Sick Reports of Gifu Military Government Team are not in your custody, information is desired as to the disposition made of such records.

4. It is further desired that Sick Reports of the above organization for November 1946 thru January 1947 be searched and this office be furnished all remarks relative to Charles P. Mamakos, 11 078 614.

BY ORDER OF THE SECRETARY OF THE ARMY:

[redacted] J. P. Naylor

Adjutant General

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

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
RECORDS ADMINISTRATION CENTER
ST. LOUIS 20, MISSOURI

IN REPLY
REFER TO:
AGRS-DE 330.33
S-R

Suspense
Date
5 December 1948

5 November 1948

SUBJECT: Sick Reports

TO:

Commanding Officer
Gifu Military Government Team
APO #25, c/o Postmaster
San Francisco, California.

1. Paragraph 5b, AR 345-415, as changed and Section VI, Circular 209, War Department, 8 August 1947, directs that all Sick Reports, AGO Form 5, be transmitted to Demobilized Personnel Records Branch, Records Administration Center, AGO, St. Louis 20, Mo., one year after date of the last entry therein.

2. It is desired that all Sick Reports coming under the purview of the War Department instructions cited above be forwarded as indicated as soon as possible.

3. In event the non-current Sick Reports of Gifu Military Government Team are not in your custody, information is desired as to the disposition of such records.

4. It is further desired that Sick Reports of above organization from 1 November 1946 thru January 1947 be searched and this office be furnished all remarks pertaining to Charles P. Mamakos, 11 078 614.

BY ORDER OF THE SECRETARY OF THE ARMY:

Capt. J. P. Kaylor

Adjutant General

AG RAC F L 1 NOV 47 1-450

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

BASIC: Ltr, Dept of the Army, Office of the Adjutant General,
St Louis, Missouri, File AGRS-D330.33

1st Ind

Hq Gifu Military Government Team, APO 25, Unit 2, 4 December 1948

TO: Office of the Adjutant General, St Louis, Missouri.

1. All records and records of disposition of records of this Team have been thoroughly screened and it has been determined that the non-current Sick Report, AGO Form 5, is not on hand and the disposition is unknown.

2. The current Sick Report's 1st entry is 1 July 1947. Charles P. Mamakos, 11 078 614, was entered on 19 July 1947, and his immediate disposition was duty. This is the only entry on current Sick Report of individual concerned.

3. Morning Report, AGO Form 1, from 1 November 1946, through January 1947, indicates that Charles P. Mamakos, 11 078 614, had never been absent sick or sick in quarters.

FOR THE COMMANDING OFFICER:

VAN B. POLIARD
Capt., Ord
Adjutant

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

Report Control Symbol N-7

FGH/yf

GIFU
MILITARY GOVERNMENT TEAM
APO 25, Unit 2 (Gifu, Honshu)

1 March 1948

SUBJECT: Monthly Veneral Disease Statistical Report

TO: Commanding Officer
Gifu Mil Govt Team
APO 25, Unit 2

Monthly Venereal Disease Statistical Report of the Gifu Military Government Team for the 4 week period ending 27 February 1948 is submitted as follows:

Mean Strength	Number of Cases								Rate per 1,000 per annum (Not Including EPTS)	Total days lost from duty this month, new long and old cases.
	Syphilis		Gonorrhea		Others		Total			
	NOT EPTS	EPTS	NOT EPTS	EPTS	NOT EPTS	EPTS	NOT EPTS	EPTS		
	0	0	0	0	0	0	0	0	0	0

cc: Tokai-Hokuriku
Military Government Region

JOSEPH H. MINTZER
1st Lt., MC
Public Health Officer

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

BASIC: Ltr. Gifu Military Government Team, APO 25, Unit 2, dtd 1 March 1948. Subj: Monthly Venereal Disease Statistical Report for the month of February 1948.

1st Ind.

Mail File

GIFU MILITARY GOVERNMENT TEAM, APO 25, Unit 2, 1 March 1948

TO: Commanding General, Eighth Army, APO 343

Forwarded approved.

FRANK C. SEITZ
Lt. Col., Inf.
Commanding

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

RESTRICT

GMGT
SUBJECT: Monthly Veneral Disease Statistical Report 30 Nov 1947

1st Ind FCS/rpw

726.1

Gifu Mil Govt Team, APO 25, Unit 2, 28 Nov 47

TO: Commanding General, Eighth Army, APO 343

1. The case referred to in basic communication was the Mess Sergeant of this team who was transferred into this organization 11 November 1947.

2. He is presently admitted to the 24th Infantry Infirmary undergoing treatment for delirium tremens. Upon release action will be taken by a board of officers with the view of reducing him to grade of private in compliance with I Corps Memo #76 dated 28 August 1947.

FRANK C. SEITZ
Lt. Col., Infantry
Commanding

RECEIVED: GMGT 0800 hrs-ti 3 Dec date

SMGO | Ex. O | Adj. | Proc & Ref | C Ir | Legal Sec | P H & W | Comm & Info | Reports | Sgt Major

710.2

2nd Ind GJH/un

Hq Tokai-Hokuriku Mil Govt Region, APO 710, 1 Dec 47

TO: Commanding Officer,
Gifu Mil Govt Team, APO 25 Unit 2

1. Your attention is invited to Headquarters Eighth Army Cir 78, dtd 13 May 47, Sect I Par 11. The first indorsement by the Commanding Officer should contain an outline of steps taken to reduce the excessive VD rate.

2. Corrected copy of indorsement by the Commanding Officer will be re-submitted with the least practical delay.

BY ORDER OF COLONEL DUMONT:

ROY G. LUMPKINS
1st Lt, INF
Asst Adjutant

TRS

RESTRICTED

2 2 DEC 1947

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

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

RECEIVED GMGT
0800 hrs-time
16 September 1947

AG 726.1 - Ad

SUBJECT: Contraction of Venereal Disease by Non-Commissioned Officers and Use of Re-education and Rehabilitation Centers by Military Government Units.

SMGO	
EX. O	
Adj.	
Proc & Supp.	
I & E	
Legal & Govt	
P H & W	
Fin & Tr	
Reports	
Sgt Maj or	

TO : See Distribution

1. References:

a. Memorandum No. 76, this headquarters, dated 20 August 1947.

b. Memorandum No. 47, this headquarters, dated 3 June 1947, as amended by Memorandum No. 47/1, this headquarters, dated 27 August 1947.

c. Letter, this headquarters, AG 726.1, subject: "Contraction of Venereal Disease by Non-Commissioned Officers", dated 30 June 1947.

2. Commanding officers of military government units will insure that non-commissioned officers of their command who contract a venereal disease will be brought before a board of officers convened under the provisions of par. 15, AR 615-5, immediately, with a view of effecting their reduction in grade. Enlisted men of grade 6 acquiring a venereal infection will be reduced to grade 7 by administrative action. This action will be taken while the man in question is under treatment so that there is a minimum delay between his discharge from the dispensary and his departure for a Re-education and Rehabilitation Center.

3. A non-commissioned officer who contracts a venereal disease but is not reduced by board action will be restricted to the unit, and immediate action taken to request his transfer to a tactical unit, where restriction can be made effective.

BY COMMAND OF MAJOR GENERAL WOODRUFF:

C. C. CARTER
Colonel, AGD
Adjutant General

DISTRIBUTION:
2 ea MG Region and Team
I Corps 2/R
3 AG Rec, I Corps

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

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

RECEIVED: GMGT
First time
8 Sept
SMGO
8 September 1947
ADJ
FTR & ADO
C I & E
LOG & MAINT
P H & W
TAC
Reports
Sgt Major

AG 726.1 - BA

SUBJECT: Control of Venereal Disease

TO: See Distribution

1. References:

a. Section 1, Circular Number 105, Headquarters Eighth Army, dated 23 June 1947.

b. Memorandum Number 57, Headquarters I Corps, subject: "Venereal Disease Control Councils", dated 9 July 1947.

2. Each military government unit will insure that a venereal disease control officer and a venereal disease control non-commissioned officer are appointed to carry out the provisions of the reference circular above and current directives relating to unit venereal disease control.

3. Military government units will not establish independent control councils, but will be represented on control councils of tactical units as provided for in reference 1b, above. Regional and team commanders will contact tactical or base commanders as follows and express willingness to effect appropriate representation. Teams in Kinki Region not listed will be represented by Headquarters Kinki Region.

a. Kyushu Region - Commanding General, 24th Infantry Division.

b. Tokai-Hokuriku Region - Commanding General, 25th Infantry Division; Commanding General, 5th Air Force.

c. Kinki Region - Commanding General, I Corps

d. Osaka Team - Commanding General, 25th Infantry Division.

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

e. Hyogo Team - Commanding General, Kobe Base.

f. Shiga Team - Commanding Officer, 35th Infantry Regiment.

BY COMMAND OF MAJOR GENERAL WOODRUFF:

C. C. CARTER
Colonel AGD
Adjutant General

DISTRIBUTION:
2 ea MG Region & Team
I Corps Z/R
1 CG 24th Inf Div
1 CG 25th Inf Div

Info Copies:
1 CG, Fifth Air Force, APO 710
1 CG, Kobe Base, APO 317

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

4(2)

HEADQUARTERS EIGHTH ARMY
United States Army
Office of the Surgeon
APO 343

Surg 352 (NA) 5 June 1947

SUBJECT: Medical Corps Training Program

TO: **Public Health Officer**
Gifu MG Team
APO 25

1. Transmitted herewith are 1 copies of SGO Circular 87 dated 21 November 1946. This distribution is being made so that Medical Corps officers of your installation may readily obtain detailed information concerning the teaching program in Army hospitals.

