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國立病院特別會計法案

国立病院特別会計法

(設置)

第一條 国立病院の円滑なる運営とその経理の適正を図るため、特別会計を設置し、一般会計と区分して経理する。

2 この法律において「国立病院」とは、厚生省設置法(昭和二十四年法律第 号)第十~~六~~<sup>五</sup>條に規定する国立病院をいう。

(管理)

第二條 この会計は、厚生大臣が、法令の定めるところに従い、管理する。

(基金)

第三條 この会計においては、昭和二十四年七月一日において、一般会計からこの会計に引き継いだ資産

の金額をもつて基金とする。

(歳入及び歳出)

第四條 この会計においては、診療及び病院収入、検査料、手数料及び使用料収入、義し等の賣拂代金、一般会計及び積立金からの受入金、積立金から生ずる収入並びに附属雑収入をもつてその歳入とし、業務費、診療及び病院費、施設費、義し等の製作費、看護婦養成費、一時借入金の子子その他の諸費をもつてその歳出とする。

(歳入歳出予定計算書及び國庫債務負担行爲要求書の作製及び送付)

第五條 厚生大臣は、毎会計年度、この会計の歳入歳出予定計算書及び國庫債務負担行爲要求書を作製し、大藏大臣に送付しなければならない。

(歳入歳出予算の区分)

第六條 この会計の歳入歳出予算は、歳入の性質及び歳出の目的に従つて、款及び項に区分する。

## (予算の作成及び提出)

第七條 内閣は、毎会計年度、この会計の予算を作成し、一般会計の予算とともに、国会に提出しなければならない。

2 前項の予算には、左の書類を添附しなければならない。

- 一 歳入歳出予定計算書及び國庫債務負担行為要求書
- 二 前前年度の損益計算書、貸借対照表及び財産目録
- 三 前年度及び当該年度の予定損益計算書及び予定貸借対照表
- 四 國庫債務負担行為で翌年度以降にわたるものについての前年度までの支出額及び支出額の見込、当該年度以降の支出予定額並びに数会計年度にわたる事業に伴うものについてはその全体の計画その他事業等の進行状況の調書

## (余裕金の預入)

第八條 この会計において、現金に余裕があるときは、大藏省預金部に預け入れることができる。

(一時借入金及び繰替金)

第九條 この会計において、支拂上現金に不足があるときは、この会計の負担において、一時借入金をし、又は國庫余裕金を繰替使用することができる。

2 前項の規定による一時借入金又は繰替金は当該年度内に償還しなければならない。

3 第一項の規定による一時借入金及び繰替金の限度額については、予算をもつて、國會の議決を経なければならぬ。

(一時借入金の利子相当額の繰入)

第十條 本会計の負担に属する一時借入金の利子に相当する金額は、毎会計年度、國債整理基金特別会計に繰り入れなければならない。

(一時借入金の借入及び償還事務)



第十一條 第九條に規定する一時借入金の借入及び償還に関する事務は、大藏大臣が行う。

(歳入歳出決定計算書の作製及び送付)

第十二條 厚生大臣は、毎会計年度、歳入歳出予定計算書と同一の区分により、この会計の歳入歳出決定計算書を作製し、大藏大臣に送付しなければならない。

(歳入歳出決算の作成及び提出)

第十三條 内閣は、毎会計年度、この会計の歳入歳出決算を作成し、一般会計の歳入歳出決算とともに、國會に提出しなければならない。

2 前項の歳入歳出決算には、歳入歳出決定計算書、当該年度の損益計算書、貸借対照表及び財産目録並びに当該年度末における積立金明細表及び債務に関する計算書を添附しなければならない。

(利益及び損失の処理)

第十四條 この会計において、損益計算上利益を生じたときは、この会計の積立金として、積み立てなけ

ればならない。

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2 この会計において、損益計算上損失を生じたときは、この会計の積立金を減額して整理する。

(積立金の財源充当)

第十五條 この会計の歳出の財源に充てるため必要がある場合には、この会計に属する持越現金の金額を限度として、積立金を減額し、その金額を歳入に計上することができる。

(支出未済額の繰越)

第十六條 この会計において、支拂義務の生じた歳出金で、当該年度の出納の完結までに支出済とならなかつたものに係る歳出予算は、翌年度に繰り越して使用することができる。

2 前項の規定による繰越については、財政法(昭和二十二年法律第三十四号)第四十三條の規定は、適用しない。

3 厚生大臣は、第一項の規定により繰越をしたときは、大藏大臣及び会計検査院に通知しなければならない。

ない。

4 第一項の規定により繰越をしたときは、その経費については、財政法第三十一條第一項の規定により  
予算の配賦があつたものとみなす。

(一般会計からの繰入)

第十七條 政府は、看護婦養成の経費に充てるため必要な金額を、予算の定めるところにより、一般会計  
から、この会計に繰り入れることができる。

(実地  
施行規定)

第十八條 この法律に關する<sup>の字樣をその</sup>施行手續その他その執行について必要な事項は、政令で定める。

附則

1 この法律は、昭和二十四年七月一日から施行する。

2 この法律施行の際、一般会計所属の資産で国立病院経営の用に供せられているものは、政令の定める

ところにより、この会計に引き継がれるものとする。

3 政府は、この会計の歳出の財源に充てるため必要があるときは、当分の間、第十七條に規定する場合の外、予算の範囲内において、一般会計からこの会計に繰入金を行うことができる。

4 前項の規定により一般会計からこの会計に繰入金をした場合において、決算上剰余金が生じたときは、政令の定めるところにより、当該剰余金に相当する金額の一部を利益に組み入れず、翌年度の歳入に繰り入れることができる。

理由

国立病院の円滑なる運営とその経理の適正を図るため、特別会計を設置し、一般会計と区分して経理する必要がある。これが、この法律案を提出する理由である。

参第二号

優生保護法の一部を改正する法律案

右成規により発議する。

昭和二十四年四月二十八日

発議者

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優生保護法の一部を改正する法律

優生保護法(昭和二十三年法律第五十六号)の一部を次のように改正する。

第三條第一項第一号中「遺傳性精神變質症、遺傳性病的性格」を「遺傳性精神病質」に改め、同項第二号中

「遺傳性精神變質症、遺傳性病的性格」を「遺傳性精神病質」に、「有し、且つ、子孫にこれが遺傳する虞れのあるもの」を「有しているもの」に改める。

第四條中「前條の同意を得なくとも、」を削り、「別表に掲げる疾患」を「左に掲げる疾患で厚生大臣の指定するもの」に、「申請することができる。」を「申請しなければならない。」に改め、同條に次の五号を加える。

