

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

Description of contents

(1) Box no. 3086

(2) Folder title/number: (6)
A. Public Health

(3) Date: Oct. 1948 - Dec. 1948

(4) Subject:

Classification	Type of record
9751	e

(5) Item description and comment:
Fukuoka

(6) Reproduction: Yes No

(7) Film no.

Sheet no.

(Compiled by *National Diet Library*)

KYUSHU MILITARY GOVERNMENT REGION
HEADQUARTERS AND HEADQUARTERS DETACHMENT
Fukuoka, Kyushu, Japan

APO 929
7 December 1948

SUBJECT: Public Health News Letter Number 2

TO : Public Health Officer, Fukuoka Mil Govt Team, APO 929
Public Health Officer, Nagasaki Mil Govt Team, APO 929
Public Health Officer, Saga Mil Govt Team, APO 929
Public Health Officer, Kumamoto Mil Govt Team, APO 24-1
Public Health Officer, Kagoshima Mil Govt Team, APO 970
Public Health Officer, Oita Mil Govt Team, APO 24-2
Public Health Officer, Miyazaki Mil Govt Team, APO 24-2

1. Personnel

8th Army Cir 82, Section 3, par 3, dated 8 Nov 48 covers discharge with accrued leave for medical officers.

2. Food Sanitation

A meeting of prefectural food sanitation chiefs was held by the Welfare Ministry in Tokyo on 17 and 18 November. Detailed regulations for the Food Sanitation Law are now under preparation in each prefecture for submission to prefectural assemblies. Ministry of Welfare Ordinance No. 23, "Enforcement Regulations of the Food Sanitation Law", appears in Official Gazette Extra for Tues., 3 July 48.

3. Health Center Guide Book - Japanese

Yo-hatsu 1181, dated 4 Sept 48 announced the publication of the above book - a Japanese translation of the SCAP lectures at the Model Health Center in Tokyo. Unit price is 48 yen. All prefectures should obtain sufficient copies for all health center personnel and other interested persons.

4. Special Food for Medical Care.

W. M. Public Health Regulation No. 228, dated 11 Oct 48 is Incl 1. This regulation covers the supply of extra food

FILE

Ltr Hq Kyushu Mil Govt Region, subj: "Public Health News Letter Number 2", dtd 7 Dec 48

rations to patients. Note that T.B. out-patients registered at Health Centers are included. Lets' check on a few health centers and see how efficiently this program is being carried out.

5. Transportation of Meat from Slaughter Houses.

As you know most Japanese slaughter houses give service to individual farmers or small associations and the meat is carted away by the individual or association concerned. The result of this system is frequently transportation which is very unsanitary. In Oita Prefecture several slaughter houses have bought their own wagons and lined them with metal so that blood stains and dirt are readily visible and just as easily eliminated by washing and scrubbing. The municipality or agency which operates the slaughter house then rents the wagon for carting meat away from the slaughter house. This system has worked out very well. Perhaps it will also work in your prefecture.

6. National Hospitals.

a. The treatment of venereal disease in most national hospitals is a matter of great variation. Dr. Matsuba, Regional Hospital Inspector, is now trying to correct this situation. On 12 Nov. he sent a letter to all national hospitals and sanatoria on Kyushu and requested that the standard treatment used in the health centers be universally adopted. Dr. Matsuba has also furnished all hospitals with appropriate extracts of TB-PH-Prev Med 4 on venereal disease. He also asked hospital officials to be more cooperative with health center V.D. services in the matter of reporting case holding and, contact tracing and referral.

b. Other recommendations made by Dr. Matsuba in his letter were to clean up the hospital stores and to use fewer nurses in out-patient departments.

c. Ask about these affairs on your hospital inspections and let me know if any action has been stimulated.

d. Dr. Matsuba informs me in advance of his inspection schedule now and makes an effort to visit MG Teams on his trips. I will try to let you know when he will arrive in your prefecture and what institutions he is going to inspect.