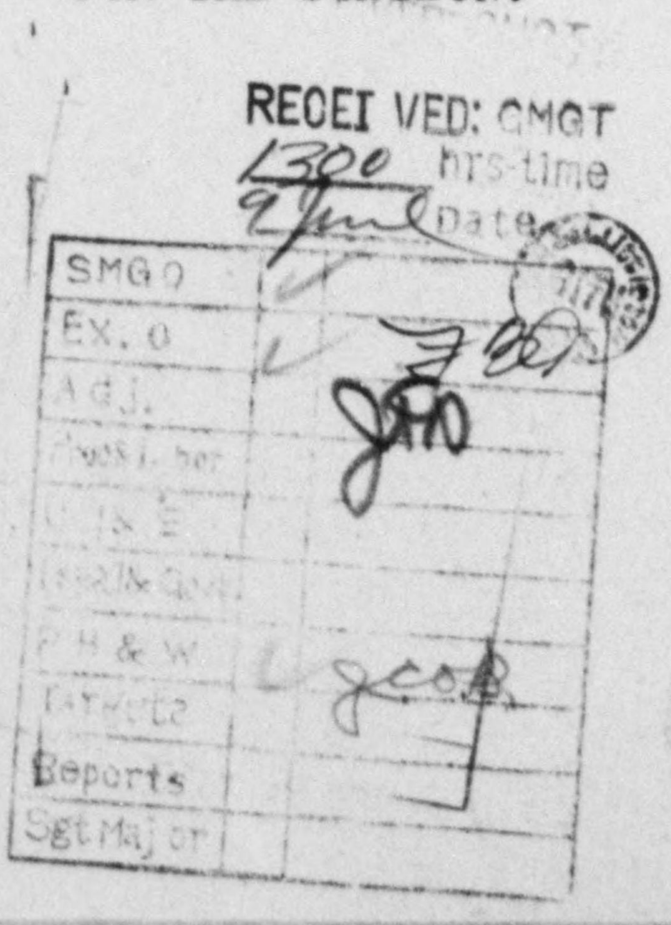
2. The comprehensive teaching program in professional subjects established by the War Department for medical subjects gives promise of being equivalent to instructions obtainable in many civilian medical centers. This program should be stimulated to Medical Corps officers and might well increase their interest in the Regular Army Medical Corp

3. Any officer desiring professional training should submit his application on WD AGO Form R-5476 approximately six months prior to completion of his current overseas tour. A copy of WD AGO Form R-5476 may be found in WD Circular 361, 1946, and the necessary number of copies should be reproduced locally. Applications should be submitted through technical channels and in accordance with directive then in force.

FOR THE SURGEON:

M B Johnston
M. B. JOHNSTON
Lt Col MC
Actg Executive

Incls
a/s



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

SGO CIRCULAR No. 87

OFFICE OF THE SURGEON GENERAL, U. S. ARMY

The Pentagon, Washington 25, D. C.

21 November 1946

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

SGO CIRCULAR

OFFICE OF THE SURGEON GENERAL, U. S. ARMY
The Pentagon, Washington 25, D. C.
21 November 1946

Section

PART ONE
TEACHING PROGRAM--Designated Army Hospitals - - - - - - - - - I
PART TWO
(Not Used)

- - - - - - - - -

P A R T O N E

I. TEACHING PROGRAM--Designated Army Hospitals

1. Designated Hospitals.

The Council on Medical Education and Hospitals of the American Medical Association has approved the establishment of teaching programs for one year rotating internships, one year mixed residencies, and residencies in certain specialties in the following hospitals: (See attached chart annex #1).

Brooke General Hospital
Fitzsimons General Hospital
Letterman General Hospital
Madigan General Hospital
Oliver General Hospital
Percy Jones General Hospital
Walter Reed General Hospital
William Beaumont General Hospital
Army and Navy General Hospital

Training received under appointment to these positions is acceptable to the various American Specialty Boards as part of the requirements for admission to examination. Certain residencies are being established pending approval. Training in the latter positions will be retroactively acceptable if begun not longer than one year prior to approval.

2. Purpose.

This circular is published for the purpose of standardizing certain details concerning the establishment and operation of the teaching programs as applied to all hospitals listed in paragraph 1 above.

3. Organization.

a. In accordance with paragraph 4, AR 350-1010, and Section II, TM 8-260 it is assumed that an educational committee, and a well organized teaching staff are in operation at the designated hospitals. Inability to comply with the above mentioned directives will be reported to The Surgeon General, Attention: Education and Training Division.

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b. The professional staff of each designated hospital will be divided into a regularly assigned (permanent) staff of the teaching heads of the various branches who are certified by or acceptable to the specialty boards, and their assistants, a civilian consulting (visiting) staff of physicians and surgeons practicing in the vicinity of the hospital who are certified by or acceptable to the various specialty boards, and a house staff of student medical officers. (See attached charts annex #1 and annex #2).

(1) The house staff will be organized as follows:
(See attached chart annex #2)

(a) Chief Residents.

The members of the house staff assigned to the medical, surgical, neuropsychiatric, laboratory, and radiologic services will be under the professional and administrative supervision of a chief resident for each such service. These individuals will be appointed by the hospital commander from the group of senior residents assigned to the respective services. They will be given responsibilities in accordance with their capabilities. It will be their duty to plan and supervise the execution of the meetings and conferences held by their services. They will perform professional consultations in their specialty under supervision. These will be for purposes of considering the advisability of transferring patients to his particular service from other services or sections. Chief residents will be individuals who are in their third year of residency training. Acting chief residents who are in their second year of training may be appointed for short periods of time when considered necessary. Such acting chiefs will be the exception rather than the rule.

(b) Senior Residents.

Individuals who have completed two years of formal specialty training in an institution approved by the Council on Medical Education and Hospitals of the American Medical Association and are in their third year of such training will be known as senior residents. When possible The Surgeon General will assign at least one senior resident to each of the services and/or sections which are fully approved for residency training, in accordance with the amount and variety of clinical material available in each case.

(c) Residents.

Individuals who have had one year of special professional training in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association and are in their second year of such training will be known as residents. When possible, The Surgeon

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General will assign one or more residents to each of the services and/or sections which are fully approved for residency training in accordance with the amount and variety of clinical material available in each case.

(d) Assistant Residents.

Individuals who have completed one year of rotating internship in a hospital acceptable to the Council on Medical Education and Hospitals of the American Medical Association and are in their first year of specialty training will be known as assistant residents. When possible, the Surgeon General will assign one or more assistant residents to each of the services and/or sections which are fully approved for residency training in accordance with the amount and variety of clinical material available in each case.

(c) Interns.

Individuals who have graduated from a Medical School approved by the Council on Medical Education and Hospitals of the American Medical Association and are in their first year of graduate training will be known as interns. When possible, the Surgeon General will assign one or more interns to a hospital approved for this type of training, in accordance with the amount and variety of clinical material available in each specialty in which they are to receive training.

c. Each hospital will appoint a hospital education committee which will be composed of the hospital commander as chairman and the chiefs of the services as permanent members. Additional committee members or alternate members may be appointed at the discretion of the committee chairman.

d. The Professional Education Committee, Office of The Surgeon General, will serve in an advisory capacity in all training matters.

4. Qualifications for Appointment to the House Staff.

a. Interns.

Male graduates of medical schools approved by the Council on Medical Education and Hospitals of the American Medical Association who are eligible for appointment as medical officers in the Organized Reserve Corps of the Army may be selected for one year of voluntary active service in a rotating internship. Graduates of foreign medical schools are not acceptable.

b. Residents.

(1) First Year of Training.

Medical officers who are graduates of an approved medical school as in paragraph 4a above and have completed at least

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one year of rotating internship in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association and who have demonstrated professional ability may be selected for an assistant residency.

(2) Second Year of Training.

A medical officer who is a graduate of an approved medical school as in paragraph 4a above and has completed one year of rotating internship and one year of a residency in hospitals approved by the Council on Medical Education and Hospitals of the American Medical Association in the specialty for which the individual is applying may be selected for a residency.

(3) Third Year of Training.

Medical officers who are graduates of medical schools approved as in 4 a above and have completed one year of rotating internship and two years of residency in hospitals approved by the Council on Medical Education and Hospitals of the American Medical Association in the specialty for which they are applying may be selected as senior residents.

5. Mechanism for Selection.

a. Internships.

Qualified individuals who desire internships will make application to The Surgeon General, Attention: Office of Personnel. Full information as to the individual's educational and professional background will be listed. The Surgeon General will advise each applicant as to the action taken.

b. Residencies.

Medical officers who are eligible and desire residency training will make application through channels to The Surgeon General, Attention: Office of Personnel. Applications will provide full information as to the applicant's education and professional background. For personnel now in refresher training the hospital education committee will review the application and make recommendations in each case. For officers not in refresher training the commanding officer will review each application and make recommendations concerning the applicant's qualifications. The indorsement will include a statement as to whether or not a replacement will be required. Upon approval by The Surgeon General the individual will be notified of his selection or rejection. Appointments will be made upon a competitive basis. Tours of duty in residency status will be for one year. Individuals desiring more than one year of training will re-apply for each additional year of residency.

c. Assignments.

Individuals will be assigned to positions on the house staff in designated hospitals in accordance with the amount and variety of clinical

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material available in the various specialties. The total number of residents and interns will vary from year to year. Thus, no definite figure can be given in regard to the number of members of the house staff to be assigned to any hospital.

6. General Provisions.

Reference is made to paragraph 6, AR 350-1010. Full participation in the specified activities is required of all members of the house staff. Insofar as possible planning and execution of conferences, seminars, and clinics will be accomplished by members of the house staff under the supervision of the assigned and consulting staff. Constant vigilance will be maintained to assure that these activities are kept on the highest possible professional plane.

a. Reference and Teaching Aids.