一 遺傳性精神病

二 遺傳性精神薄弱

三 顯著な遺傳性精神病質

四 顯著な遺傳性身体疾患

五 強度な遺傳性畸型

第十三條第一項中第一号から第三号までを次のように改める。

一 本人又は配偶者が精神病又は精神薄弱であるもの

二 妊娠の継続又は分娩が母体の健康を著しく害するもの

三 妊娠の継続又は分娩によつて生活が窮迫状態に陥るもの

同條第二項中「第一号から第三号」を「第一号又は第二号」に、「第四号」を「第三号又は第四号」に改め、同條第三項を次のように改める。

3 第一項の同意には、第三條第二項の規定を準用する。

4 本人がその意思を表示することができない場合において、親権者、後見人又は保佐人があるときは、



親権者、後見人又は保佐人の、親権者、後見人又は保佐人がないときは、親族の同意をもつて本人の同意に代えることができ、そのいずれもないときは、本人の同意を必要としない。

第三章第十五條の次に次の一條を加える。

(指定医師以外の医師の人工妊娠中絶)

第十五條の二 指定医師以外の医師は、母体の生命に対する現在の危険を避けるため緊急やむを得ない場合の外は、医療行為としてでも、人工妊娠中絶を行うことができない。

第二十條を次のように改める。

(優生結婚相談所)

第二十條 優生保護の見地から結婚の相談に應じ遺傳その他優生保護上必要な知識の普及向上を図るとともに、受胎調節に関する適正な方法の普及指導をするため、優生結婚相談所を設置する。

第二十八條中「優生手術」を「生殖を不能にすることを目的として手術又はレントゲン照射」に改める。

第三十三條中「違反して、優生手術を行つた者」を「違反した者」に改める。  
別表を削る。

第一次改正法律附則

この法律は、公布の日から施行する。

理由

人口妊娠中絶に関してその施行範囲を拡げるとともに、指定医師以外の医師が行いうる場合を限定する外、優生結婚相談所に受胎調節に関する適正な方法の普及指導をなさしめるため改正の必要がある。

1-A

ACCOMPLISHMENTS OF NURSING AFFAIRS DIVISION OF PUBLIC HEALTH & WELFARE SECTION  
G.H.Q. - S.C.A.P. FROM SEPTEMBER 1945 TO AUGUST 1948

Mission and Functions

Assigned to the nursing affairs staff are two groups, one educational and the other public health nurse consultants. The educational staff of 4 nurses are in full charge of the program being carried on by SCAP, at the Model Demonstration School of Nursing, held at Central Red Cross Hospital in Tokyo.

Conditions at the Time of Surrender

Conditions at the time of surrender - At the time of the Japanese surrender, the nursing program had reached its lowest ebb. Before the war, there was a trend toward standardization, but there are evidences that this failed during the war years and gradually standards were lowered. Students were admitted to schools of nursing at an age younger than eighteen years, courses were shortened to one to two years and a depletion of adequate, trained personnel occurred with the absorption of approximately 34,000 nurses by the Army and Navy. Standards of education, registration and organization varied considerably.

The midwifery program has suffered the same cut in standards which is even more critical because the highest pre-war standards were low in most schools.

According to Japanese reports, there are a total of 39,727 students in training. This includes clinical, public health and midwifery students. Graduates number 165,341 of these three branches, clinical, public health and midwives. There were 605 training schools listed.

The nursing organizations were under the leadership of the Japanese politicians and standards had definitely dropped.

Statement of Past Activities

An overall survey of existing schools of nursing and personnel available was begun. The average curriculum of the schools was translated and studied. The existing laws for nurses and midwives were received, translated and studied. Methods of Prefectural examinations were observed, both written and practical and found very meager and unsatisfactory.

March 25, 1946 the Nursing Educational Council was formed. This council was organized under the supervision of SCAP. It includes representative of Nursing Affairs Division, SCAP, Japanese Ministry of Education, Ministry of Health and Social Affairs, Clinical Nurses Association, Public Health Nurses Association, Midwives Association, leaders from schools of nursing in Japan, the highest, middle and smaller schools were well represented. The purpose of the council was to improve nursing education standards. Committees and sub-committees have been formed to study various phases of the work and to make recommendations. All matters and reports have been brought to the central council for voting and final disposition.

The Demonstration School of Nursing was granted a recognition as a College of Nursing by the Ministry of Education, retroactive to June 1946. The senior class of 71 graduated in March 1947. The new class began 2 May with 55 students enrolled. The staff has compiled, translated and published their own nursing procedure manual. At present there are 280 students in the school.

The National public health program for refresher courses for public health nurses opened at the Institute of Public Health on 2 April 1947. This program is under the direct supervision of the Institute of Public Health with guidance from SCAP. Seven hundred thirty public health nurses are to be trained in groups of 50. This will include one nurse from each health center in Japan, one from each prefecture and nine from the larger cities. This is a four-month course which will include intensive didactic work and practical field experience. The field experience will be obtained in six health centers in Tokyo and the nearby prefectures. The second four-month course opened 4 August 1947 with 51 nurses enrolled, and the third one on 5 December 1947 with 53 students, representative of 43 prefectures, enrolled. To prepare the personnel in the health

centers for the responsibility of supervision of this field work, a brief refresher course was given. This course was of one-month's duration and most of the instruction was furnished by SCAP Nursing Affairs personnel. Twenty-five nurses were selected from Health Centers and given 96 hours of classroom work and demonstration in February 1947.

A six month's refresher course in tuberculosis nursing was given under the sponsorship of the Japanese National Tuberculosis Association. 24 nurses completed this course in June 1947. Following this course the curriculum was re-arranged to cover a 4 month period. On 3 November 1947 twenty-eight nurses, representative of 18 prefectures were enrolled. The nurses are given didactic work and practical experience working with Tuberculosis patients in the sanatorium, clinic and home. These schedules and the subject matter have been carefully planned and SCAP Nursing Affairs personnel have shared a large number of the actual teaching hours and demonstrations in order to be assured that up-to-date material would be received by the nurses.

The first Institute for nurses was held in the Red Cross Hospital for clinical nurse leaders with 41 nurses enrolled in a one-month course. This was sponsored by the Educational Committee of the National Association. The second and third courses were called "Work Shop Institutes" and were held for the nurses on the island of Kyushu. One was held 5 - 10 May 1947 at the National University Hospital in Fukuoka with representation from four invited prefectures. Fifty-three nurses were enrolled in this course. The other was held 12 - 17 May 1947 at the National Sanatorium in Kumamoto with three prefectures represented. Forty-five nurses were enrolled. Two Institutes called "Summer School for Nurses and Midwives" were held. These were of one month's duration. One was held in the Red Cross Hospital in Osaka in August 1947; the other in Hokkaido in September 1947. These courses were sponsored by the Educational Committee of the National Association.

