GHQ/SCAP Records (RG 331, National Archives and Records Service)

Description of contents

(1) Box no. 3086

(2) Folder title/number: (14)
Report of Field Trips

(3) Date: Feb. 1950 - Aug. 1950

(4) Subject:

Classification	Type of record
9750	e

(5) Item description and comment:

Fukuoka

(6) Reproduction: (Yes) No

(7) Film no. Sheet no.

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Dr Brown

KYUSHU CIVIL AFFAIRS REGION
GHQ SCAP
Fukuoka, Kyushu, Japan

Subject: Orientation Nursing Visits to Oita, Miyazaki, Kagoshima and Kumamoto prefectures.

To: Dr. R. Brown - Chief of Public Health Section

I. Oita prefecture
(23 Oct. 1950)
1 - A visit was made to prefectural Health Exihibit. The building was poorly ventilated and crowded. Maternity, Pediatric, V.D. and T.B. exihibits were excellent. The chief nurses of Beppu and Oita Health Center rotated daily, giving guidance at the T.B. exihibit.

2 - Kamegawa National Hospital - Class A Nursing School with dormitory condition.

(24 Oct. 1950)
3 - Beppy Health Center has plans for a new building in March. The T.B. program increased in Sept, the prenatal clinic greatly decreased.

4 - Oita Prefectural Health Dept.

5.- Governor

6 - Oita Model Health Center

II. Miyazaki prefecture
(25 Oct. 1950)
1 - Prefectural Health Dept.

2 - Governor and mayor

3 - Miyazaki Model Health Center - Apparently have active T.B. program, averaging 100 patients, three days each week.

4 - Miyazaki Prefectural Hospital is a B class Nursing School, completed in July, 1950. There are 40 students enrolled with a graduating class of thirteen in March.
The new operating suite appeared clean and quite adequate.
5 - Miyakonojo Health Center building is in poor condition - foundation for a new building has been laid.

6 - Miyakonojo National Hospital, Class A Nursing School, with 15 senior, 31 Junior, 20 freshman student nurses.
Central and student diet kitchens poorly maintained.
Accepting applications for a full time nutritionist.
The wards appeared quite neat and adequate.

III Kagoshima Prefecture
(26 Oct. 1950)

1. Kagoshima Prefectural Health Dept.

2. Kagoshima Health Center (city)

3. Kagoshima Municipal Hospital. Dr. Sasaki, the director is a member of grading committee. Plans to apply for Class B Nursing School.

4. Kagoshima Prefectural Nursing School, is affiliated with Medical College Hospital. They have 13 freshman nursing students, and plan to apply as Class A School. This school impresses me as having tremendous possibilities. Dr. Machino, director of Medical College and Nursing School, appeared interested. Plans are drawn for a new Medical ward, operating povillion, dormitory building. The new central kitchen with staff dining rooms will soon be completed.

IV Kumamoto Prefecture
(27 Oct. 1950)

1. Kumamoto Prefectural Health Dept.

2. Kumamoto Pref. Health Center appeares completed and quite active.

3. Kumamoto National Hospital, grade A Nursing School with conditions, have 25 freshman, 18 junior and 22 senior students.

V A conference was held in each of above prefectures with available Nursing staffs. - The question of discussion "Law 203". The unanimous opinion seemed to be for one type of nurse, qualified for the National Board. Seems the applications, for admission into grade A schools, exceeds their quota - The nurses have a great desire to improve their civic prestige, and in so doing believe the schools will attract more competent students.

Elizabeth A. Jenkins

Elizabeth A. Jenkins

KYUSHU CIVIL AFFAIRS REGION
GHQ SCAP
Fukuoka, Kyushu, Japan

HFL/ji

APO 24 Unit 5
21 August 1950

SUBJECT: Report of Field Trip, Moji Area, 18 August

TO : Dr. Richard F. Brown
Chief, Public Health Section
Kyushu Civil Affairs Region

In reference to sugar and edible oil allocation and utilization the following hospitals (50 beds or over) in the Moji area were checked:

1. Nippon Kaiien Ekisaikai Byoin, Chiyotaki-machi

a. Allocations of sugar and edible oil are received three to four months after being requested.

b. Purchasing power is adequate to buy the total allocation.

c. Extra allocations are being used for the direct benefit of the patient. Interviews with patients indicated they were satisfied that the extra allocations were being given to them in their meals prepared in a central kitchen.

2. Moji Tetsudo Byoin, Shinkyoteki-machi, 1 chome

a. Allocations are received about one month after being requested.

b. Purchasing power is adequate to buy the total allocation.

c. Extra allocations are being used for the direct benefit of the patient.