7. BCG Vaccination

Incl 2 to this News Letter is an editorial on BCG Vaccination which appeared in the J.A.M.A. 16 Oct 48. It is

Ltr Hq Kyushu Mil Govt Region, subj: "Public Health News Letter Number 2", dtd 7 Dec 48

interesting to compare the opinions expressed with those current among Japanese phthisiologists.

8. Pharmaceutical Affairs.

Dr. A. Fugita, Dean of Kumamoto Medical College is a member of the National Pharmaceutical Affairs Committee. This committee of experts will determine what drugs are to be controlled by prescription, etc. Perhaps Capt Bondurant can keep informed by talks with Dr. Fugita and let the rest of us in on the activities of this committee.

9. Water Works Survey.

The water Works Survey Questionnaire (Ltr, KSMG, 13 July 48) was intended to stimulate the Japanese to gather together all the information and data which a prefectural health department should have in order to operate an efficient Water Supply program. When the questionnaires are completed by the prefectures we should check them and try to get Japanese officials to analyse them. It is not necessary to send these surveys to Region.

10. Public Health Educations.

Incl 3 is a copy of Yo-hatsu No. 1433, "Organization of Health Knowledge Propagation Association", dated 5 Nov 48. Should be interesting to watch future developments.

H. W. Harrower
H. W. HARROWER
Capt MC
Public Health Officer
Kyushu Mil Govt Region

4 Incls:

1. Welfare Ministry Regulation No. 228, 11 Oct 48
2. "BCG Vaccination", J.A.M.A. Vol. 138 No. 7, p 512, 16 Oct 48.
3. Yo-hatsu No. 1433, 5 Nov 48.

4. HATSUYO No. 85, ENFORCEMENT OF V.D. PREVENTION LAW

Oct. 11, 1948

SUBJECT: Management Procedures of Special Food For Medical Care
TO : Prefectural Governor (Ryo-yo-shoku)
FROM : Director, Public Health Bureau, Welfare Ministry

As for the management of the special food for medical care it was already informed to you by our notification Public Health No. 4 dated July 17, 1948, and No. 176 dated September 21, 1948. This time there has been made some change in the recipients and the method of distribution, and accordingly you are requested to carry out distribution according to the following way.

Management of Special Food for Medical Care

1. Recipients:

In-patients throughout the country, especially the reported TB patients and those approved by the chief of the Health Center.

2. Allocation:

Quantity as allotted in Eihatsu No. 176

3. Period of Distribution:

Beginning in October it will be completed at the end of December.

4. Distribution Price:

No. 1	¥ 88.40	per lbs.	(16 meals)
No. 2	¥ 85.35	" "	(16 meals)
No. 3	¥121.50	a box	(12 meals)

5. Management in each prefecture:

Each prefecture shall issue the purchase ticket to the hospitals and health centers within the limit of the allocation. The disposal thereof at the hospital or health center shall be under strict surveillance.

Incl 1

6. Management at the hospital and health center:

- 1). Each hospital shall take every step to facilitate the acquisition of the special food for the patients approved by the head physician.
 - 2). Each health center shall take every step to facilitate the acquisition of the special food for the reported T.B. patients and other patients in need thereof within its area.
 - 3). Each hospital and health center shall submit report to the prefecture on the number as handled by 5th of the next month.
 - 4). The special food for medical care is going to be handled by the National Nutrition Association, so the hospital and health center shall keep in close contact with this association.
7. The detailed account of the handling by the National Nutrition Association shall be as described in the attached special food handling regulations of the association. The purchase ticket has already been issued.

Distribution of Special Food for Medical Care:

The National Nutrition Association.

The special food for medical care has been prepared by the Nutrition Section, Public Health Bureau, Welfare Ministry with the cooperation of the Agriculture and Forestry Ministry and the Economic Stabilization Board with a kind assistance of G.H.Q. The distribution is solely going to be made by our association, and it is hoped that every patient should be made accessible to this special food.