In April 1947, extensive surveys of schools of nursing, midwifery and health centers were completed in all 46 prefectures. These surveys determined the existing standards in the various schools of nursing, and the number of schools that will meet the requirements of new legislation, governing the standards of schools of nursing. Information was obtained relative to curricula, educational standards, physical set-up and degree of training. A number of the schools surveyed are in good condition and with some assistance, could continue with a standardized training program.

#### National Association

In Japan there were three separate organizations -- the Japanese Midwives' Association, Japanese Nurses' Association, Japanese Public Health Nurses' Association. These associations functioned exclusively of each other -- The Midwives' Association is very powerful, the Public Health Nurses' Association very active, the Nurses' Association weak and inactive. Officers of all the associations were men -- mainly doctors -- the nurses and midwives had no voice in the management of the associations.

A group of twenty nursing and midwife leaders formed a study group and held regular meetings to discuss organizations, functions, constitutions and programs. In November 1946 the three associations held their annual meeting in Tokyo. At that time, the above group called for a meeting of members of the three associations and presented a proposal to form a national association, to be known tentatively as the Japanese Midwives, Clinical Nurses, Public Health Nurses Association, with membership limited to actively licensed nurses and midwives, and with the offices to be held by nurse and midwife members. There were approximately 1,300 people present at this meeting. It was voted to establish the new proposed association, a constitution was proposed and adopted, temporary officers were elected to serve until the first annual meeting in April 1947. The four months interim would serve as a period for setting up the organization, planning programs, registering the association as a juridical person, giving opportunity for the officers to learn the principles and practice, duties and responsibility of holding office. In April 1947 the Association held a meeting in Tokyo, all prefectures being represented. New officers were elected for the ensuing two years and committees appointed. On 4 June 1947, this organization was registered as a juridical person, and therefore recognized by the Japanese Government.

The Nursing Education Council agreed that to improve standards of nursing, changes must be made in the method of legal registration and licensure of clinical nurses, public health nurses and midwives. This proposed legislation became a law 3 July 1947.

The new regulations place the whole registration program under the Ministry of Welfare, on a national basis, removing it from the present prefectural controls. It requires higher standards of nursing education programs, higher standards of schools of nursing and hospitals affiliated with the schools. Requirements are for a three-year clinical nursing course, with definite specified programs, with definite requirements to be met by school faculties, hospital facilities, and services for practical experience. Public health nursing and midwifery programs will be on a post-graduate level, with graduation from a three years' clinical course required. The organization for the registration program will be as follows: Authority rests with the Ministry of Welfare. A central council, with representation from midwifery, public health nursing, clinical nursing and other fields, acts as a policy-making group, setting up the standards specified by law. A Board of Examiners in each of the Japanese administrative areas, carry out the program on a regional level.

ACCOMPLISHMENTS 6 MONTH PERIOD ( 1 Sept 1947 - 1 March 1948 )

1. Public Health Center

On 5 September, 1947 the National Health Center Law was passed designating the Health Center as the legal health authority of a health center district. To demonstrate the law in operation a model health center has been set up in Suginami Ward. The nursing program of this health center is being reorganized in an effort that it might function as a demonstration public health nursing service. This health center will endeavor to demonstrate the effectual working of the nurse in the health center clinics and in the district. It will be used as one of the teaching centers for the nursing students of the Institute of Public Health and also as a demonstration center for nurses, as well as all other health personnel, of the Military Government Teams and the civilian public health workers.

2. Visual Education

A picture 35 mm (with sound) was made of Japanese nurses entitled 'Lady of Science'. This picture was well done by the Japanese film company depicting the various steps of the nurses life while in training and then showing Post-graduate work that was available after her clinical course was completed. It has been well received in 25 prefectures and thousands of young people have seen it besides thousands of Medical personnel. This picture was also shown in twenty-four Senior high schools in Tokyo to acquaint the fourth year students with nursing as a profession. The picture was shown, a short talk given and a question period followed in each school.

3. The second motion picture was made by Paramount News Company of the nurses at the Model Demonstration School and this one was sent to U.S.A. for news reel.

4. Nurse Aides Program

Due to the shortage of American personnel a program to use 200 Japanese nurses as nurses aides in the twelve U.S. Army Hospitals in Japan was initiated. Each nurse received 160 hours of instruction and supervised ward demonstration, as a further means of training Japanese nurses in modern nursing technique.

The overall program was under the supervision of the Chief Nurse, Medical Section, Headquarters 8th Army. A qualified Japanese nurse was sent to each Army Hospital to assist American nurses in teaching and interpreting. Members of Nursing Affairs Division assisted in Orientation of instructors and the securing of the 200 nurses to be trained.

5. The Second Model Demonstration School opened in Okayama National Hospital. As there has been no school of nursing for some years in this hospital the staff consists only of graduates. This first year the quota will be 40 students. In the same hospital a refresher course, of two months duration is being held for the 45 graduate nurses of the staff, this will aid them in supervising and teaching the new students.

6. Many other refresher courses have been held, of varying time lengths, to meet different needs and groups.

The Educational Committee of Tokyo Branch Association of Nurses sponsored a refresher course for the general staff nurses in Tokyo. This course was held for 20 days beginning 27 January 1948, three days a week at the Central Japanese Red Cross Hospital.

A refresher course of six weeks duration was given at Nippon Medical University, Tokyo beginning in September 1947. This was to help the clinical nurses to meet the new standards as proposed by the legislation for nurses. There were 60 nurses present and they were very eager to learn and practise the procedures taught in class. Three representatives from Nursing Affairs assisted throughout the course.

The Midwifery Section of Tokyo-To sponsored a short course of 30 hours for midwives at Keio University Hospital from 20 October to 30 October 1947. Eighty-four midwives attended the course. Outstanding Japanese obstetricians, pediatricians, and representatives from Nursing Affairs Division, PH & W did the teaching.

A three week refresher course sponsored by the National Association opened on the 10 November 1947 in Fukushima Prefecture. (P.H.N. Clinical N. and Midwives) Six prefectures were represented and 150 were present. Classes, demonstrations, and discussions were held.