Standard medical books and periodicals provided at the designated hospitals, supplemented where necessary by books for the specialties, will be used as references. Every effort will be made to secure teaching aids, such as 16mm motion picture projectors, balopticon and slide projectors, microscopic slide projectors and adequate microscopes.

b. Conferences.

(1) Attendance is required at the following conferences by all members of the house staff unless specifically excused by a responsible officer of the service or section on which the individual is serving.

(a) Clinical Pathological Conferences. 1 hour weekly

Clinical pathological subjects which have been thoroughly prepared under the supervision of the hospital pathologist will be presented by members of the house staff. These presentations will be discussed by the assigned and consulting staff.

(b) Tumor Clinics. 1 hour weekly

The same general provisions for Clinical Pathological Conferences contained herein apply to Tumor Clinics.

(c) Professional Staff Conferences. 1 hour monthly

A paper by one of the members of the assigned or consulting staff should be presented. Utilization will be made of outstanding civilian specialists, whenever possible. In addition, problems of interest to the professional staff from an administrative or professional point of view may be presented and discussed. The conference should devote some time to a review of the clinical material studied during the month.

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(2) The following conference will be attended by all members of the house staff assigned to the service or section sponsoring the conference. Attendance by all other members of the house staff will be encouraged.

(a) Surgical Conferences. 1 hour weekly

Surgical patients may be presented for discussion or papers on surgical subjects may be read and discussed. Review of statistics on surgical conditions may be a suitable topic for such conferences. Each will be supervised by a member of the assigned or consulting staff. Topics will be announced in advance insofar as possible. Material will be presented by the house staff and discussed by the members of the assigned and consulting staff. Full use will be made of teaching aids. Individuals will be encouraged to develop ability to analyze and discuss surgical problems.

(b) Medical Conferences. 1 hour weekly

Patients with diseases of medical interest will be presented. In addition, papers and analyses on medical subjects may be discussed. The conferences will be disigned to familiarize the house staff with routine and specialized medical conditions. Each conference will be supervised by a member of the assigned or consulting staff. Material will be presented by the house staff and discussed by the members of the assigned or consulting staff. Full use will be made of teaching aids. Individuals will be encouraged to become proficient in analyzing medical subjects.

(c) Neuropsychiatric Conferences. 1 hour weekly

Neuropsychiatric patients and/or problems will be presented in a similar manner as that prescribed for surgical and medical conferences.

(d) Radiologic Conferences. 1 hour weekly

The same general provisions for other conferences apply. Unusual films and radiologic problems will be discussed. A review of typical and atypical films may be used to supplement the program.

(e) Medical Literature Review Conferences. 1 hour every other week

The same general considerations apply to these conferences. Topics will be assigned individuals for review and presentation. Each service or section will conduct these reviews and will cover the literature pertaining to the specialty of the sponsoring service or section.

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(f) Social Welfare Conferences. 1 hour weekly

A weekly conference will be held by the senior resident on each section together with the Red Cross medical social worker and the members of the house staff assigned to the section. The conference will be devoted to the diagnosis of and remedial action for social conditions which may have an affect upon the patients' recovery from illness or disability. All cases admitted to the section during the week will be briefly reviewed in regard to the possible existence of such conditions. Cases which are thought to have such conditions will be discussed and referred to the Red Cross medical social worker for further study and action. The conference will include progress reports on the cases under study in regard to the social aspects of medicine.

(g) Formal Teaching Ward Rounds. 2 hours twice weekl

These will be instructional ward rounds conducted by the chief of the respective sections and services or qualified consultants. The house staff will present patients and participate in the discussion relative to diagnosis, treatment, and disposition. Coordination with other sections or services will be accomplished in order to permit the individual to attend other rounds than those of his own service.

c. Studies in the Basic Sciences.

The hours of study in the basic sciences will be as shown on the tables provided for each specialty. The total number of hours in each subject will be broken down into weekly periods of six hours. These six hour periods will be divided into two three-hour periods to be given in the afternoons of two days per week. The individual will work under the supervision of a member of the assigned or consulting staff who is interested in a particular science as it applies to a specialty. Every effort will be made to prevent these periods from becoming a simple review of the subjects as given in the first two years of a medical course. Definite schedules will be arranged for each science for three months in advance. Insofar as possible they should be given concurrently with the problems which develop in the care of patients on the various services. Such schedules will be submitted to The Surgeon General, Attention: Education and Training Division. More definite details in regard to each science as related to each specialty will be published at a later date.

d. Period of Training.

Each period of training will be for one year. The year for training purposes will be for a total of forty-eight weeks. Formal training will be suspended during one week between Christmas and New Year and for three weeks during the summer. This will not be construed to mean that all members of the house staff will be given a leave of absence at these times, but that these periods will be most convenient for such purposes should they be necessary or desirable. Formal training will be

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

based on a forty-four hour week to be made up of eight hours per day from Monday through Friday and four hours on Saturday. This does not mean that members of the house staff will be free of duties after these hours. They will be required to complete all necessary work on patients under their supervision or admitted to their service or section during the day. Twenty-four hour professional care will be provided seven days per week in each teaching hospital by members of the house staff serving as officers of the day for each service and for important sections.

c. Absence from Training.

Absences from formal training for periods of one week will be permissable without requiring the work missed to be made up.

Absences from formal training for periods of longer than one week and less than two months may be made up by the performance of work acceptable to the hospital education committee.

Absences from formal training for periods in excess of two months will cause the individual to be dropped from the training program. He may be reinstated only upon application for such reinstatement based upon valid cogent reasons and approval of such application by The Surgeon General.

f. Withdrawal.

Any individual will be withdrawn from the training program by authority of The Surgeon General for the following reasons:

(1) Upon his own request,
(2) For disciplinary reasons.
(3) Upon recommendation of the hospital education committee and/or the hospital commander.

All communications in regard to withdrawal will be addressed to The Surgeon General, Attention: Office of Personnel.

g. Supervision by the Assigned and Consulting Staff.

(1) Each member of the assigned and consulting staff will be responsible for the close supervision and teaching of the members of the house staff assigned to his service or section. He will participate to the fullest possible extent in the conferences, formal ward rounds and personal teaching at the bedside, as well as the instruction in basic sciences on the service or section to which he is assigned.

(2) The hospital education committee will be responsible for advice to the hospital commander in regard to the overall teaching policies, evaluation of material and methods, supervision and evaluation of individuals, and general operation of the teaching program. It will keep suitable records on the activities of each individual.

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

h. Research.

The hospital education committee will develop a comprehensive research plan. Such a plan will be designed to allow the individual resident a choice between two or three research problems in each specialty. The plan will not be so rigid as to prevent originality on the part of the individual. Projects will be planned for the individual during periods of formal training as resident and senior resident. Duplication will be avoided except where it is considered worth while. Effort will be made to select projects which will make use of the equipment and materials available. One or more members of the house staff may cooperate on a project in case such is considered advisable. Constant supervision will be exercised by the assigned staff to insure that research projects are carried out in such a manner as to reflect credit on the individual, the hospital, and the Medical Service of the Army. Upon completion of a project each individual or group will be encouraged to prepare a report for publication in a professional journal. Such papers will be processed in the manner already prescribed by The Surgeon General.

Research should be of the laboratory and clinical investigation types. By clinical investigation is meant a review of the clinical records of a large series of cases with an analysis of the facts concerning them together with conclusions and a summary.

Description of the plan together with an estimate of required funds will be submitted to The Surgeon General, Attention: Education and Training Division. The Surgeon General's approval will be obtained before the plan is put into operation or any funds are expended.

7. Records.

a. Individual Records.

Each intern and resident will keep a diary of his activities. These will be kept up to date weekly. They will be available for the inspection and information of the education committee of the hospital. The diary will include information as to the number of cases of various diseases handled by the intern or resident; the number and types of treatment, laboratory procedures performed and conferences attended, as well as the number and manner in which the intern or resident participated. In addition, the diary will include the number of autopsies attended or participated in and the number of surgical operations in which the individual served as operator, first assistant, and second assistant, classified as to major and minor and by name. The hospital education committee may require other information to be entered in the diary at its discretion.

b. Education Committee Records.

The education committee will keep suitable records on the activities of each individual during his period of formal training.

c. Clinical Records.

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

(1) Responsibility for Clinical Records.

Members of the house staff will be responsible for a neat, accurate and complete clinical record in accordance with AR 40-1025 and TB MED 203 on each patient admitted to the hospital or to the outpatient clinic. All entries into the record will be signed by the individual responsible for making them. The assigned staff will be responsible for a review and final approval of each record before filing. Each record will be signed by the member or members of the assigned staff making the final approval.

(2) Filing of Clinical Records.

All clinical records will be coded and cross indexed according to the Unit System of the Standard Nomenclature of Diseases and the Standard Nomenclature of Operations of the American Medical Association. The responsibility for coding will rest with the members of the house staff and members of the assigned staff. All clinical records will be made available for study. Where records are sent to the St. Louis Depot for filing the registrar will cooperate in obtaining certain records for study. A copy of the final summary of a clinical record may be made and kept on file in the office of the registrar at the discretion of the hospital commander.

(3) Statistics.

Statistics derived from the clinical records will be compiled monthly for the information of all concerned. Such compilations will be made by services and sections. Copies of the report will be made available for discussion at the monthly staff conferences and for the diary of each member of the house staff. In addition, copies will be forwarded to The Surgeon General, Attention: Education and Training Division.

Such statistics will include cases treated according to diagnosis, operations classified according to name, and whether major or minor, anesthetics classified, births with complications, deaths and autopsies. These data should be prepared by the chiefs of services and/or sections.

(4) Laboratory and Radiologic Records.