Recipients:

1. In-patients at every hospital throughout the country.
2. T.B. patients reported to each health center and those approved by the Chief of the Health Center.

Components of the Special Food for Medical Care:

	<u>No. 1 Soup</u>	<u>No. 2 Drink</u>	<u>No. 3 Candy</u>	<u>Remarks</u>
Skimmed dry milk	55%	53.4%	60%	
Wheat flour Alpha starch	34%	10%	9.5%	
Sugar		35.4%	30%	
Salt & Ajino-moto (seasoning)	10.5%	0.5%	0.5%	
Lactic Calcium		0.5%		
Citric acid	0.3%			
Vitamin B ¹	0.2mg		0.2mg	
Vitamin B ²	0.2mg		0.2mg	
Vitamin C		0.2mg	0.5mg	
Perfume	0.2%	0.2%	0.2%	

Price: As already described.

Distribution Method for Hospital:

1. The Welfare Ministry will inform the prefectural public health department on the allocation.
2. The prefecture will issue the purchase tickets to each hospital according to the number of in-patients.
3. Each hospital applies for purchase sends the purchase tickets with remittance to the National Nutrition Association.
4. The Nutrition Association informs the producers of the order of the hospital with money adding.
5. The producers will ship the goods directly to the hospital. The hospital will send the copy of order to the branch office of the National Nutrition Association.

6. The producer will send back the purchasing tickets form with the date of shipment and other necessary items filled in to the National Nutrition Association.
7. The National Nutrition Association will send back the tickets to the prefecture after showing them to the Welfare Ministry.

Distribution Method: for Health Center:

1. The Welfare Ministry notifies each prefecture of the allocation.
2. The prefectural public health department will inform the branch office of the National Nutrition Association of the steps to be taken for the distribution of the special food to each health center.

Handling of tickets: (omitted)

Business function of the head office and branch office of the association: (omitted)

Method of order: (omitted)

THE JOURNAL OF THE
AMERICAN MEDICAL ASSOCIATION

VOL. 138 No. 7

16 October 1948

Editorial - Page 512

BCG VACCINATION

Of the two methods of preventing tuberculosis, namely, segregation of infected persons and immunization of those exposed to infection, the latter, according to Birkhaug,¹ has not received sufficient emphasis in this country. The skeptical attitude toward immunization is reflected in the recent report of Levine and Sackett² on the results of BCG immunization in New York City. These authors expressed the opinion that as a public health measure the routine vaccination of children from tuberculous homes is less advantageous than the removal of the tuberculous person from the home. While tuberculosis control programs, exclusive of vaccination, have reduced the death rate from tuberculosis in the United States from 200 to 36 per 100,000 population in the last forty years, Denmark, during the same period, utilizing both segregation and immunization, has reduced tuberculosis mortality from about 300 to 32 per 100,000 population. Holm³ stated that since 1940 vaccination with the bacillus Calmette-Guérin has been adopted in Denmark as an essential weapon in the fight against tuberculosis. All children with a negative tuberculin reaction in a tuberculous environment have been vaccinated, also the newborn, and on development of a positive reaction they have been permitted to remain in their environment. The Tuberculosis Dispensary of Copenhagen reported that morbidity and mortality of tuberculosis among the children in a tuberculous environment has been reduced following vaccination to almost zero. Holm expressed the belief that BCG, vaccination gives considerable, although not absolute, protection. It protects almost completely against the morbid phenomena of the primary infection, and if also affords considerable protection against genuine tuberculosis of the various organs, in particular against pulmonary tuberculosis.