7. Miss Shimizu, Chief of Public Health Nursing Division of the Institute of Public Health was promoted from 3rd class to 2nd class official on 30 October 1947. She is the first woman (Nurse) in Japan to be appointed to this position. This is a very important step in the History of Nursing in Japan.

8. A Public Health Nurse's Box has been designed and adapted for use in the home visiting program. Diagrams of this box, lists of its contents and technique for using the box have been printed in English and Japanese and sent to all prefectures. Each public health nurse who attends the refresher course receives copy and instructions.

9. The latest report on number of schools and nurses was completed October 1947 and is as follows:

	Graduates	Students	Schools			
			Red Cross	National	J.N.T.C.	Others
Nurse	168,419	26,310	33	141	22	363
Midwife	64,269	4,203	14	0	1	93
			National	Prefectural		Private
P.H.N.	18,687	1,440	5	45		22
Total	251,375	31,953	52	186	23	478

#### 10. Future Program

a. Continued assistance in the National Public Health Nurses Program at the Institute of Public Health and the short refresher courses.

b. Continued advisory help to the Japanese Midwives, Clinical Nurses and Public Health Nurses Association and organization of the 46 prefectural branch associations.

c. Assisting in various hospitals by giving special courses to help prepare the clinical nurses to meet the requirements of the new legislation. Clinical nursing courses are being planned for instructors sponsored by the National Association and Ministry of Welfare.

d. Guiding the Ministry of Welfare in setting up the machinery for the new legislation and national examinations.

e. The continued assistance to the Model Demonstration School of Nursing and to install the fourth year course of Public Health Nursing as part of the program.

f. Continued assistance in the National Tuberculosis refresher course for nurses.

g. To obtain scholarships for nurses to study abroad.

h. Translation of books, magazines, etc. on nursing subjects.

i. Recruiting of American Public Health Nurses for the 46 Prefectures to extend the nursing education program to additional schools and to assist in supervision of public health nursing activities in the reorganized health centers. To date 17 Public Health Nurses have been assigned, 12 prefectures and 5 regional areas.

j. A Section for Nurses in the Welfare Ministry has been established. This will enable the programs concerned to be coordinated in one section and will give a better working understanding to all concerned.

#### March to July 31

The third school of nursing at The First National Hospital in Tokyo on a graduate basis of an inter-training program for graduates of various hospitals was opened 15 May 1948. This school is being used to train leaders and give direct supervision to the teachers. This training will include various types of courses according to the needs of the graduate nurses. The graduate staff numbers 226 and all are assigned for study.

Four scholarships for nurses to study in America have been given by Rockefeller Foundation. Three are for one year and one for six months. The nurses are to study Nursing and Public Health methods and administration. Names and places are as follows:

Miss Mitsu Kaneko	-	Yale University
Miss Chizuko Nakamichi	-	Western Reserve
Miss Masu Yumaki	-	University Toronto
Miss Shun Takahashi	-	Wayne University

An intensive study course for instructors was held in Central Red Cross Hospital for 2 months (March-April). This was sponsored by Ministry of Welfare and National Nurses Association. There were 52 leaders who received certificates for this course.

Another National Tuberculosis refresher course of 4 months duration opened 26 June. Thirty-three nurses from 21 prefectures are represented in this course.

The Ministry of Welfare and the Midwifery Section of the National Association planned together to sponsor 10 day courses in 10 large cities in Japan. To date 8 of these courses have been completed and 1534 midwives have attended. Each midwife receives a copy of the lectures done in Japanese. These lectures have been done by Midwifery consultant and covers the entire care of Mother and Baby and the responsibility of the midwife.



Public Health Nursing program for undergraduate nurses of Model Demonstration School was planned and worked out by the staff. Survey of school, hospital, agencies and neighborhood was made. Staff was selected and trained. The first students were assigned for a one month period of experience and study June 14 and the entire senior class will be rotated through this service.

The Nursing and Midwifery Law Number 124 was revised and has passed the Diet. The ordinance for the promulgation of this law will be established in the near future.

National refresher course for clinical nurse instructors, sponsored by the Ministry of Welfare, will be held for four months at Red Cross Hospital, Tokyo beginning 2 August. Fifty instructors are expected. The proposed curriculum for this course will cover 512 hours of nursing arts, education, administration, professional relationships and practice teaching.

#### National Nurse's Association Meeting 1948

The annual meeting of the Japanese National Nurse's Association was held in Kyoto on 26, 27 and 28 April. Approximately 2,000 association members, representing every prefecture in Japan, were present. The association, which now has an active membership of approximately 44,000 conducted an exceptionally well organized meeting and the committees which had arranged and prepared the programs were highly commended for their efforts.

Many constructive lectures were arranged for the representatives in addition to booth displays of nursing programs and publications. Election of officers, for the association, was also successfully completed.

The conduct of this meeting is a tribute to the members for their efforts in making the association an outstanding organization. Total number of membership at present is 49,844 (July 1948).

To the present time 3,404 graduate nurses and midwives have had at least one refresher course given under supervision of Nursing Affairs Division.

#### Publications, translated from American material.

1. ' Procedure Manual for Clinical Nurses ' prepared by Nursing Affairs Division Staff.
2. A Public Health Nursing Record to be used in recording home visits has been adapted and printed.
3. a. Booklet - "We Grow Up" (U.S. Public Health Service #102)  
b. Tuberculosis pamphlet - National Tuberculosis Association, U.S.A.
4. " Tuberculosis Textbook for Public Health Nurse " - National Tuberculosis Association, U.S.A. - By Mrs. Violet H. Hodgson
5. " Tuberculosis " - (Family Health Series) - Edited by New York Nursing Educational Bureau
6. Public Health Nurses Manual - Written by Nursing Affairs Division Staff.
7. Midwifery lectures in manual form written by Nursing Affairs Div. Staff.
8. Textbooks are ready to be published

"Communicable Disease Nursing" - by T. Lynch

"History of Nursing" - by Sellev and Neuse

## 9. Pamphlets being published :

- 1) The Child Health Conference
- 2) Prenatal Care
- 3) Infant Care
- 4) Child Care and Development
- 5) Syphilis

- 6) 'Home Care of Tuberculosis Hints for Patient'  
'A Guide for the Family' ) These will be done  
in one pamphlet.

Japanese publications under supervision of Nursing Affairs Division.