3. Shakaihoken Moji Shimin Byoin, Komoriehoraken-machi

This hospital has less than fifty beds and not eligible for extra allocations.

(Both hospitals receiving extra allocations expressed the desirability of continuing the program. It was felt that the extra allocations improved the nutritional status of the patients.

HAROLD F. LUKE D.V.M.
Veterinary Officer

KYUSHU CIVIL AFFAIRS REGION
GHQ SCAP
Fukuoka, Kyushu, Japan

APO 24 Unit 5
15 August 1950

SUBJECT: Nursing visit to Oita, Miyazaki, Kagoshima and Kumamoto Prefectures 3 to 12 August, 1950

TO: Chief, Public Health Section, Kyushu Civil Affairs Region

I. Oita Prefecture

1. A conference was held in the Oita Ken Health Department with Dr. Asakura, and the Nursing Division. Most of the discussion centered around the shortage of clinical nurses which is a matter of growing concern to the Health Department and the private physicians. At present there are 853 licensed clinical nurses working in the prefecture of which 258 are employed as school nurses and 595 employed as clinical nurses. It is estimated that an additional 100 nurses are needed in hospitals and clinics and an additional 242 for school nursing. If each school in the prefecture were to have its own nurse that would be another 100 nurses needed. If these figures are accurate there already exists a shortage of about 350 nurses. In addition to this Dr. Koike, of the Beppu Midwives School states that many physicians are using unlicensed nurses who will not be allowed to work when the new law becomes effective. In April Kamegawa National Hospital admitted 37 students to its Class A school and the Prefectural Hospital admitted 20 to its Class B school. With the number of students who drop out of training there will probably be 50 or less students graduating from these two schools. It is estimated that 50 clinical nurses drop out of the nursing profession each year so the above named students will just fill this gap but not provide any additional nurses. There are two small general hospitals on Oita Prefecture which might be able to open schools if they could be financed. They are the Oita National Hospital with 120 beds and Oita Kyosai Hospital with 126 beds. However, opening schools under the new law and maintaining it is an expensive burden which many hospitals are not anxious to assume.

2. The Oita Prefectural hospital shows great improvement over the conditions noted about a year ago. The new director, Dr. Danno, appears to be genuinely interested and has made a real effort to raise the standards of the hospital. About 70% of the in-patients are fed a diet from the central kitchen of about 2,400 calories. The remaining patients

are not fed by the hospital because they are short term cases and the hospital does not feel it is worth while to bother with their ration cards. They were urged to feed all patients so as to be able to discontinue the use of attendants in the hospital. There still remains much to be done in the way of further improvement such as bringing in a laboratory technician to do the work in which the licensed nurses are engaged at present; work out a plan for complete segregation of sexes; change the attitude of the doctors so that nurses will be allowed to give nursing service to the patients and transfer some of the nurses out of the out-patient-department to the in-patient department. The hospital is planning a new school building and the plans were reviewed. A few minor changes were suggested.

3. The Beppu Midwives School was visited and it is difficult to see how this school can ever meet the requirements. This school is run by the Medical Association and participated in by three hospitals. The main hospital has 25 beds and admits obstetrics, gynecology and pediatrics as well as surgery. The other two hospitals are three bed hospitals for obstetrics and gynecology. In 1949 the large hospital had 11 full term births, 10 premature births, 9 still-births and 20 abortions. About 50 deliveries were performed in the homes. The school buildings are totally indaequate for teaching purposes. Subjects taught during the present two year course are: Japanese language and history, Gymnastics, Etiquette, Anatomy and physiology, Hygiene, Microbiology, Communicable disease, Disinfection and sterilization, Principles of Nursing, First Aid, Nutrition, Normal pregnancy, delivery and postpartum period, Abnormal pregnancy, delivery and postpartum period, Outline of operations including Cesarean and use of forceps (The midwives are taught how to use forceps), Legal regulations, and practice of 24 hours every week during the two year period. This school has already made application for inspection under the new law.

4. During the visit in Beppu a conference was held with Miss Ayako Sonoda of Kamegawa Hospital about the possibility of accepting the position of regional Welfare Ministry Nurse. She will take the offer into cinsideration as Dr. Matsuba has approached her on this subject.