Even with the reduction in the incidence, 50,000 deaths from tuberculosis in the United States occurred in 1947, and the total number of tuberculous patients in this country is about 500,000. According to Birkhaug only half of these persons are under treatment and only one fourth in hospitals and sanatoriums. Almost 180,000 frank cases of tuberculosis are left at large to infect the healthy population. In an attempt to improve a similar situation, Denmark, Norway and Sweden have entered on a nationwide BCG vaccination of the tuberculin-negative population under 50 years of age. In Norway, BCG vaccination was made compulsory in 1947 for all tuberculin-negative persons under 50 years of age.

Incl 7

The rapid decline in tuberculosis mortality has created a new factor of epidemiologic importance; namely, a great number of negative reactors, persons who failed to acquire specific resistance against tubercle bacilli by means of a mild childhood infection. Heimbeck⁴ of Norway made the important observation, since verified in other countries, that the victims of tuberculosis among student nurses working in tuberculosis wards were nearly always the tuberculin-negative reactors.

The BCG Advisory Committee of the state of New York⁵ reported that BCG vaccination is the only known practical method of reducing morbidity and mortality from tuberculosis. There is a general agreement that it is safe and that it serves to convert nonreactors to tuberculin to reactors through infection with avirulent and benign bovine tubercle bacilli. BCG vaccination has no value in treating tuberculosis.

Madsen⁶ of Norway made the important observation that the primary tuberculous complex produced in tuberculin-negative reactors by means of BCG vaccination is sufficient to protect against the progression of a subsequently superimposed virulent infection. The investigations of Heimbeck on student nurses, of Ferguson in Canada⁶ and of Rosenthal⁷ and his co-workers in Chicago confirmed that vaccination with BCG inhibits primary tuberculosis in a manner analogous with the specific resistance induced by spontaneous and clinically silent infection with virulent tubercle bacilli. The work of Aronson and Palmer⁸ among North American Indians is particularly significant because it was carried out on two groups of persons that are as comparable as humanly possible. In terms of case per thousand person-years, the rates of mortality from tuberculosis were 24.3 and 4.7 respectively.

Birkhaug suggested that BCG vaccine should be recommended for extensive use in the United States in tuberculin-negative reactors in groups occupationally exposed to tuberculous infections and in population groups with high tuberculosis mortality and morbidity, and where there has been a known exposure to tuberculosis or where an exposure is likely to occur.

Yo Hatsu No. 1433

Nov. 5, 1948

SUBJECT: Organization of Health Knowledge Propagation Association

FROM : Chief of Health Center Section, Welfare Ministry

TO : Prefectural Governor

Since the dissolution of the Sanitary Association (Eisei Kumiai) you have been much inconvenienced in guiding the citizen's groups in connection with public health. The Welfare Ministry is doing its best to set up a synthetic and thorough-going program for the propagation of public health knowledge, and has just decided to organize the National Council for this purpose including various private organizations relating to the public health information activities as the members, as a result of our arrangement with PHW, SCAP. (The details of which will be informed later on.)

Each prefecture is suggested to give encouragement for the formation of a new organization which will be formed by the voluntary will of the people and will work voluntarily for the purpose of diffusing the health knowledge as well as giving due instruction and guidance to the existing organizations. It is needless to say that these existing organizations can join the membership of the forthcoming National Council if they wish.

In giving guidance and instruction to the new organization the following items shall be taken in view:

1. The new organization should not be a mere reorganization of the defunct Sanitary Association but be the one which has nothing to do with the latter. However those members of the former Sanitary Association who were really doing their best for the public health education may join the new organization. In case there is any property left in the former association, it can be contributed to the new organization.

2. Activities such as the immunization and sanitary team's work which must be carried out by the prefecture or the health centers shall not be exercised by the organization, although necessary aid from outside rendered for the propagation of activities taken by the prefecture or the health center is welcome enough.

Incl 3

3. Those organization shall not, by any means, exercise their power on the distribution of vaccine, anthelmintics and other materials, or such medical activities as immunization, medical examination or cleaning are strictly forbidden. However it is not objectionable if they only relay the goods at the request of the health center only for the assisting capacity.