1. The 'Midwifery Manual' prepared by Japanese doctors and midwives under the direction of Dr. Nakayama has been published.
2. A 'Manual for Public Health Nurses' prepared by the Ministry of Welfare.
3. 'Standing Orders for Public Health Nurses' by the Ministry of Welfare.
4. 'The Japanese Journal of Nursing' - monthly
5. 'Public Health Nursing' - monthly

1-A  
NURSING AFFAIRSHEADQUARTERS I CORPS  
APO 301 (Kyoto, Honshu)

RJ/mmn

22 October 1947

## NURSING AFFAIRS PROGRAM FOR JAPAN

I. Medical officers in military government to use their influence with the Japanese doctors to improve doctor - nurse relationship and help raise the nursing standards.

1. Doctors have a responsibility in helping and guiding nursing groups.
2. Skilled nursing service would be of help to the Japanese doctors in the care of the patient.
3. Only an educated nurse is prepared to take the responsibility of the care of the sick.
4. Know nursing leaders in prefecture -
  - a. President of nursing organization.
  - b. Nurse in charge of nursing affairs in prefectural government.
  - c. Chief nurses in best hospitals.

## II. Educational Program.

1. Become acquainted with the new Nursing and Midwifery Legislation. This law to become effective in 1950. No school of nursing has a right to be called a school unless it accepts education as its primary function and this education on a professional level.
2. Encourage schools of nursing to make gradual change in curriculum.
3. Japanese doctors to accept some teaching responsibility in the nursing school. Full courses should be given not irregular lectures.
4. Encourage schools to start accepting students who have high school education.
5. Nursing subjects to be taught by qualified nurses.

6. Nursing aspects of disease to be taught by nurses.
  7. Nurses should plan nursing educational programs.
- III. Improve Conditions In Hospitals.
1. Restricting families from wards.
  2. Regular visiting hours.
  3. Critically ill patient to have visitors on doctor's order.
  4. Segregation of patients.
    - a. Male - female - children.
    - b. Services.
  5. General clean up campaign.
  6. Bedside nursing to be given by nurses.
  7. Nurses to work regular hours.
  8. Close supervision of nurses' work.
  9. Nurses to get required clinical experience.
  10. Nurse should be in charge of nursing department in hospital.
- IV. Encourage Nursing Demonstration Centers.
1. Clinical nurses.
    - a. Basic and advanced procedures.
  2. Midwives.
    - a. Home delivery set up.
    - b. Prenatal - clinic and home visit.
    - c. Postnatal - clinic and home visit.
    - d. Bathing the baby.
  3. Public health nurses.
    - a. T.B. - clinic and home visit.
    - b. VD - clinic and home visit.

## c. Communicable diseases.

Home visit and clinic visit.

## V. Assist Nurses in Organization of Clinical Nurses, Midwives, and Public Health Nurses Association.

1. Encourage nurses to join.
2. Encourage regular meetings.
3. Refresher courses under auspices of the association.
4. Nurses should manage and control their own professional organization.
5. These three groups should work together for the good of all: "In Unity Lies Strength".

## VI. Health Centers.

1. Nursing affairs section in all Prefectural Sanitary Bureaus to have a nurse in charge.
2. Health centers to carry general health programs.
3. Schedule clinics - regular days and hours.
4. Nurses to do more home visiting and health teaching to family and patient.
5. Maternity service.  
Midwife to make at least one clinic visit with patient.
6. Mother's Classes conducted by midwives.
7. Baby clinics.
  - a. Well Baby.
  - b. Sick Baby.

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Nursing Affairs

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Public Health and Welfare Technical Bulletin

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PH&amp;W GHQ SCAP APO 500

December 1948

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1. Generala. Situation in Japan

As nursing and midwifery play an important role in every community it is important that the Military Government Public Health Nurse give consideration to the supervision of the training of the students. The schools of nursing are under the various Ministries, all of which have different standards.

It must be realized that the type of training the students have had in previous years is not sufficient to carry on a modern program of nursing today. With this mass of untrained personnel we are faced with a tremendous and urgent need for a good nursing service that will supply the present needs.

b. Current Legislation and Plans

A Nursing and Midwifery Law (Law No. 203) was enacted July 30, 1948. The enforcement of the law will begin in 1950. This law provides official registration, as well as improved standards, for schools of nursing and midwifery.

2. Schools of Nursinga. General

If we are to have good Clinical Nurses, Public Health Nurses and Midwives the foundation must be laid in the basic school of nursing. This must be a well-rounded, all-inclusive course of three years. The student in the school of nursing must have a broad and varied experience. The curriculum must include classroom instruction, study and clinical practice in the hospital. The clinical practice, done under supervision, gives the student an opportunity to observe and apply the principles and methods she has learned in classroom.

b. Supervision of Schools

It is important to give considerable time, guidance and supervision to these schools of nursing. This will be necessary if we are to build a

lasting, effective nursing service that will reach into Post Graduate work in the fields of Public Health and Midwifery. Leaders will have to be trained to teach in the schools of nursing, doctors and administrators will need to understand the function and aims of the school of nursing and well qualified students must be recruited.

The modern hospital's first objective is to restore the mental and physical health of the patient. The second objective should be the education of nurses, doctors and other personnel, patients, and the public. The third objective should be to encourage and promote scientific research.

c. Class A & B Schools

Class A & B schools are to fulfill the requirements as set forth in the revised ordinance #28. The curriculum for Class "A" schools has been arranged in credit hours in order to provide for accreditation in the college program in the event the nurse desires to pursue her studies. The goal is one class "A" school of nursing in every prefecture.

The Proposed Plan of the Curriculum of the "A" Class Nurses' Training School is as follows: The Goal is one class "A" school in every prefecture.

<u>Subjects of Study</u>	<u>Total Hours</u>	<u>1st Class</u>	<u>2nd Class</u>	<u>3rd Class</u>	<u>Remarks</u>
Anatomy & Physiology	90	90			
Microbiology	45	45			
Chemistry	45	45			
Community Hygiene & Sanitation	30	30			
Nutrition & Diet Therapy	45				
Nutrition		30			
Diet Therapy			15		
Materia Medica	30				
Materia Medica		20			Physican
Drugs & Solution			10		Pharmacist
Science of Nursing Arts	485	175	200	110	
Sociology	15		15		
Psychology	30	30			
TOTAL	800	435	255	110	

Besides the above subjects, the study of foreign languages, music, gymnastic and something about culture may be studied.