All laboratory and radiologic reports will be made in duplicate. One copy will be kept with the clinical record of the patient. The remaining copy of tissue reports, abnormal X-ray reports, and reports concerning tumor clinics or tumor treatments will be cross indexed according to diseases and organs.

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

These records will be made available for study by the house staff and will be compounded monthly as in subparagraph (3).

8. Examination.

At the termination of each year of formal training in a residency a suitable examination will be given each individual.

Examinations will be prepared and distributed by the office of The Surgeon General. Upon completion by the individual, the hospital education committee will return the examination for correction and evaluation to The Surgeon General, Attention: Education and Training Division.

9. Reports.

A report of the activities, progress and proficiency of each intern and resident will be forwarded at quarterly intervals, to The Surgeon General, Attention: Office of Personnel.

10. Internships. (par 3a, AR 350-1010).

The following will serve as a guide for teaching programs for one year rotating internships:

a. Time Spent on Services.

Medical Service	2 months
Neuropsychiatric Service	1 month
Pediatrics and Contagious Service	1 month
Laboratory Service	1 month
Obstetrics and Gynecology Service	2 months
General Surgery and Urology Service	3 months
Orthopedic Surgery Service	1 month
Ophthalmology and Otorhinolaryngology Service	1 month

b. Hours Devoted to Conferences. (Number of hours available).

Surgical Conferences	*48 hours
Medical Conferences	*48 hours
Neuropsychiatric Conferences	*48 hours
Medical Literature Reviews	**24 hours
Clinical Pathological Conferences	*48 hours
Tumor Clinics	*48 hours
Professional Staff Conferences	***12 hours
Radiologic Conferences	*48 hours
Formal Teaching Ward Rounds	192 hours

* 1 hour every week
** 1 hour every other week
*** 1 hour per month

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c. Medical Service. 2 months

This period will consist of duty in wards assigned to the medical service. Individual interns will be responsible for the patients admitted to their ward including the history, physical examination, laboratory work, and preparation of the chart for disposition. The intern will prescribe and give treatments under supervision. He will visit patients daily with the assigned staff member and become thoroughly familiar with all aspects of each patient. The importance of diet and the social and mental aspects of disease will be emphasized. The intern will spend a portion of his time in the medical outpatient clinic.

d. Neuropsychiatry Service. 1 month.

This period will consist of duty on the neuropsychiatric wards. The intern will be responsible for the complete processing of patients assigned to him. He will give treatments under supervision and will make ward rounds daily with the member of the assigned staff. He will be thoroughly familiar with all the aspects of patients assigned to him.

e. Pediatrics and Contagious Disease Service. 1 month

This period consists of duty on the pediatric and contagious disease wards. The intern will be responsible for the complete processing of patients assigned to him. He will prescribe and give treatments under supervision of the assigned staff member, will be familiar with all patients under his care and will make daily ward rounds with the responsible assigned staff officer.

f. Laboratory Service. 1 month

This period consists of duty in the clinical laboratory. The intern will be given opportunities to perform various procedures in the diagnostic study of patients. He will assist in all necropsies in the hospital during this period, and in the preparation of specimens for microscopic study as well as their actual review by the pathologist, and will participate in at least two necropsies during the year. (The hospital must have a minimum of 15% necropsy study of all deaths and/or a minimum of thirty-six post-mortem examinations per year.)

g. Obstetrics and Gynecology. 2 months

This period consists of duty on the obstetrical and gynecological wards. The intern will be responsible for the complete processing of the patients assigned to him. He will complete pelvic examinations under supervision, and will prescribe and give treatments under supervision. He will observe and assist in surgical operations. Adequate instruction will be given in delivery room technique. The intern will assist in deliveries and will deliver under supervision at least ten patients during the entire year. He will perform follow-up examinations and care. Part of his time will be spent in the prenatal and postnatal and gynecological clinics.

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h. General Surgery Service. 3 months

This period consists of duty on the surgical wards. The intern will be responsible for the complete processing of the patients assigned to him. He will prescribe and give preoperative and postoperative care under supervision. He will be given thorough instruction in operating room technique and will assist in operations under the direction of the chief of the surgical service. He will be required to be present at all operations upon patients whom he has studied. He will be given experience in septic surgery, proctology and urology. During this period he will spend part of his time in the surgical outpatient clinic.

i. Orthopedic Surgery Service. 1 month

This period consists of duty on the orthopedic wards. The intern will be responsible for the complete processing of each patient admitted to his ward. He will review all X-ray photographs on patients assigned to him. He will be given experience in orthopedic procedures. He will observe or assist at operations on all patients whom he has studied.

j. Ophthalmology and Otolaryngology Service. 1 month

This period consists of duty on the EENT wards and outpatient clinics. The intern will be responsible for the study of patients assigned to him. He will prescribe and give treatments under supervision. He will observe and assist in operations. Experience will be provided in examinations of various types.

11. Mixed Residency Program. 1 year

The mixed residency will consist of a one year period, five months of which will be devoted to medicine and its specialties, five months to surgery and its specialties and two months to neuropsychiatry. This residency will ordinarily be considered as the second year of internship. It will be designed to complete the professional education of a medical officer who does not wish to proceed further toward specialization. During this period the individual will serve under the title of assistant resident.

a. Time Spent on Service.

Medical Service	5 months
Surgical Service	5 months
Neuropsychiatric Service	2 months

b. Hours Devoted to Conferences.

Surgical Conferences	*48 hours
Medical Conferences	*48 hours
Neuropsychiatric Conferences	*48 hours

*1 hour weekly

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Medical Literature Reviews	**24 hours
Clinical Pathological Conferences	*48 hours
Tumor Clinics	*48 hours
Professional Staff Conferences	***12 hours
Radiologic Conferences	*48 hours
Formal Teaching Ward Rounds	192 hours

c. Medical Service. 5 months

This period consists of duty on the medical wards and in the medical section of the outpatient clinic. The assistant resident will be in close supervision of the intern. He will serve as ward officer for one or more wards. He will see all patients admitted to his wards. He will be responsible for the accurate complete history and physical examination of the patient and will make an admission note of his findings upon the patient's clinical record. He will also be responsible for progress notes and a final summary. He will supervise the work of the intern in ordering and performing diagnostic laboratory work. It will be his responsibility to secure consultations and special examination when indicated. He will prescribe and perform treatments for patients und supervision of the assigned staff. It will be his duty to become familiar with diagnostic X-ray procedures for medical diseases and to attend all autopsies. He will take an interest in cardiology and gastroenterology. Part time should be spent on tuberculosis wards and contagious diseases wards. He may be called upon to instruct interns, nurses, and enlisted personnel of the hospital staff.

d. Surgical Service. 5 months

This period consists of duty as an assistant resident on the surgical wards. He will serve as ward officer for one or more wards. He will supervise closely the work of the interns. He will be responsible for an accurate and complete history and physical examination of all patients admitted to his wards and shall make a comprehensive admission note on the patients' clinical record. Likewise, he will be responsible for progress notes and a final summary. He will supervise the diagnostic laboratory work of the interns and secure consultations and special examinations as required. He will have responsibility for the preoperative and postoperative care of patients under the supervision of the assigned staff. He will observe or assist in all operations upon patients from his wards. Attendance at all autopsies will be required. He will follow-up the pathological study of tissue removed at operations. A part of the period will be spent in septic surgery, urological surgery, and the fracture service. He may be called upon to instruct interns, nurses or enlisted personnel of the hospital. He will familiarize himself with the diagnostic X-ray procedures as applied to surgical diseases.

*1 hour weekly
**1 hour every other week
***1 hour monthly

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e. Neuropsychiatric Service. 2 months

This period consists of duty on the neuropsychiatric wards. One month will be spent on psychiatry with particular emphasis on psychosomatic problems. One month will be spent on neurology with emphasis on neurosurgical aspects. The technique of psychiatric and neurological examinations will be stressed. Patients will be assigned for complete study and report under the director and supervision of the assigned staff.

12. Program for Residency in General Surgery. 3 years

a. Scope of Training.

The teaching program is designed to provide instruction and clinical experience in all phases of general surgery and its related specialties. Full participation will satsify the requirements of formal training for admission to the examinations given by the American Board of Surgery.

b. Hours Devoted to Conferences.

Surgical Conferences	144
Medical Conferences	144
Neuropsychiatric Conferences	144
Medical Literature Reviews	72
Clinical Pathological Conferences	144
Tumor Clinics	144
Professional Staff Conferences	36
Radiologic Conferences	144
Formal Teaching Ward Rounds	576

c. Hours Spent in Basic Sciences.

Anatomy and Embryology	108
Pathology and Histology	108
Physiology and Pharmacology	108
Biochemistry	108
Bacteriology	108
Surgical Technique	108
Experimental Surgery	108
Minor Surgery Operative Clinic	108

d. General.

Applicatory Operation Room Surgery	1872
Applicatory Ward and Outpatient Care	1923
Total Hours	6207

e. First Year of Training.

The individual is known as an assistant resident. He will be responsible for the preoperative and postoperative care of patients under the supervision of the chief resident on the surgical service. He will perform minor operations under supervision. He

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will take histories and perform physical examinations with the intern and make a comprehensive admission note on the patient's clinical record. The diagnostic laboratory work, procurement of consultations and special examinations together with progress notes and a complete final summary of each case will be his responsibility. The year will be divided between women's surgery, general surgery, and the surgical outpatient clinic. He will attend all surgical conferences, tumor clinics, clinical pathological conferences, and professional staff conferences. In addition he will attend as many medical, neuropsychiatric and radiologic conferences and autopsies as time and the exigencies of his duties will permit. He will familiarize himself with X-ray diagnostic procedures as related to surgery. He will be present at formal ward rounds on his service twice each week. Six hours per week will be spent in the basic sciences laboratories.

f. Second Year of Training.