4. Those people liable to graft for their own interest shall be excluded regardless how they are earnestly to do.

5. Government officials should refrain from becoming the staffs of the organization nor is it desirable to locate its office within the prefectural office. However it is not objectionable to locate its office in the health center for convenience sake.

6. Due surveillance should be taken lest the new organization should violate the items described in 2 and 3.

7. As for the organization such as the corporated juridical person the individual member's fee should be minimized, so that the organization can last long. The donation should not be collected compulsorily regardless whether organization is a corporated juridical person or a mere juridical person. The accounts should always be booked so that any member can understand the details of income and expenditure.

8. The following items are suggested to be included in the organization activities:

1) Opening of lecture meeting, discussion, movie meeting or exhibition.

2) Opening of short courses or research meeting and lecture course.

3) Publication of pamphlets, posters or other information data.

4) Investigation of people's habits and customs.

5) Training of officials concerned with the public health education.

6) Collection of writings, propagation mottoes, or paintings.

7) Renovation of method of public health propagation.

Remarks:

1. The approval of GHQ, SCAP has been gained for the organization of the National Council and the new public health propagation organization.

2. The principle thus far described should be applied also to the existing organizations.

MINISTRY OF WELFARE
JAPANESE GOVERNMENT

27 October 1948

Hatsuyo No. 85

To : Prefectural Governor

From : Vice Minister

Subject: The Enforcement of VD Prevention Law

The VD Prevention Law, which has passed newly in the 2nd Diet, was put into force from September 1 as the Law, No. 167, 1948 and Ministerial Ordinance accompanying the enforcement thereof is promulgated on September 24 and cabinet order thereof is going to be promulgated before long. This Law, which has been drawn up on the basis of the former VD Prevention Law and Special Regulation the same Law and in views of the legislation of foreign countries is epoch making for the complete medical treatment and prevention of VD to prevent it from impairing the soundness of soul and body of the people and producing an evil effect upon their descendants for the purpose of contributing to the improvement and promotion of public health and is established with the serious deliberation in Diet.

The principles of the Law are as follows:

1. The complete medical treatment and prevention of VD is the obligation of State, local public bodies and every individual and prescribe the cooperation of physicians.
2. It has handled VD as communicable disease and prescribed reporting of physicians, pursuit of the origin of the contagion, supervision over the patients until the completion of their treatment, compulsory treatment, and hospitalization.
3. With the control of VD among the people in general as its object, the routine compulsory health examination of prostitutes which had been the main object of the former Law is abolished, but those who are suspected to by reasonable evidence be habitual prostitutes may be ordered to receive the health examination.
4. If the prefectural governor orders indiscriminately the health examination, the fundamental human right is afraid to be dangerous, therefore it is carefully handled.

Incl 4

5. In order to prevent producing an evil effect of VD upon descendants of people, the Law prescribes the health examination in case of matrimony and pregnancy.

6. It is the obligation of local public bodies to provide all necessary facilities for VD prevention.

On the above principles of the Law, you connect closely with the offices concerned which come in touch with the execution of this Law, and taking into consideration that the objectives of the Law are to exterminate VD from all the people and that the objectives can be achieved only by popularization of the knowledge of VD should be thoroughly understood you are requested to exert yourself more to popularize the knowledge of VD and to execute the Law with the following matters; perfectly by order of Minister, I report you.

I. General matters

1. Governor of the urban and local prefectures shall, as the persons responsible for the execution of this Law, supervise and give guidance to the personnel in their charge, and formulate the fundamental counter-measures of the thorough treatment of VD and the prevention thereof under the connections with those concerned.

2. Governor of the urban and local prefectures shall take consideration with the following matters in case of the execution of this Law.

(1) Corresponding to the actual condition of the health centers under their jurisdiction, generally the powers of Art. 10, 11, 14 and 15 paragraph 1 of the Law shall be transferred to the heads of health centers (mayors in the cities prescribed in Cabinet Order under Art. 1 of Health Center Law.)