The Items of the Science of Medical Nursing Arts

<u>Subject of Study</u>	<u>Total Hours</u>	<u>1st Class</u>	<u>2nd Class</u>	<u>3rd Class</u>	<u>Remarks</u>
History & Ethics of Nursing Art	30	30			
Principles & Practices of Nursing Arts	35	35			
Internal Medicine & its Nursing Arts (Include Pathology)	60	60			M.D. - 40 hours Nurse - 20 hours
Surgery & its Nursing Arts (Include Orthopedics & OF Technique)	105	50	55		Gen. Surgery M.D. - 40 hours Nurse - 35 hours Gen. 25, OR 10 Orthopedics MD - 15 hours Nurse - 15 hours Gen. - MD - 15 hr. Nurse 15 hours TB-15 MD, 10 Nur.
Physiotherapy	15			15	Gen. - MD - 15 hr. Nurse 15 hours TB-15 MD, 10 Nur.
Infectious Diseases & its Nursing Arts Including TB, VD & Parisitology	75		55	20	Pari.- 10 VD - <u>10</u> 75 hours
Pediatrics & its Nursing Arts	45		45		MD - 25 Nurse - 20
Obstetrics & Gynecology & their Nursing Arts	45		15	30	M.D. - 25 Nurse - 20
Dermatology E.E.N.T. & their Nursing Arts	30		30		
Psychiatry & Mental Hygiene	30			30	
TOTAL	485	175	200	110	

Note: Nurses should teach nursing subject.



The Proportion of the Weeks of Clinical Practice

<u>Experience on Ward</u>		<u>O. P. D.</u>	
Internal Medicine	16-20	Internal Medicine	3
Surgery	16-20	Surgery	2
Pediatrics	15	Pediatrics	3
Obstetrics & Gynecology	16	Obstetrics & Gyn.	2
Obs. - 12			
Gyn. - 4		Othology ENT	2
Infectious Diseases	10	Ophthalmology	2
(Including TB)		Dermatology &	
Operating Room	10	Genitology	2
Diet Kitchen	8		
TOTAL	91-99	TOTAL	16
Others	8		

TOTAL-107-115 weeks

The Proposed Plan of the Curriculum of the "B" Class Nurses' Training School

<u>Subjects of Study</u>	<u>Total Hrs.</u>	<u>1st Class</u>	<u>2nd Class</u>	<u>Remarks</u>
Anatomy & Physiology	45	45		
Microbiology & Disinfection & Sterilization	30	30		
Hygiene Personnel & Hospital Dietics (Incl. methods of cooking)	30	30		
Materia Medica (simple)	20		20	Theory - 20 Lab - 10
General Nursing	340	240	100	Nurse Dosage Adm. to Patient
Social & economic aspects of illness	15		15	
Legal Health Regulations	10		10	
House Keeping	40	20	20	
Care & Development of Well Child	30		30	
TOTAL	590	395	195	

Note: Besides the above subjects, the study of languages, music, gymnastics, and culture may be taught.

The Proportion of the Weeks of Clinical Practice

<u>Hospital Practice</u>		<u>O.P.D.</u>	
Internal Medicine including TB	16	Internal Medicine	2
Surgery	12	Surgery	2
Pediatrics	8	Pediatrics	2
Obstetrics & Gynecology	6	Obstetrics & Gyn.	2
Operating Room duty	4	Skin-g-u, Disease	2
Cooking Room	4	Ophthalmology &	2
		Otolaryngopharyngology	
		Dentistry	2
 TOTAL	 50	 TOTAL	 14
Preliminary	16 wks.		
Vacation	6 wks.		
Sick Leave	4 wks.		
OPD	14 wks.		
H. Practice	50 wks.		
	90 wks.		

The Items of the General Nursing

<u>Subjects of Study</u>	<u>Total Hours</u>	<u>1st Class</u>	<u>2nd Class</u>	<u>Remarks</u>
History & Ethics of Nursing	20	20		
Principle & Practice of Nursing Procedures	100	100		
Disease of Internal Medicine & Nursing	30	30		Including infectious ones M.D. - 30, Nurse 50
Diseases of Surgery & nursing	40	40		M.D. -15, Nurse 25 Incl. Orthopedics, bandaging, and first aid.
Pediatrics & Nursing	30		30	M.D. - 15 hrs, Nurse - 15.
Diseases of Obstetrics & Gynecology & Nursing & Newborn Baby	30		30	M.D.-15, Nurse 15
Dermatological Nursing	10		10	
E.E.N.T. & Nursing	15		15	
Physiotherapy	15		15	
 TOTAL	 340	 240	 100	

The foundation of computation (the same as "A" class)

In the first term of the first class students have not practice (16 wks):

<u>Total Hours</u>	<u>1st Class</u>	<u>2nd Class</u>
4,224	2,112	2,112

d. Recruitment Program

It will be necessary to begin the recruitment program in the high schools in all prefectures as early as December 1948 in order to build up the schools of nursing. This program can be carried on by radio broadcasts, newspaper and magazine articles, posters, short talks in high schools and pamphlets giving information concerning nursing.

3. The National Association

a. Organization

The Military Government Public Health Nurse should take an active part in interesting nurses and midwives in their professional association. The Japanese Midwives, Clinical Nurses and Public Health Nurses' Association was formed in November 1946. In April 1947 they changed their constitution to permit the formation of Branch Associations in each prefecture. All prefectures have now organized such branch associations. At the present time many of the branch associations are very weak and poorly organized. The National Association will only be as strong and as stable as the weakest branch association.

b. Responsibility of Military Government Public Health Nurse

The Military Government Public Health Nurse should give guidance and advice to the officers and members of this Association. In performance of this duty she should:

(1) Interpret to them the principles of leadership and democratic organization.

(2) Guide the officers in the details of business administration of an association. (Guiding them to obtain adequate office space, efficient methods for collecting dues etc.)

(3) Interpret to the officers the responsibilities, privileges and duties of each office. She should help them to find the ways and means whereby they can carry out these duties.

(4) Interpret to the committee members the duties and responsibilities of the committee.

4. Midwifery

a. Present Situation in Japan

Approximately 96% of the babies in Japan are delivered by midwives, the majority of whom have had little or no formal training. The immediate need for this group is instruction and supervision in the basic principles of midwifery, with special emphasis on prenatal care. In the past there has been a total lack of prenatal supervision with toxemia being the highest cause of maternal deaths.

b. National Goals for Midwives

The national goals which have been set up for midwives should be interpreted for the ones who are practicing at the present time. These are as follows:

(1) Two complete physical examinations by a doctor during each pregnancy.

(a) The first examination should be done as early in pregnancy as possible. Much can be done in the early months to make the prenatal period a safer and more comfortable one.

(b) The second examination will come two or three weeks before the baby is expected. This is to make sure everything has gone well throughout pregnancy and that the mother is in good condition to go through the labor, delivery and recovery period.