The individual will be known as a resident. He will supervise the work of the interns and the assistant residents assigned to him by the chief resident. He will assist in operations and perform a limited amount of surgery under supervision. He will attend all surgical conferences, tumor clinics, clinical pathological conferences, and professional staff conferences. In addition, he will attend as many medical conferences, neuropsychiatric conferences, radiologic conferences and autopsies as time and exigencies of his duties will permit. He will attend formal ward rounds when not engaged in operations, at least once per week. He will review the history, physical findings and work-up on each patient for accuracy and completeness and make an admission note upon the clinical record. He will make frequent rounds and progress notes on patients under his supervision. The year will be divided into periods of service on chest surgery, orthopedic surgery, urological surger and general surgery. The latter will consume a major portion of his time. He will be responsible for some teaching of nurses and enlisted personnel of the hospital. He will assist the chief resident in making plans for conferences and will participate in them. Six hours per week will be spent in the basic sciences laboratories. He will familiarize himself with X-ray diagnostic procedures as related to surgery. A research problem chosen by him with the advice of the education committee will be pursued by the resident.

g. Third Year of Training.

The individual will be known as a senior resident. The senior resident chosen as chief resident will be responsible to the Chief of the Surgical Service for the work of the surgical house staff. It will be his responsibility to arrange the operating room schedules, and to plan the programs for the various conferences held by the surgical service. He will see that the calibre of the material and manner of presentation for such conferences is maintained at a high level. Senior residents wil perform a large number and variety of operations under the supervision of the regularly assigned staff and will be the first assistant at others. They will be responsible for surgical consultations on other services. They will attend all surgical conferences, clinical pathological conferenc and professional staff conferences. He will also attend as many medical, neuropsychiatric, radiologic conferences, and tumor clinics as time and the exigencies of their duties will permit. Six hours per week will be spent in the basic sciences laboratories. They will familiarize themselve

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with X-ray diagnostic procedures as related to surgery. They will be expected to complete the research problem begun in the second year of traini

13. Program for Residency in Orthopedic Surgery. 3 years

a. Scope of Training.

The program of training in orthopedic surgery is designed to meet the formal training requirements of the American Board of Orthopedic Surgery so that full participation will qualify the individual for admission to the examinations.

b. Hours Devoted to Conferences.

Surgical Conferences	144
Medical Conferences	144
Neuropsychiatric Conferences	144
Medical Literature Review	72
Clinical Pathological Conferences	144
Tumor Clinics	144
Professional Staff Conferences	36
Radiologic Conferences	144
Formal Teaching Ward Rounds	576

c. Hours Spent in Basic Sciences.

Anatomy and Embryology	108
Pathology and Histology	108
Physiology and Pharmacology	108
Biochemistry	108
Bacteriology	108
Surgical Anatomy Joints and Extremities	108
Experimental Surgery	108
Bone Pathology	108

d. General.

Applicatory Operating Room Surgery	1872
Applicatory Ward and Outpatient Care	1923
Total Hours	6207

e. First Year of Training.

During the first year, the individual will be known as an assistant resident. During this period of training he will be introduced to orthopedic surgery and to physiotherapy. He will receive six months training in acute fractures, and will devote part of his time to the outpatient department.

f. Second Year of Training.

The individual will be known as a resident. The entire year will be devoted to children's orthopedics.

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g. Third Year of Training.

The individual will be known as a senior resident. He will supervise the work of the interns and the assistant resident on his services. When no assistant resident is available he will assume such duties. He will review the histories and physicals of all patients for completeness and accuracy and make an admission note on the patient's clinical record. He will supervise the diagnostic laboratory work, and will procure consultations and special examinations. He will make rounds on all patients on his services at frequent intervals and enter progress notes on the clinical records. At the close of the case he will review the clinical records for accuracy and completeness and make a discharge note. He will attend and present cases or papers to the surgical conferences, tumor clinics, clinical pathological conferences, and professional staff conferences. He will also attend as many medical, neuropsychiatric, radiologic conferences and autopsies as the exigencies of his duties will permit. He will continue to spend six hours per week in the basic sciences laboratories. He will be expected to perform many orthopedic operations and to assist in others. With the advice and supervision of the hospital education committee he will be expected to pursue a research problem and to report upon it.

14. Program for Residency in Urology. 3 years

a. Scope of Training.

The training program in urology is designed to meet the requirement of formal training for certification by the American Board of Urology.

b. Hours Devoted to Conferences.

Surgical Conferences	144
Medical Conferences	144
Neuropsychiatric Conferences	144
Medical Literature Reviews	72
Clinical Pathological Conferences	144
Tumor Clinics	144
Professional Staff Conferences	36
Radiologic Conferences	144
Formal Teaching Ward Rounds	576

c. Hours Spent in Basic Sciences

Anatomy and Embryology	108
Pathology and Histology	108
Physiology and Pharmacology	108
Biochemistry	108
Bacteriology	108
Surgical Technique	108
Experimental Surgery	108

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d. General.

Cystoscopies	600
Endoscopies	136
Transurethal Surgery	200
Applicatory Ward, Outpatient Care and Operating Room	2923
Total Hours	6163

e. First Year of Training.

During the first year of training the individual will be known as an assistant resident. He will be responsible for the preoperative and postoperative care of patients under the supervision of the senior resident on the Urology Section. He will perform minor operations under supervision. He will take histories and perform physical examinations with the intern and make a comprehensive admission note on each patient's clinical record. The diagnostic laboratory work, procurement of consultations and special examinations together with progress notes and a complete final summary of each case will be his responsibility. He will be responsible for the proper administration of the wards to which he is assigned, but these activities will be kept to a minimum. The year will be divided between women's surgery, general surgery, and the surgical outpatient clinic. He will attend all surgical conferences, tumor clinics, clinical pathological conferences, and professional staff conferences.

He will also attend as many medical, neuropsychiatric, and radiologic conferences and autopsies as time and the exigencies of his duties will permit. He will be present on formal ward rounds on his services twice each week and will present the work-up of the cases to the consultant for discussion. Six hours per week will be spent in the basic sciences laboratories. Cystoscopic examinations, pyelograms and operative procedures will be performed under supervision. Assistant residents will be required to examine grossly and microscopically all urologic specimens removed during their term of service. The assistant resident will devote a part of his time to the Venereal Disease Clinic. Residents in urology will be given experience in women's and children's urological cases.

f. Second Year of Training.

The individual will be known as a resident. He will supervise the work of the interns and assistant residents assigned to him. He will assist in operations and perform a limited amount of surgery under supervision. He will be present at all surgical conferences, tumor clinics, clinical pathological conferences, and professional staff conferences. He will also attend as many medical conferences, neuropsychiatric conferences, radiologic conferences and autopsies as time and exigencies of his duties will permit. He will attend formal ward rounds at least once per week. He will review the history, physical findings and work-up on each patient for accuracy and completeness and will make an admission note on the clinical record of each patient. He will make frequent rounds and progress notes on patients under his supervision. Upon discharge of any patient under his supervision, he will review the clinical record for completeness and

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accuracy and initial same. He will teach nurses and enlisted personnel on the staff of the hospital. He will give assistance to the chief resident in planning conferences and will participate in them. Six hours per week will be spent in the basic sciences laboratories. He will pursue a research problem which has been chosen by him with the advice of the education committee. The resident will perform cystoscopic examinations, pyelograms and operative procedures under supervision, and he will have access to the outpatient service. The resident will devote a part of his time to the Venereal Disease Clinic. Residents in urology will be given experience in women's and children's urological cases.

g. Third Year of Training.

The individual will be known as a senior resident and will be given greater responsibility as his ability increases. He will perform more complicated surgical operations under supervision. Toward the end of the third year, the senior resident will undertake operative work of his own responsibility. He will devote part of his time to the outpatient service. He will attend all surgical conferences, clinical pathological conferences, professional staff conferences and tumor clinics. He will also attend as many medical, neuropsychiatric and radiologic conference as possible. The research problem begun in his second year will be completed. The senior resident will devote a part of his time to the Venereal Disease Clinic. Senior residents in urology will be given experience in women's and children's urological cases.

15. Program for Residency in Obstetrics and Gynecology. 3 years

a. Scope of Training.

During the three-year period the teaching program is designed so as to have the individual meet the requirements for admission to examination by the specialty board.

b. Hours Devoted to Conferences.

Surgical Conferences	144
Medical Conferences	144
Neuropsychiatric Conferences	144
Literature Reviews in Obstetrics and Gynecology	72
Clinical Pathological Conferences	144
Tumor Clinics	144
Professional Staff Conferences	36
Radiologic Conferences	144
Formal Teaching Ward Rounds	576
	864

c. Basic Sciences.

d. General.

Training in Obstetrics	792
Training in Gynecology	792

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d. General. (Cont'd)

Outpatient Service in Gynecology	432
Prenatal and Postnatal Clinic	936
Operative Surgery	632
Total Hours	5996

e. First Year of Training.

The individual will be known as an assistant resident. He will supervise the work of the interns on the wards. He will be responsible for the complete work-up of each patient and an accurate clinical record. He will spend a portion of his time in the ante partum, and postpartum clinic where he will work under the supervision of the assigned staff. He will serve in the delivery room where he will perform his share of normal and less complicated deliveries. On the gynecological service he will attend the outpatient clinics, be responsible for a ward and assist at operations.

f. Second Year of Training.

During this year the resident will spend part of his time in each specialty where he will be given more responsibility according to his interest and ability. He will continue to work in the outpatient clinic. He will serve under the title of resident. He will begin a research project.

g. Third Year of Training.