(2) In case of the transferring of preceding paragraph, the prefectural governor shall take steps necessary of the financial source of the expenditure under the provision of Art. 28 of the Local Finance Law.

(3) When a governor finds it necessary to order the examination, treatment or hospitalization of any person for VD, this order shall be issued not for a group but for an individual and include the name, address, designated hospitals or clinics and necessary matters of the individual concerned.

3. At the execution of the powers transferred, the heads of health centers shall have their personnel in their charge be thoroughly aware of the Law and have them be familiar with the operation thereof; they

shall undertake the responsibility of the spread of the idea, and also take care of the connection with and cooperation of physicians.

4. The reason for the establishment of the provision on their cooperation in Art. 4 of this Law derives from their responsibility that they shall assist the officials in the carrying out of the Law in Art. 6 and following articles, thereof in view of the fact that the execution of this Law depends upon their active cooperation, governors of the urban and local prefectures shall endeavour to promulgate the purpose of the Law through Medical Association, and by consolidating the facilities for tests and examinations of Health Center, etc., give the convenience to the utilization by physicians; thus the execution shall be expected to be complete.

5. The operation of this Law being completed together with the application of the following laws, these laws and regulations shall be researched, and the smooth execution of the Law shall be aimed at under the constant connection with the organizations concerned.

(1) Pharmacy concerned:

(a) Pharmacy Law has provided, in Art. 41, Art. 44, and Art. 56, that penicillin and sulfa-diazine, sulfathiazole, etc., designated by Welfare Minister that are the remedies for VD, cannot be sold without the prescriptions or the directions by physicians. This is required for the prevention of harmful self-treatment, from the aims of this Law at the thorough treatment and the prevention thereof. It is requested that the guidance and supervision over the pharmacy business shall be taken into consideration in cooperation with the office concerned in order to carry out these articles strictly.

(b) The provision of Art. 40 of the Pharmaceutical Affairs Law shall be applied to the preventive medicines and inferior instruments of VD and of Art. 34 to the exaggerated advertisement. Specially, as to the preventive instruments, the harmful and futile instruments or even those unharmed and futile shall be controlled as inferior instruments liable to endanger public health of item I, e of Art. 40 and the suitable measures of encouraging the use of superior one shall be taken, and the complete prevention shall be strived for.

(2) Police concerned:

The execution of the Law shall be done according to the view points of public health and therefore it should be remembered that the cooperation of the police shall be limited in the case when it is required by the health department. This point will be notified after the matter is communicated to the national Police Headquarters.

(3) Others:

(a) In Art. 4 of the Public Bath-House Law, the bathing of those liable to make others contagious with diseases is prohibited;

but, as not a few cases of the contagion of venereal disease in public bath-houses are found, as to those to be clearly seen as venereal disease in appearance, the guidance shall be given to take measures on the basis of Art. 4 of the public bath law and also, shall be paid to the guidance and supervision by the environment sanitation inspector over the prevention of the contagions in the bath-houses.

(b) As to Art. 19 of the Children Welfare Law, it should be referred to No. 3 of III on health examination.

5. Since the popularization of the knowledge of the complete prevention and treatment of VD is the premise to the execution of this Law, you shall exert yourself for the thorough understanding of the people to VD with the following matters.

(1) The spread of the idea is the thoroughness of prevention, discovery and treatment in their early stage and complete treatment in order to give the true knowledge of VD, and recognize the measure of prevention.

(2) Strict enforcement of the physical examination at the time of marriage and pregnancy.

(3) As the spread of the idea on VD is liable to form of public indecency, referring to the motion-picture film ("Body and Devils"), readers of sex education, and sex science exhibitions, all of which this Ministry has given aid in their preparation, it shall be executed.

(4) As to the sex education it shall be closely with the persons concerned, education and the correct knowledge of the sex shall be furnished.