(2) Every normal patient should be seen by the midwife once each month during the first eight months and every two weeks after that time.

(3) The midwife will have detailed discussions with each one of her patients when she sees her for the monthly supervisory visit. She will explain to the patient the physical and emotional changes that take place during pregnancy, and tell her about the things that she can do to make the time a safer and a happier time. There are two things that the midwife should always keep in mind when talking to her patients, they are:

(a) Always give the patient a reason for doing the things you ask her to do.

(b) Never ask a patient to do something unless you know that it is possible for her to do it. Frequently the midwife will be able to suggest ways or means whereby the patient can do the things that she is asking her to.

(4) The midwife will make each patient responsible for supplying the following information, and specimen, at each supervisory visit:

(a) Her weight, taken the day previous to visit.

(b) The exact amount, in figures, of urine passed in a 24 hour period the day before visit and also a small amount of urine from the 24 hour specimen for the midwife to examine.

(5) One or more conferences should be held with the husband of each patient, at which time definite suggestions will be made as to what he may do toward making the maternity period a safer and happier experience for his wife. The following suggestions may be made to the patient as to where she may get her complete physical examinations:

(a) Her own private physician

(b) The Health Center nearest her home

(c) The out-patient department of a hospital

(d) The local physician in smaller villages.

(A committee of midwives may request this physician to cooperate in the program for improving maternity care by making special rates for all patients referred by them - using standard referral form).

(6) A special effort will be made to get all patients to report for a postpartum examination,

c. Assistance by Military Government Public Health Nurse

(1) An educational program for the preparation of midwife supervisors and instructors in the new schools is very urgently needed.

(2) The new laws, rule and regulations pertaining to midwifery should be explained to all individuals concerned, prefecture officials, hospital educational personnel, midwives, etc., in order that they may plan their programs to meet the new requirements.

(3) Advisory service should be given to hospitals which are interested in the establishment of a school of midwifery under the new regulations.

(4) The aspects of public health nursing should be inculcated into the program for midwives. The midwife is too prone to think in terms of only the pregnant woman in the home, not recognizing that every health problem in the home may affect the maternity patient.

#### 5. Public Health Nursing

a. According to a census of nurses taken in March 1948, Japan has 15,859 active Public Health Nurses. Many of these nurses have had poor professional preparation and as a result have a very limited understanding of their functions as Public Health Nurses. In view of this mass of poorly trained personnel the Military Government Nurse must concentrate upon two definite programs in regard to the public health nursing field:

(1) Supervision and guidance of Public Health Nurses now employed by an agency or community. These nurses will have to be trained for their work through refresher courses in public health nursing, through staff education programs and constant in-service supervision as outlined below.

(a) In April 1947 a four-months' refresher course for Public Health Nurses was set up at the Public Health Institute in Tokyo. This course will continue until 730 Public Health Nurses from all prefectures throughout Japan have received this special training. Each time the course is given one nurse is to be sent from each prefecture and one from each of the following cities: Kyoto, Kobe, Nagoya, Osaka, Tokyo and Yokohama. Personal expenses for this course are to be borne by the prefecture and the agency from which she is sent and she is paid her usual salary plus traveling expenses. It is the responsibility of the Military Government Nurse to see that potential leaders are selected for this training.

(b) In November 1947, a five-months' course in Tuberculosis was started for Public Health Nurses in Tokyo. The purpose of this course is to train Public Health Nurses to more ably care for the tuberculosis patient in the home. Each prefecture is permitted to send one nurse to this course expenses for which are borne by the prefecture, the agency from which she is sent and the Anti-Tuberculosis Association. The prefecture assumes the responsibility of assuring payment of her usual salary and traveling expense to and from the course. The Military Government Nurse should lend assistance to the prefectural Health Department officials in the selection of a nurse to be sent to the course each time it is offered.

(c) Each year the Ministry of Welfare has advanced a budget for short refresher courses for Public Health Nurses. The money is earmarked to be used in the following ways:

1. To train nursing leaders. The Leaders Course is planned on the national level and proposes to bring Public Health Nurse leaders together for an instructional and informational meeting.

2. To train Public Health Nurses in general. The Course for the Public Health Nurses in general is given either on a regional or prefectural level. The budget for this Course is divided equally between the 46 prefectures, who have the responsibility of planning or giving a short course at least once each year. Pertinent information regarding this course is sent to the local area from the national level but it is the responsibility of the Military Government Nurse to give guidance to the Japanese nurses in the planning and carrying out of this Course.

(d) Other refresher courses are to be offered whenever the Military Government recognizes a need for such a course.

(2) Supervision and guidance to public health nursing schools

(a) At present there are 45 public health nursing schools operating in Japan. Many of these schools will not be able to meet the requirements of the Nursing Law.

(b) After 1951 it will be necessary that public health nursing schools meet the requirements as set up by Ministerial Ordinance No. 28 (revised edition) which outlines the regulations for public health midwifery and nurse training schools.

(c) The curriculum to be offered must fulfill the minimum requirements as set up under revised Ministerial Ordinance No. 28.

(d) One good public health nursing school in each region will be considered a goal towards which to work.

This goal may not be realized for many years to come. Should the prefecture, city, hospital or individual be desirous of setting up a school above this quota the need and possibilities of such a school should be carefully considered. In setting up these public health nursing schools the aim shall be for quality rather than quantity, remembering that in the future only "A" class nurses will be eligible for these schools, also that qualified Public Health Nurses will be needed to teach these courses.

(e) Among the public health nursing schools of Japan there should be those attached to universities or accredited by the Department of Education so that the nurse might be able to apply her public health nursing work towards college credit if she should so desire. (Such schools must be considered in the long term plan of public health nursing institutions.)

b . In Japan Public Health Nurses are employed in many different fields of public health. It is the responsibility of the Military Government Nurse to set up a nursing program which envisions the utilization of all Public Health Nurses in the prefecture. In order to properly utilize all of these Public Health Nurses, the functions and responsibilities of nurses working under each of these programs must be carefully studied and defined according to the following outline:

(1) Nurses working in prefectural and city offices; these may be assigned to the Department of Health, Department of Education or the Federation of National Health Insurance.

(2) Nurses working in town and village offices; these may be employed by the town or village, by the Agricultural Cooperative or by the National Health Insurance Section.

(3) Nurses working in school health programs.

(4) Nurses working as industrial nurses with industrial firms, mining companies, shipping companies, etc.

(5) Nurses working in miscellaneous programs; e.g. - in reclamation districts.

The Military Government Nurse should work out a plan whereby all of these Public Health Nurses will be employed without a duplication of service or lack of nursing service in any part of her prefecture.