The senior resident will be given increased responsibility as his training and ability warrant it. He will perform the more complicated deliveries under supervision and be responsible for the prenatal and postpartum care of complicated cases while on the obstetrical service. In gynecology he will assist in or perform operations under supervision, attend the outpatient clinic, and do special work in sterility, cancer, dystocia and endocrinology. He will be expected to complete the research project begun during his second year of training. He will be given some teaching assignments for interns, nurses, and enlisted personnel of the hospital.

16. Program for Residency in Ophthalmology and Otolaryngology.
4 years

a. Scope of Training.

The teaching program is designed to have the resident meet the qualifications for admission to examination by the specialty board.

b. Hours Devoted to Conferences.

Surgical Conferences	192
Clinical Pathological Conferences	192
Tumor Clinics	192
Reviews of Literature	96

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b. Hours Devoted to Conferences. (Cont'd.)

Professional Staff Conferences	48
Teaching Ward Rounds	768

c. Hours Spent in Basic Sciences

Anatomy, Embryology and Pharmacology	108
Pathology and Histology of Head, Neck and Eye	108
Physiology and Biochemistry	48
Audiometry and Hearing Tests, and Physiologic Optics and Perimetry	48
Bacteriology	12
Neuroanatomy	48

d. General.

Didactic Instruction in Clinical Subjects (Including History of Otolaryngology)	52
Experimental Surgery	104
Applicatory Operating Room Surgery	1352
Applicatory Ward and Outpatient Care	4905
Research	104
Total Hours	8377

e. First Year of Training.

During the first year of training, the individual will be known as an assistant resident. The preoperative and postoperative care of patients on the EENT section will be his responsibility, under the supervision of the senior resident on the EENT section. The work of the interns on the wards will be under his supervision. He will perform minor operations under supervision, and be responsible for the clinical record of each patient. He will devote a portion of his time to the outpatient clinic. He will do physical examinations with the intern and will make an admission note on each clinical record. He will be present at formal ward rounds twice each week. He will spend six hours per week in the basic sciences laboratories.

f. Second Year of Training.

During this period the individual will be known as a resident. He will assist in operations and perform some surgery under supervision. During this year he will begin a research problem. He will supervise the work of the interns and make frequent rounds and progress notes on patients under his supervision. Six hours per week will be spent in the basic sciences laboratories.

g. Third and Fourth Years of Training.

During this period the individual will be known as a senior resident. He will spend part of his time in each specialty and be given more responsibility according to his ability. He will continue to work in the outpatient clinic and be given some teaching assignments for nurses interns and enlisted personnel of the hospital. He will complete the research problem begun in the second year.

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17. Program for Residency in Otolaryngology. 2 years

a. Scope of Training.

The teaching program is designed to have the resident meet the qualifications for admission to examination by the American Board of Otolaryngology.

b. Hours Devoted to Conferences.

Surgical Conferences	96
Clinical Pathological Conferences	96
Tumor Clinics	96
Reviews of Literature	48
Professional Staff Conferences	24
Teaching Ward Rounds	384

c. Hours Spent in Basic Sciences.

Anatomy and Embryology	54
Pathology and Histology of Head and Neck	54
Physiology and Biochemistry	24
Audiometry and Hearing Tests	24
Bacteriology	6
Neuroanatomy	24

d. General.

Didactic Instruction in Clinical Subjects (Including History of Otolaryngology)	26
Experimental Surgery	52
Applicatory Operating Room Surgery	676
Applicatory Ward and Outpatient Care	2452
Research	52
Total Hours	4188

e. First Year of Training.

During the first year of training, the individual will be known as an assistant resident. The preoperative and postoperative care of patients on the ear, nose and throat section will be his responsibility under the supervision of the resident or senior resident on the otolaryngology section. The work of the interns will be under his supervision. He will assist in operations and perform some surgery under supervision and be responsible for the clinical record of each patient.

He will devote a portion of his time to the outpatient clinic. He will take a history and examine each case admitted to his section with the intern and will make an admission note on each clinical record. He will make frequent ward rounds and progress notes on each patient under his supervision. He will be present at formal ward rounds twice each week. He will spend six hours per week in the basic sciences laboratories.

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f. Second Year of Training.

During this period the individual will be known as a resident. He will be given more responsibility according to his ability. He will continue to work in the outpatient clinic and be given some teaching assignments for nurses, interns, and enlisted personnel of the hospital. He will complete a research problem. He will perform surgical operations under supervision.

18. Program for Residency in Ophthalmology. 3 years

a. Scope of Training.

The teaching program is designed so as to enable the resident to meet the qualifications for admission to examination by the American Board of Ophthalmology.

b. Hours Devoted to Conferences.

Surgical Conferences	144
Clinical Pathological Conferences	144
Tumor Clinics	144
Reviews of Literature	72
Professional Staff Conferences	36
Teaching Ward Rounds	576

c. Hours Spent in Basic Sciences.

Anatomy, Embryology and Pharmacology	81
Pathology and Histology of Head, Neck and Eye	81
Physiology and Biochemistry	36
Physiologic Optics and Perimetry	36
Bacteriology	9
Neuroanatomy	36

d. General.

Didactic Instruction in Clinical Subjects	39
Experimental Surgery	78
Applicatory Operating Room Surgery	1014
Applicatory Ward and Outpatient Care	3678
Research	78
Total Hours	6282

e. First Year of Training.

During the first year of training, the individual will be known as an assistant resident. The preoperative and postoperative care of patients on the Eye Section will be his responsibility, under the supervision of the senior resident on the Eye section. The work of the interns on the wards will be under his supervision. He will perform minor operations under supervision, and be responsible for the clinical record of each patient.

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He will devote a portion of his time to the outpatient clinic. He will do physical examinations with the intern and will make an admission note on each clinical record. He will be present at formal ward rounds twice each week. He will spend six hours per week in the basic sciences laboratories.

f. Second Year of Training.

During this period the individual will be known as a resident. He will assist in operations and perform some surgery under supervision. During this year he will begin a research problem. He will supervise the work of the interns and make frequent rounds and progress notes on patients under his supervision. Six hours per week will be spent in the basic sciences laboratories.

g. Third Year of Training.

During this period the individual will be known as a senior resident. He will be given more responsiblity according to his ability. He will continue to work in the outpatient clinic and be given some teaching assignments for nurses, interns, and enlisted personnel of the hospital. He will complete the research problem begun in the second year.

19. Program for Residency in Internal Medicine. 3 years.

a. Scope of Training.

The teaching program is designed to provide instruction and clinical experience in all phases of internal medicine and its specialties. Full participation will satisfy the requirements of formal training for admission to the examinations given by the American Board of Internal Medicine.

b. Hours Devoted to Conferences.

Surgical Conferences	144
Medical Conferences	144
Neuropsychiatric Conferences	144
Medical Literature Reviews	72
Clinical Pathological Conferences	144
Tumor Clinics	144
Professional Staff Conferences	36
Radiologic Conferences	144
Formal Teaching Ward Rounds	576

c. Time Spent in Basic Sciences.

Anatomy and Embryology	108
Pathology and Histology	108
Physiology and Pharmacology	108
Biochemistry	108
Bacteriology	108
Toxicology	36
Neurophysiology	36

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c. Time Spent in Basic Sciences. (Cont'd).

Epidemiology	36
Hematology	108
Physical Medicine	36
Metabolism	36

d. General.

Applicatory Ward and Outpatient Care	3907
Total Hours	6283

e. Time Spent in Various Sub-Specialties.

General Medicine	9 months
Gastro-enterology	3 months
Cardiology	3 months
Allergy	2 months
Dermatology	2 months
Metabolic Diseases	3 months
Neuropsychiatry and Neurology	3 months
Venereal Diseases	2 months
Contagious Diseases	3 months
Podiatrics	3 months
Tuberculosis	3 months

f. First Year of Training.

The individual will be known as an assistant resident on the medical service. He will spend six months on the general medical service and three months each in the communicable disease and pediatrics sections. He will have the same responsibilities and perform the same duties as those of a mixed resident on the medical service. (See par 11c).

g. Second Year of Training.

The individual will be known as a resident on the medical service. During the year he will spend three months in gastro-enterology and three months in cardiology. A smiliar amount of time will be devoted to metabolic diseases. Two months will be devoted to allergy, and one month will be devoted to neuropsychiatry and neurology. The resident will be responsible for the supervision of the assistant residents and interns assigned to his wards. He will be responsible for the complete and accurate work-up of patients admitted to his service. He will prescribe and perform treatments. He will serve in t outpatient clinic of the section to which he is assigned. He will be required to carry on a research problem under the supervision of the hospital education committee.

h. Third Year of Training.

The individual will be known as a senior resident on the medical service. He will supervise the work of the members of the house staff on the service to which he is assigned. He will complete his research problem. Two months of the period will be spent in neuropsychiatry and neurology. A similar length of time will be spent in tuberculosis. Two months will be devoted to dermatology and two months to venereal disease.

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The remainder of the year will be spent on the general medical service. He will make consultations within the medical service. In the absence of the chief resident on the medical service he will make consultations for other services. He will assist the chief resident in planning and executing programs for conferences held by the medical service.

20. Program for Residency in Roentgenology. 3 years

a. Scope of Training.

The training program in roentgenology is designed to meet the requirements of formal training for certification by the American Board of Radiology.

b. Hours Devoted to Conferences.

Surgical Conferences	144
Medical Conferences	144
Neuropsychiatric Conferences	144
Medical Literature Reviews	72
Clinical Pathological Conferences	144
Tumor Clinics	144
Professional Staff Conferences	36
Radiologic Conferences	144
Formal Teaching Ward Rounds	576

c. Hours Spent in Basic Sciences.

Anatomy and Embryology	108
Pathology and Physiology	108
Radiobiology	108
Radiophysics	108

d. General.