II. On Reporting

1. Reporting forms the foundation of operation of this Law, and therefore, for purpose of urging the reporting by physicians, the interpretations of the items of the Law shall be done on every opportunity to Medical Associations and the thorough acknowledgment shall be strived for.

2. The reporting under Art. 6 of the Law shall be done according to the free mail system, in the form prescribed in form No. 2, of Hatsu-Ken No. 36, "On the Prompt Reporting of the Statistics of Infectious Diseases", June 4 1948. In case the health center taking charge of the place of residence of the patient is unknown to the physician, the report may be submitted to the neighboring health center. At that time, the head of the same health center shall send it, without delay, to the health center taking charge of the place of residence of the patients.

3. "Within 24 hours" in Art. 6 of the Law shall be construed to mean "sending it within 24 hours after the diagnosis has been made."

4. The reporting by physician of the patient not obeying the instructions or the death or the healing of the patient shall be done immediately when he becomes aware of the fact, but "When such patients give up their treatment and fail to submit certificates of treatment by other physicians", shall indicate that the reporting shall be done in case that he has discontinued to get medical treatment without leave in 10 days from the time when he visited the physician for the last time.

5. The reporting of the change of the place of residence by the patient or his guardian to the physician shall be done by writing or orally.

III. On Health Examination

1. On the details of the health examination from Art. 8 to Art. 11 of the Law, notifications shall be made separately.

2. As to the health examination under Art. 8 of the Law, measures shall be taken to spread the urging thereof in Medical Association, Juvenile Organizations, Girl and Women Organization, schools and companies and factories, etc., and it is necessary to investigate the health examination on reporting of marriages and to recommend those who have not received the health examination to receive it thus the fostering of the good habit of exchange the health examination certificates and the aims of the Law shall be attained.

3. As regards the health examination under Art. 9 of the Law, the blood test for syphilis will be performed preferably prior to the fourth month of pregnancy at the time the pregnant women apply for "Mother and childhood book" or at the time of health guidance under Article 19 of the Children Welfare Law. In case she is suffering from syphilis, anti-syphilis treatment shall be carried out at an early stage.

4. Those who are considered to have infected VD to the patient, and those whom the patients have committed conduct liable to infect VD by the report of Art. 6 of the Law, shall be not ordered immediately to receive the health examination, but need to recommend those to receive the health examination by letter or visiting their homes. This is the so-called contact-tracing. Since the contact-tracing is the main point with the report of physician, it shall be carefully handled, and the education thereof shall be given to the persons concerned and, also the keeping of secrecy shall be specially taken care of. The order of health examination of Art. 10 of the Law shall be issued only after the individual has been given opportunity to report for health examination is considered necessary for the protection of the public health.

5. The order of health examination under Art. 11 of the Law, shall not take place of the former routine health examination, therefor shall not be issued for a group but for an individual.

6. The case described in Art. 12 of the Law as "When it is deemed necessary to take special measures" shall be construed to mean the case of the sudden outbreak of numerous VD patient through the medium of not-springs, or public-bath, etc.

7. The above order of examination shall be executed, as a rule, by designating the hospitals or clinics under Art. 16 of the Law, in relation to the trustworthiness of the execution and the burden of the fees.

IV. On Medical Treatment

1. The method of the execution of modern medical treatment, shall be in accordance with gist of the Execution of Counter-measures for Medical Treatment of the last year.

2. "When he deems it necessary for the treatment and prevention of VD" under Art. 14 of the Law shall be construed to be the case that the patient does not obey the indications of the physician or he suspends the treatment, without good reason, etc.

3. "If he finds it necessary" under Art. 15, Par. 1, of the Law shall be construed to mean that the patient is found to be receiving no treatment according to the report by the patient under Art. 14 of the Law, or that any other hazard for public health is found to exist.