II. Miyazaki Prefecture.

1. A conference was held with Dr. Endo, director of the Miyazaki Ken Health Department and the Nursing Division. The situation of the clinical nurses was discussed and Dr. Endo thinks that in 2 or 3 years time there will be a shortage of clinical nurses. In the past girls with no nurses training have been able to take the prefectural nurses examination. In the future this will not be possible. The value of such nurses is questionable and Dr. Endo thinks that nurses have been used about 50% for maid's work anyway. The hospitals have employed licensed nurses who in the greater majority, have had training while the private physicians have employed mostly untrained nurses. It was also stated that private physicians want more Class B nurses because they can be employed more cheaply. These facts are a clear indication that the private

physicians are not interested in quality but rather a cheap source of labor. There are at present 491 licensed clinical nurses who are working. Of these 125 are employed as school nurses. According to the Medical Service Law there already exists an acute shortage of nurses. The following figures were given to me based on the ratio of the Law: At present there are 266 clinical nurses in the hospitals and they need 400. There are 734 nurses including unlicensed nurses working in clinics and the need is 800. These figures are not in agreement with the first figures quoted but it was difficult to gain a clear picture. In discussing general hospitals where schools of nursing could be set up it was learned that some consideration is being given to increasing the Nichinan Prefectural Hospital from 40 to 200 beds. The Nobeoka Prefectural Hospital has 125 beds. It was suggested that they might consider enlarging the Miyazaki Prefectural hospital so as to take more students which would save money as compared with opening an entirely new school. It was also suggested that if they do decide to open another school in one of the other prefectural hospitals that the nursing service in the hospital be set up and functioning before a school is opened.

2. Dr. Endo is worried about the shortage of public health nurses. However, the five month courses have not been accelerated in order to produce more. The second course will finish 31 August and the third course will start 1 October. Much of the burden of public health nursing is left up to the health department and of the 80 villages and towns which should employ nurses only 42 have done so. The need of the nursing division giving more supervision to the health centers was stressed and suggestions made on how to plan field trips so that the maximum of benefit could be obtained.

3. The Model Health Center was visited but it is difficult to gain an idea of what is being done by the nurses due to poor record keeping. Since the city employs 8 public health nurses some time was spent discussing the possibility of dividing work so that the health center nurses can take more of the rural areas and leave the city area to the city nurses. Much duplicate travelling is being done because the two groups are covering the same areas. All patients reported by the private physicians are referred to the city nurses. They also do work for a transportation company which has about 80 employees. This work sometimes included accompanying the patient to the clinic. The chief nurse estimates that the health center nurses are spending about 55% of their time in the health center.

4. Since January of this year the Model Health Center has taken 12,884 35mm films. Large X-rays for all purposes total 4,158 resulting in 977 diagnoses for tuberculosis. Since January 1946 the total 35mm X-rays taken in this health center area total 36,422 or 20% of the population. This amounts to about 675 films per month. Since the health center has two portable machines plans for reaching the outlying areas should be made.

5. The Miyakonojo National Hospital was visited and improvement noted in spite of the great disadvantages in trying to work in this hospital. There is very little that can be done to improve the buildings without rebuilding completely. Almost all of the nursing care is now being given by the nurses and all patients are fed from the central kitchen. The families supplement to a small degree. The hospital is planning to build an additional wing for student dormitory space since the present building is not large enough. This past April, Welfare Ministry gave the school a budget for 25 students. The number of students is supposed to be based on the patient load but it would appear that this school could have taken many more students had the money been available. This fact should be given serious consideration with the present shortage of clinical nurses.

III. Kagoshima Prefecture.

1. The director of the Ken Health Department was in Tokyo so most of the time was spent in the nursing school attached to the Kagoshima Medical College. It has always been the desire of the director of the Health Department and the director of the hospital to have a clinical nursing school, a public health nursing school and a midwifery school. Many times in the past I have talked against this plan trying to influence these people to start with a school for clinical nursing and later add the other two schools, However, they went ahead with their original plan and combined the money from the two institutions and built a nursing school to house all three schools. However, there was not money for a dormitory and apparently will not be available for some time to come because the remainder of the hospital is to be built first. This results in limited space for students to live and some of the rooms that were set up for class rooms have been turned into dormitory space. The school was built on a very extravagant plan resulting in much waste space and class rooms which are not needed. On the suggestion of Miss Kaneko from Welfare Ministry a physics laboratory was included although there is not any place in the curriculi that the subject of physics is mentioned. Offices for the teachers are very large and could easily serve as space for two or three teachers. Considering the difficulty in obtaining money it is felt that this was extremely poor planning. Since there is limited dormitory space many students live at home or wherever they can obtain quarters.

2. The Kagoshima Medical College Hospital is as poorly planned as the nursing school. Tremendous space has been used for the out-patient-sections and the in-patient sections are not yet finished. Many of the in-patient sections which have been built were designed with almost no facilities. Floor kitchens, utility rooms and nurse's stations are totally inadequate and will all have to be remodeled before they can be used for such purposes. In the present pediatric section a nurse would have to walk the length of three wings in order to empty a bed pan.