Applicatory Training in Clinical Roentgenology, Roentgen and Radium Theraphy	4200
Total Hours	6180

e. First Year of Training.

During the first year of training, the individual will be known as an assistant resident. This period will be devoted principally to pathology, roentgenologic technic and a general orientation in the radiologic field. Six months will be spent in the pathology laboratory and six months will be spent in the radiologic service.

f. Second Year of Training.

The individual will serve as a resident on the radiologic service for the entire period. He will be given duties and responsibilities in accordance with his capabilities. He will begin a research problem chosen by him with the advice of the hospital education committee.

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g. Third Year of Training.

The individual will serve as a senior resident on the X-ray service. At least six months will be spent exclusively in radiotherapy. He will supervise the work of the other members of the house staff assigned to his service. It will be his responsibility to plan and execute programs for meetings and conferences held by the radiology service. He will complete the research problem begun by him during his first year of training. He will perform certain duties in connection with the teaching of nurses and enlisted personnel of the hospital.

21. Program for Residency in Pathology. 3 years

a. Scope of Training.

The teaching program will be designed to meet the educational requirements for admission to the examinations given by the American Board of Pathology.

b. Hours Devoted to Conferences.

Surgical Conferences	144
Medical Conferences	144
Neuropsychiatric Conferences	144
Medical Literature Reviews	72
Clinical Pathological Conferences	144
Tumor Clinics.	144
Professional Staff Conferences	36
Radiologic Conferences	144
Laboratory Conferences	144
Formal Teaching Ward Rounds	576

c. Time Spent in Basic Sciences.

Histology and Pathology	108
Physiology and Pharmacology	108
Anatomy and Embryology	108
Bacteriology, Parasitology, Virology	216
Biochemistry, Serology	108

d. General.

Applicatory Work, Hospital Laboratory	3900
Total Hours	6240

e. First Year of Training.

The individual will be known as an assistant resident. The entire year will be spent in the pathological laboratory with emphasis on the various phases of clinical pathology as related to the various specialties. The assistant resident will also have experience in performing autopsies.

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

f. Second Year of Training.

The individual will serve as a resident. The entire year will be spent in the pathology laboratory, during which time the individual will be given experience in pathologic anatomy. He will be given duties and responsibilities commensurate with his capabilities. He will pursue a research project under the supervision of the chief of the laboratory service and in correlation with the hospital education committee.

g. Third Year of Training.

The individual will serve under the title of senior resident. The third year of training will be similar to that of the second year. In addition the individual will assist the chief resident of the medical and surgical services in planning and executing the programs for the clinical pathological conferences. He will also assist wherever possible in the teaching of basic sciences to the members of the house staff. He will complete the research project begun during his second year of training. Although the requirement is one year of clinical pathology, the three year period of training may be so arranged as to given clinical pathology at intervals in any of the three years so long as the total requirement of one year is met.

22. Program for Residency in Neuropsychiatry and Neurology. 3 years

The program for Neuropsychiatry as published in SGO Circular 44 (17 July 1946) Part Two, Section III, will continue in effect. Other provisions of this Circular will apply to this type of residency.

23. Program for Residency in Anesthesiology. 3 years

a. Scope of Training.

The teaching program will provide training and experience in the field of anesthesiology and its related subjects. Full participation will satisfy the requirements of formal training for admission to the examinations given by the American Board of Anesthesiology.

b. Hours Devoted to Conferences.

Surgical Conferences	144
Medical Conferences	144
Neuropsychiatric Conferences	144
Medical Literature Reviews	72
Clinical Pathological Conferences	144
Tumor Clinics	144
Professional Staff Conferences	36
Radiologic Conferences	144

Time Spent in Basic Sciences.

Anatomy and Embryology	108
Physiology and Pharmacology	108
Biochemistry	108

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c. Time Spent in Basic Sciences. (Cont'd).

Pathology	108
Physical Diagnosis	108

d. General.

Applicatory Clinical Anesthesiology and Operating Room Management	4708
Total Hours	6220

e. First Year of Training.

The individual will be known as an assistant resident during this period of training. Emphasis will be placed on supervised clinical instruction in anesthesiology and graduate study in the related basic sciences, particularly anatomy, physiology, pharmacology and biochemistry. Each individual will administer at least 500 anesthetics a year, of which 400 should be general surgical in type, and in addition he will receive emphasis on training in the various types of surgical anesthesia, including local, regional, spinal, intratracheal and block, and in resuscitation procedures.

f. Second and Third Years of Training.

The individual will be known as a resident and a senior resident respectively. His training will be similar to that for the first year. He will perform certain duties in connection with the teaching of nurses and enlisted personnel of the hospital. He will begin a research project in the second year and complete it during the third year.

24. Program for Residency in Dermatology and Syphilology. 3 years.

a. Scope of Training.

The program will be such as to satsify the formal teaching requirements for admission to examinations given by the American Board of Dermatology and Syphilology. The section should have 1500 new cases in dermatology and a similar number in syphilology per year.

b. Hours Devoted to Conferences.

Surgical Conferences	144
Medical Conferences	144
Neuropsychiatric Conferences	72
Medical Literature Reviews	144
Clinical Pathological Conferences	144
Tumor Clinics	32
Professional Staff Conferences	144
Radiologic Conferences	576
Formal Teaching Ward Rounds	

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c. Time Spent in Basic Sciences.

Anatomy and Embryology	108
Pathology and Histology	108
Physiology and Pharmacology	108
Biochemistry	108
Bacteriology	108
Mycology, Animal Parasitology and Immunology	108
Histopathology of the Skin	108

d. General.

X-ray Therapy	108
Minor Surgery Operative Clinic	108
Applicatory Ward and Outpatient Care	3800
Total Hours	6316

e. First Year of Training.

The individual will serve as an assistant resident on the dermatology and syphilology section. His time will be divided between the dermatology wards and outpatient clinic and the venereal disease wards and clinics. He will be responsible for the clinical work on each patient admitted to his ward. He will assume other duties commensurate with his interest and ability. A supply of classified anatomic and pathological material including histologic and lantern slides will be developed and maintained for demonstration purposes. The dermatology section will maintain a collection of colored photographs and tissue slides on biopsies for study. Apparatus for clinical photograph should be available. The individual will receive instruction in ultra violet therapy from the dermatologist and in superficial X-ray therapy which will be given by the radiologist.

f. Second Year of Training.

The individual will be known as a resident on the Dermatology and Syphilology section. He will spend two thirds of his time on the dermatology wards and outpatient clinic. The remainder of the year will be spent on the venereal disease wards and clinics. He will begin a research problem under the supervision of the education committee. He will assume duties and responsibilities commensurate with his interest and ability. He will be given supervision of the junior members of the house staff assigned to his service. He will receive instruction in ultra violet therapy from the dermatologist and in superficial X-ray therapy which will be given by the radiologist.

g. Third Year of Training.

The individual will serve as a senior resident. He will be given additional duties and responsibilities commensurate with his ability. He will make consultations on other services. He will assist the chief resident of the medical services in the planning and execution of programs for meetings and conferences. He will complete his research problem. His time will be equally divided between the two divisions of the specialty.

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He will receive instruction in ultra violet therapy from the dermatologist and in superficial X-ray therapy which will be given by the radiologist.

25. Program for Residency in Neurological Surgery. 3 years

This program will not be placed in operation in any hospital until specifically directed by The Surgeon General.

a. Scope of Training.

The program will be designed to provide training and experience in the field of neurological surgery and its related subjects. Ful participation will satisfy the requirements of formal training for admission to examinations given by the American Board of Neurological Surgery.

b. Hours Devoted to Conferences.

Surgical Conferences	144
Medical Conferences	144
Neuropsychiatric Conferences	72
Medical Literature Reviews	72
Clinical Pathological Conferences	144
Tumor Clinics	144
Professional Staff Conferences	36
Radiologic Conferences	144
Formal Teaching Ward Rounds	576

c. Time Spent in Basic Sciences.

Anatomy and Embryology	108
Pathology and Histology	108
Physiology and Pharmacology	108
Biochemistry	108
Bacteriology	108
Neuro-pathology	108
Neuro-anatomy	108

d. General.

Experimental Surgery	108
Minor Surgery Operative Clinic	300
Applicatory Operating Room Surgery	1560
Applicatory Ward and Outpatient Care	2060
Total Hours	6260

e. First Year of Training.

The individual will be known as an assistant resident. He will follow the course outlined in par. 12e for the first year of training in general surgery.

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f. Second Year of Training.

The individual will be known as a resident. He will serve six months on the neuropsychiatric and neurological surgery section. He will be given responsibilities and duties commensurate with his capabilities. He will begin a research problem. He will assist in operations on neurosurgical patients. He will be responsible for the complete and accurate processing of all neurosurgical patients.

g. Third Year of Training.

The individual will serve as a senior resident. He will make consultations on other services. He will be given duties and responsibilities commensurate with his capabilities. He will perform operations under the supervision of qualified members of the assigned or consulting staff. He will supervise the work of the residents serving under him. He will complete his research project.

26. Program for Residency in Plastic Surgery. 3 years

This program will not be placed in operation in any hospital until specifically directed by The Surgeon General.

a. Scope of Training.

The program will provide experience and training in the field of plastic surgery and its related subjects. Full participation will satisfy the requirements of formal training for admission to examinations given by the American Board of Plastic Surgery.

b. Hours Devoted to Conferences.

Surgical Conferences	144
Medical Conferences	144
Neuropsychiatric Conferences	72
Medical Literature Reviews	72
Clinical Pathological Conferences	144
Tumor Clinics	144
Professional Staff Conferences	36
Radiologic Conferences	144
Formal Teaching Ward Rounds	576

c. Time Spent in Basic Sciences.