4. "When he deems it necessary for the complete treatment or prevention of VD" under Art. 15, Par. 2 of the Law shall be construed to mean that the action is necessary for that person because there exists liability of contagion to others. It is illegal that you order compulsory hospitalization only for the health examination. The standards of "so long as their disease is liable to infect others" shall be as follows:

(1). In the case of syphilis, the completion of the course of at least 3 injections of arsenic preparations and 2 injections of bismuth preparations and the disappearance of the symptoms out of the skin, mucous membrane, etc., but the continuous treatment is required after having left the hospital or clinic.

(2) In the case of gonorrhoea, till all of the symptoms have disappeared and the smeared specimen or culture test has become negative 3 times for 3 days in succession.

(3) In the cases of chancroid and inguinal lympho-granuloma, till the complete cure of the wound. As stated above, considerably long-period treatments being required according to the cases of the diseases, consideration shall be paid for the vocational guidance in order to give the chance of rehabilitation, and, after the dismissal from the clinics, by the close cooperation of Women's Homes, Women's Organizations, etc.,

the establishment of the fundamental constructive program shall be required.

The first offence of prostitution or the juvenile who have been ordered to be hospitalized shall be sent into the competent protection institute and, when there is no institute, they shall be protected carefully within the VD hospitals, by distinguishing their rooms from others.

5. The order of paragraph 1 or 2 of Art. 15 shall be executed, as a rule, by designating the hospital or clinic under Art. 16 of the Law in relation to the trustworthiness of the execution and the burden of the fees.

V. Facilities

1. According to Art. 16 of the Law, every urban and local prefectures have the obligation for setting-up; at least one hospital shall be set up in every prefecture, and the clinics shall be set up by means of the consolidation of health centers, however, the urban and local prefectures which have no VD hospitals may substitute a suitable hospital or a part of hospital is under the present financial circumstances.

2. The establishment by the heads of cities, towns and villages shall be voluntary, but especially in cities decided by Cabinet Order based on Art. 1 of Health Center Law, it is required to set up in accordance with the preceding Item.

3. Substitute hospitals or substitute clinics shall be set up, as a principle, at the places where there is no hospital or clinic based on Art. 16 of the Law, and the perfect execution of the Law shall be expected; it shall be reminded that to the substitute hospitals and substitute clinics, the local public body bear only for commissioned treatment fees, hospitalization fees and fees for being in clinic, and not the current expenditure.

VI. Expenses

1. The state subsidy is, as formerly, the liquidation subsidy.

2. The standard of the expenses, being now under negotiation with Ministry of Finance and Local Finance Committee, shall be notified immediately on decision.

VII. Supplementary Rules

1. The competent officials (See Art. 22, 23, 25) shall be the personnel of Health Department and the personnel of health centers, and the scope thereof is necessary to be limited before-hand by the chief concerned.
2. On investigation and inquiries by means of stepping in by the competent officials, in view of the large liability of the outrage on the personal rights, the execution thereof shall be limited exclusively to the patients with reasonable reason to be suspected afflicted with VD, and the handling shall be courteous.
3. The aims of Art. 25, Par. 3, and the provision of Art. 29, Par. 2, on the betrayal of secrecy shall be made to be well and thoroughly understood by the competent officials.

VIII. On Penal Rules

1. The compulsory application of the Law with rules of penalty is not the fundamental principle of the Law. However, the rule of penalty should be known to the public, and if the intention is evidently ill meant or if there are evidences, it is desired to be ready to apply the rules of healthy strictly and thus to aim to have the people take voluntary measures to prevent VD.
2. The punishment of Art. 26 and 28 provide the intentional offence and not apply to those who have not known of suffering from VD. (remark: The VD Prevention Law in English)
3. As to the application of Art. 26-28, in case a proper preventive measure is adopted (by the individual) it can be considered that the penalty may be reduced according to the situation and therefore guidance shall be given to encourage to form good habit of taking preventive measures constantly.