The floor kitchen has no running water and sterilization in the utility room must be done over a hichirin. Although the director boasted proudly of steam heat for the examining room for prenatals and the delivery room they failed to install it in the room to be used for bathing infants which adjoins the delivery room. In this same room the bath which was built for the infants is so low that one would have to kneel on the floor in order to bathe a baby. The planning throughout is extremely poor and appears to be the result of allowing one man the sole authority for planning and building as he pleases. In this case it was the dean of the medical college. Dr. Machino states that he made suggestions as to plans for the hospital but they were all rejected. Surely it is time in Japan for hospitals to be run by boards of directors instead of one individual who has the power to do very much as he choses. The inspection of this hospital has been one of the most disheartening experiences for many months. For future reference the staff at this hospital is as follows: Staff doctors 50 Doctors on post graduate work 43 Interns 55 5th year students 150. Total bed capacity at this time is 260.

IV. Kumamoto Prefecture.

1. In a conference with Mrs. Ichi Aramaki it was learned that the members of the regional grading committee have never been paid in full for the inspection of the schools of nursing which was done in January of this year. All of these people are in debt from ¥7,000 to ¥10,000. The six people who acted on this committee are all working people who make small salaries and who were forced to borrow the money on which to make the necessary trips involved with the inspections. Mrs. Aramaki is a widow with a small child. Her total salary after the taxes are deducted is ¥7,400 which is used up each month for household expenses. Aside from this Mrs. Aramaki underwent a very serious operation last year and is now faced with the necessity of a second one. This case is cited simply as an example of the hardship to which these people have been put. It is probably safe to say that none of them can afford the loss of this money.

2. A meeting was held with the directors, chief nurses and nurse instructors of the Kumamoto Medical College and National Hospital to discuss any of their present problems and to consider problems which may occur in the future. This last Spring Kumamoto National Hospital was authorized 40 students and Kumamoto Medical College was authorized 60. They accepted 35 and 50 respectively. The possible shortage of clinical nurses was discussed and some of the private physicians feel that the shortage of Class B schools is serious. (This prefecture has 2 Class A schools). Yatsushiro General Hospital with 100 beds and Kumamoto Municipal Hospital with 80 beds were mentioned as possibilities for schools. The expense of opening and operating a school was pointed out and it was suggested that the people from these hospitals be invited to inspect the existing schools and given some idea of what is involved before they are pushed too hard to open schools.

3. The visit in Kumamoto coincided with a visit by the Minister of Welfare so not all programs were discussed since Dr. Arita could not be present.

Josephine E. Baca

JOSEPHINE E. BACA
Regional Public Health Nurse

KYUSHU CIVIL AFFAIRS REGION
SCAP GHQ
Fukuoka, Kyushu, Japan

APO 24 Unit 5
2 February 1950

SUBJECT: Visit to Nagasaki Prefecture 26 January - 1 February

TO: Chief, Public Health Section

A conference with Dr. Kusano, Director of Nagasaki Health Department and Miss Honda, Chief Nurse of Nursing Division reveals that the Welfare Ministry has authorized a total of 117 public health nursing positions in health centers. At present 58 of these positions are filled. Although the prefectural public health nursing courses are graduating 59 students (8 from old type course, 51 from 5 month course) only 18 will be available to accept positions in the 59 vacancies. The reason for this is that the remaining students will return to the positions in which they were employed before taking the course. In addition to the health center vacancies there are about 75 positions for village nurses which remain unfilled. 42 applications have been received for the second 5 month P.H.N. course three of which come from Iki shima. The Health Department was urged to bring in as many students from the three islands as possible. Seven public health nurses are authorized for the health center on each island but only two of these positions are filled on Goto and Tsushima and three on Iki. It appears that authorization of nursing positions was not planned on a population basis since Goto, with a population of 132,556, is authorized the same number of nurses as Iki with a population of 51,602.

In addition to the nurses needed for public health positions in health centers and village offices there are 370 school nurses who are clamoring for training as public health nurses. Since it is impossible to consider training this number in the five month course it was suggested that a few school nurses be selected from scattered areas in the Prefecture to take the course and then return to their area and try to give some on-the-job training to the other school nurses. It is not known just how many will attend the course since the education section does not seem willing to sponsor their training. The Education section appeared to be very amused when the writer of this report suggested that Miss Inouye, the nurse in charge of the school nurse education program, take the five month course and then assist

in the education of the school nurses. Miss Inouye, it appears, was selected for this position because of her age rather than her ability as a nurse. It was pointed out that leaders should be selected according to qualifications rather than age.