Anatomy and Embryology	108
Pathology and Histology	108
Physiology and Pharmacology	108
Biochemistry	108
Bacteriology	108
Surgical Anatomy and Surgical Technique	108
Experimental Surgery	108
Minor Surgery Operative Clinic	108

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d. General.

Applicatory Operating Room Surgery	1872
Applicatory Ward and Outpatient Care and Administration	1923
Total Hours	6135

e. First Year of Training.

The individual will be known as an assistant resident. He will follow the program as outlined in paragraph 12e for the first year of training in general surgery.

f. Second Year of Training.

The individual will serve as a resident. He will be given general surgical training with emphasis on plastic surgery. His duties and responsibilities will be those of the second year of training in general surgery.

g. Third Year of Training.

The individual will be known as a senior resident. He will be given added duties and responsibilities in connection with plastic surgery. The last six months will be spent exclusively in plastic surgery. Otherwise his duties will be the same as those for the third year of training in general surgery.

27. Program for Residency in Pediatrics. 2 years

a. Scope of Training.

The training program in pediatrics is designed so that full participation will meet the requirements of formal training for certification by the American Board of Pediatrics.

b. Hours Devoted to Conferences.

Surgical Conferences	144
Medical Conferences	144
Neuropsychiatric Conferences	144
Medical Literature Reviews	72
Clinical Pathological Conferences	144
Tumor Clinics	144
Professional Staff Conferences	36
Radiologic Conferences	144
Formal Teaching Ward Rounds	576

c. Time Spent in Basic Sciences.

Anatomy and Embryology	108
Pathology and Histology	108
Physiology and Pharmacology	108
Biochemistry	108
Bacteriology	108

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d. General.

Toxicology	36
Neurophysiology	36
Epidemiology	36
Hematology	108
Physical Medicine	36
Metabolism	36
Applicatory Ward and Outpatient Care	3400
Newborn Infants	312
Total Hours	6088

e. First Year of Training.

This this year of training the assistant resident will spend six months in the section of contagious diseases and six months in the pediatrics section. He will have the same general duties and responsibilities as those listed in paragraph 19f for the first year of training in internal medicine. He will be given instruction in mental hygiene, abnormal behavior problems, nutrition and "well baby" clinics.

f. Second Year of Training.

The resident will devote the entire year to the pediatrics section, and will have the same general duties and responsibilities as outlined in the second year of internal medicine as applied to the pediatric service. (See paragraph 19g). He will begin and complete a research project. He will be given instruction in mental hygiene, abnormal behavior problems, nutrition and "well baby" clinics.

MEDCT (18 November 1946)

Distribution: All Class II Installations and Activities

BY COMMAND OF MAJOR GENERAL KIRK:

H. W. DOAN
Colonel, MC
Executive Officer

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

5(11)

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HEADQUARTERS
406th MEDICAL GENERAL LABORATORY
APO 500 U S Army

RED/dr.

29 April 1947

SUBJECT: Blood Samples Of Suspected Case Of Japanese "B" Encephalitis

TO: Commanding Officer
Gifu Military Government Team
APO 25, U S Army

1. The blood specimen and history on Takashi Matsuyama, age 15, Magi-gun, Seki-machi and your letter has been received. Because the test for Japanese "B" Encephalitis requires two or more blood samples spaced two weeks apart, may we ask you to have drawn and sent to us a second specimen from this patient on or about 6 May.

2. This is quite early for a case of Japanese "B" Encephalitis. It most commonly occurs in July, August, and September. The history on this case strongly suggests tuberculous meningitis. If so, the patient has probably already succumbed to the disease.

3. We await with interest further information and, if possible, a second specimen on this patient.

Ray E. Deuel, Jr.

Ray E. Deuel, Jr.
Capt. MC
Virus and Rickettsial Section

RECEIVED: GMGT
1300 hrs-time
2 May 47 date

SMG O	
EX. O	
Adj.	
Proc&Labo	
C I&E	
Legal&Govt	
P . . W	
I . . C	
. . .	
Asst Major	

Grade

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

Report Control Symbol E-7

720.

GIFU
MILITARY GOVERNMENT TEAM
APO 25, Unit 2 (Gifu, Honshu)

30 January 1948

SUBJECT: Monthly Venereal Disease Statistical Report

TO: Commanding Officer, Gifu Mil Govt Team, APO 25, Unit 2

Monthly Venereal Disease Statistical Report of the Gifu Military Government Team for the 5 week period ending 30 January 1948 is submitted as follows:

Mean Strength	Number of Cases								Rate per 1000 per annum (Not including new cases)	Total days lost from duty this month, new long and old cases.
	Syphilis		Gonorrhea		Others		Total			
	New cases	Old cases	New cases	Old cases	New cases	Old cases	New cases	Old cases		
25	0	0	0	0	0	0	0	0	0	0

CC: Tokai-Hokuriku
Mil Govt Region

Jack L Mendell

JACK L'MENDELL
1st Lt. MC
Ass't Surgeon
24th Inf Reg't

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

Main File.

BASIC: Ltr, Gifu Military Government Team, APO 25, Unit 2, dtd 30 Jan 1948, Subj: Monthly Venereal Disease Statistical Report for the month of January 1948.

1st Ind.

GIFU MILITARY GOVERNMENT TEAM, APO 25, Unit 2, 30 January 1948

TO: Commanding General, Eighth Army, APO 343

Forwarded approved.

FRANK C SEITZ
Lt. Col., Inf.
Commanding

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

Reports Control Symbol M-7

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720

GIFU
MILITARY GOVERNMENT TEAM
APO 25, Unit 2 (Gifu, Honshu)

MC/rn

26 December 1947

SUBJECT: Monthly Venereal Disease Statistical Report

TO: Commanding Officer, Gifu Mil Govt Team, APO 25.

Monthly Venereal Disease Statistical Report of the Gifu Military Government Team for the 4 week period ending 26 December 1947 is submitted as follows:

Mean Strength	Number of Cases								Rate per 1,000 per annum. (Not including EPTS)	Total days lost from duty this month, new long and old cases.
	Syphilis		Gonorrhea		Others		Total			
	Not EPTS	EPTS	Not EPTS	EPTS	Not EPTS	EPTS	Not EPTS	EPTS		
21	0	0	0	0	0	0	0	0	0	0

Howard Cadwell
HOWARD CADWELL
1st Lt., MC
V. D. Control Officer

cc: Tokai Hokuriku
Mil Govt Region

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

Reports Control Symbol K-7

Main File

BASIC: Ltr. Gifu Military Government Team, APO 25, dated 26 December 1947, Subj.: Monthly Venereal Disease Statistical Report for the month of December 1947.

H.C.

1st Ind. HC/rn

GIFU MILITARY GOVERNMENT TEAM, APO 25, Unit 2, 26 December 1947.

TO: Commanding General, Eighth Army, APO 343.

Forwarded approved.

FRANK C. HEITZ
Lt. Col., Inf.
Commanding

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

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HEADQUARTERS TOB/dr
406th MEDICAL GENERAL LABORATORY
APO 500 U S Army

13 January 1947

SUBJECT: Report On Blood Samples

TO: Gifu Military Government Team
Public Health Section
APO 25

1. On 11 January 1947 five samples of blood were received by Japanese courier with requests for typhus complement-fixation tests. Specimens were accompanied by abstracts of clinical histories but no record of submitting agency.

2. Results of complement fixation tests were as follows:

NAME	ADDRESS	Epidemic Typhus	Murine Typhus
Takagi, Setsuko	Ogakish, Wakamiyacho	Neg.	1:20
Okubo, Shii	Gifuken, Musigun, Minomachi	1:10	1:80
Ando, Sei	Gifuken, Tokigun, Mizuamicho	Neg.	Neg.
Kikuta, Chuzo	Tajimi Rwy Engr Dormitory	Neg.	Neg.
Goto, Najoji	Gifuken, Tokigun, Mizunamicho	1:10	1:160

FOR THE COMMANDING OFFICER:

T. O. Berge

TRYGVE O. BERGE
Major PC
Virus and Rickettsial Section

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

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HEADQUARTERS TWENTY FOURTH INFANTRY
OFFICE OF THE SURGEON
APO 25

23 June 1947

SUBJECT: Swimming in Nagaragoma River

TO : Chief Medical Inspector
25th Infantry Division
APO 25

1. Request has been made of this office by Gifu Military Government team for approval of Nagaragoma River, vicinity of Gifu, for swimming purposes.

2. This office is informed by Gifu Military Government that these waters had been approved by 27th Infantry Regiment in July 1946. No report of approval can be found in our files.

3. It is requested that a duplicate copy of this report by forwarded to this office if available. If such report is not available, recommendations as to procedure to be followed in obtaining approval are requested.

4. Recommendations as to whether a favorable 1946 report would suffice for 1947 or whether new examination is necessary also requested.

Mortimer Sacharoff

MORTIMER SACHAROFF
Captain, MC
REGT'L SURGEON

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

2(1)

BASIC: Ltr, Hq 24th Inf, Off of the Surg, subject: Swimming in Nagara River, dtd 23 June 47.

1st Ind

HEADQUARTERS 25TH INFANTRY DIVISION, OFFICE OF THE SURGEON, APO 25, 28 JUN 47

TO: Surgeon, 24th Infantry, APO 25

1. A survey of the swimming area on the Nagara River was made in the past year by Capt. LeCasse of the 207th Malaria Survey Detachment. Absence of the snail hosts of the parasites causing schistosomiasis was noted.

2. Approval of the area was granted at that time, and this approval will hold for this season.

FOR THE SURGEON:

Hugh Halsey II
HUGH HALSEY II
Capt, MC
Div Med Inspector

RECEIVED: GMGT
1400 hrs-time
3 July date
SMO
FBR
Labor
Sgt Maj OT