The curriculum for the next course at the five month P.H.N. school was reviewed and found to be satisfactory with the exception of timing. Four holidays occur during the 14 week class period creating a shortage of 24 hours. Miss Otaki decided to teach on these holidays rather than reduce the hours of instruction. It is not felt that the field practice for the first course was satisfactory since the students were allowed a choice of health centers and 31 were placed in the Model Health Center. Since almost all students receive full salary from their employer during the course the writer feels that they should be placed in health centers where they can receive adequate experience even if this does mean the expense of living away from home for six weeks.

The nursing program at the Model Health Center appears to be proceeding nicely and many home visits are being made. Staff nurses are not receiving any supervision in the field because the chief nurse has been having pneumothorax since July and she does not feel strong enough to do any field work. It was suggested that when possible she make a few supervisory visits in the nearby vicinity.

The nursing program at the Isahaya Health Center appears good in spite of the limited number of nurses. The chief nurse complains of interference on the part of the chief clerk especially in V.D. contact training. It was suggested to the director of the Health Center that this program be worked out thru the chief nurse. An inspection of the building revealed great lack of care of equipment. Due to a leak in the roof all equipment in the X-ray room was wet; The laboratory was dirty and equipment being improperly used, i.e., glass rods being used in hibachi, test tubes containing dried blood, a bucket of dirty water containing dirty glass equipment. BCG was stored in the electric ice box but the box was not connected and the director did not know if the temperature was sufficiently low without connection to preserve the vaccine. Dr. Hirose, Dean of the Nagasaki Medical College requested a conference with the writer in regard to the remodeling of the buildings in the bombed-out area. It was suggested that plans be made to include utility rooms and nurses stations, proper facilities for washing bed pans and some type of equipment in the communicable diaease ward for sterlization of dishes and equipment and disinfection of excreta. Glass windows opening out inside hallways should be eliminated as well as glass doors. Some thought should be given to the care of the equipment in the completed buildings. This school is badly in need of guidance on their remodelling program but the writer is unable to give further advice which should come from persons more familiar with the construction of hospitals.

Josephine E. Baca

Josephine E. Baca
Public Health Nurse

Hospital	Director	Classification & Sub. Point Adm.	Personnel	Equipment	Total Sub. Point	Gen. Grade	Gen. Const. and Equipment	Inspectors
Nagasaki Med. Col.	Dr. Hirose	B(20)	A(3)	B(28)	51	2	B(28)	Mr. Yamane (Chief of Med. Sec.) Dr. Nakashima (Med. Sec.) Mr. Saikawa (Act. Chief of Med. Sec.) Dr. Shimada (Model H.C.) Dr. Nakamura (")
Nagasaki Isahaya Med. Col.	Dr. Hirose	C(32)	B(18.5)	C(34)	84.5	12	C(34)	Same as above
Nishinippon Heavy Work Co.,Nagasaki Shipyards Hospital	Dr. Obayashi	B(29)	C(33)	B(21)	83	11	C(39)	Mr. Yamane (Chief of Med. Sec.) Mr. Saikawa (Act. Chief of Med. Sec.) Dr. Ori(Dir. of Model H.C.) Dr. Ichinose (Model H.C.) Mr. Shirota
Nagasaki Sasebo Municipal Hosp.	Dr. Hanamure	C(37)	B(20.5)	B(16.5)	74	7	B(24.5)	Dr. Nakashima (Med. Sec.) Dr. Koshida (Sasebo H.C.) Mr. Imura (Clerk, Med. Sec.)
Sasebo Kyosai Hosp.	Dr. Miyahara	B(17)	A(4)	A(9.5)	30.5	1	B(19.5)	Dr. Nakashima (Med. Sec.) Dr. Ideda (Director of Sasebo H.C.) Dr. Koshida (Sasebo H.C.) Mr. Imura (Clerk, Med. Sec.)

Hospital	Director	Classification & Sub. Point Adm.	Personnel	Equipment	Total Sub. Point	Gen. Grade	Gen. Const. and Equipment	Inspectors
Nagasaki Sasebo Kyosai Hospital	Dr. Miyahara	B(17)	A(4)	A(9.5)	30.5	1	B(19.5)	Dr. Nakashima (Med. Sec.) Dr. Ikeda (Director, Sasebo H.C.) Dr. Koshida (Sasebo H.C.) Mr. Imura (Clerk, Med. Sec.)
National Omura Hospital	Dr. Shinohara	A(10)	C(48)	B(13)	71	6	B(13)	Dr. Yoshida (Chief of P.H. Sec.) Dr. Nakashima (Med. Sec.) Dr. Itasaka (Omura H.C.)