#### 6. Japanese Guide for Public Health Nurses

A guide for the Japanese Public Health Nurses has been prepared by the Nursing Affairs Section of the Ministry of Welfare and sent to the Prefectures. An English translation is inclosed with this Bulletin.

1 Inclosure a/s



## GUIDE FOR JAPANESE PUBLIC HEALTH NURSES

Object: The Object of Supervision in P H N Service

The object in view is to make the public health nurses understand their mission in their various posts, to promote re-education for improving their qualities, to put them on better terms so that they can pursue their original work with undivided attention, to expedite the activities of individual public health nurse, and to see that they uphold the various laws concerned as well as to see that they contribute to the public health of the people.

Means:

I. System of leadership

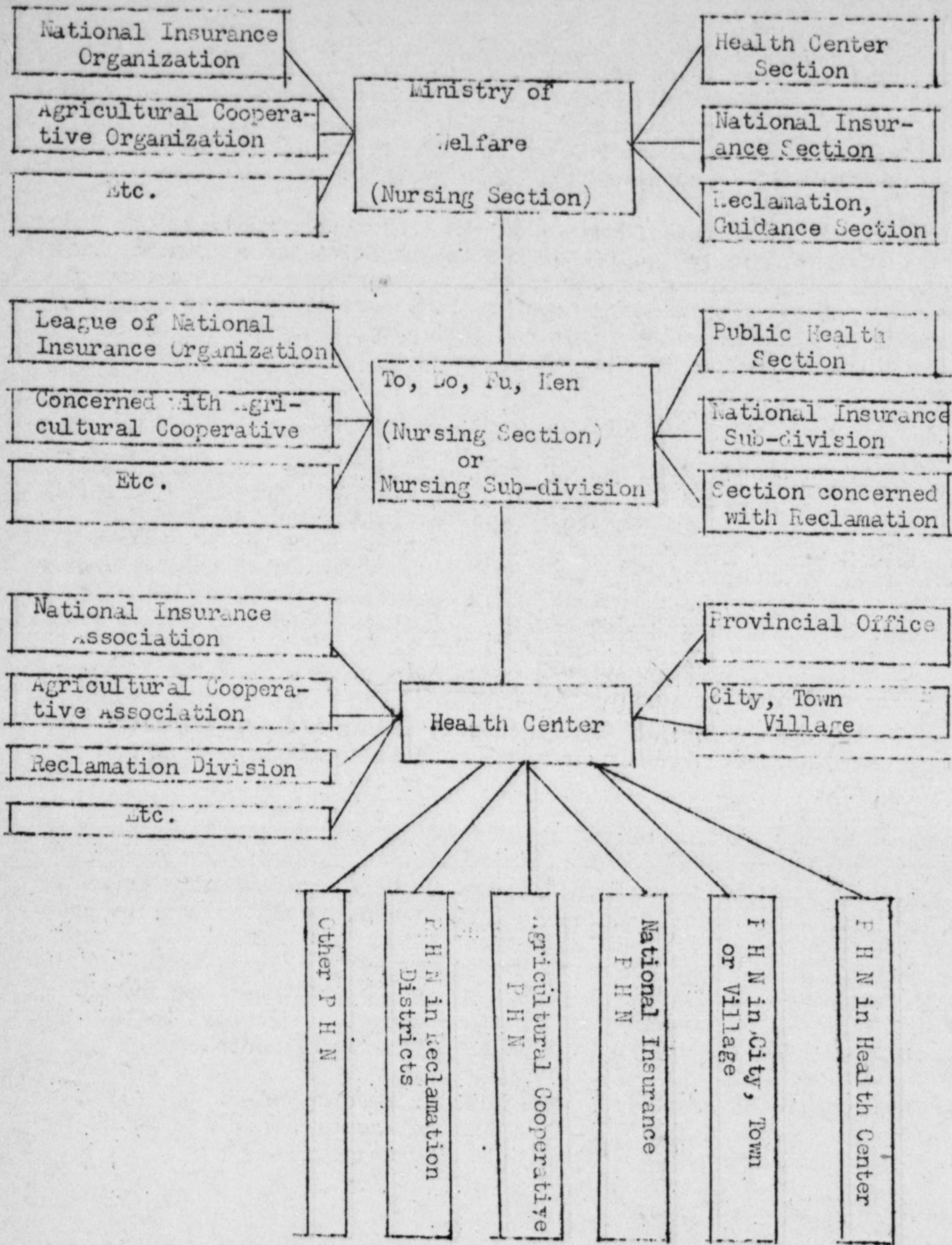
Ministry of Welfare (Nursing Section) shall keep close contact with the organs concerned with public health nurses, shall plan a uniform leadership program by considering the purpose for which public health nurses were employed in each organ, and shall give directions to To, Do, Fu or Ken (Nursing Section or Nursing Sub-division).

Following the above mentioned leadership program, the To, Do, Fu or Ken (Nursing Section or Nursing Sub-division) shall contact the organs concerned in To, Do, Fu, or Ken and discuss with them about items that seem necessary, and give directions to the Health Center Chiefs.

The Health Center Chiefs shall make the above mentioned directions clear to each of the public health nurses within their jurisdiction and make them observe the directions strictly. Moreover, in this case, the Health Center Chiefs without fail shall contact the persons who are going to employ these public health nurses and make them understand.

Looking at the present condition of the public health nursing service it seems especially important that (the Nursing Section) keep close contact with the various organs concerned. The Nursing Section therefore shall plan to meet with these various organs occasionally according to the following chart and shall plan for the practical policy by taking into consideration the peculiarities of each organ.

Inclosure #1



II. Matters to be carried out by To, Do, Fu, or Ken.  
(Nursing Section or Nursing Sub-division),

(1) The To, Do, Fu, or Ken (Nursing Section or Nursing Sub-division) shall ask the Health Centers to perform the following items in general regarding the guidance of the public health nurses within their jurisdiction.

a. Reporting the change of duties of public health nurses.  
Whenever there is a change in the duties of the public health nurse, the health center is to request a report from that nurse each time and is to enter that into the already furnished public health nurses' register (the form to be notified separately). This should be reported to To, Do, Fu, or Ken once every three months. (June, September, December and March).

b. Observing the activities.

The health center must request a Public Health Nurses' Duty Report (the form to be notified separately) from every public health nurse by the tenth of the following month in order to understand the activities of the public health nurses within its jurisdiction, and then report that to the To, Do, Fu or Ken by the 20th. However, for the time being the public health nurses of the National Health Insurance will not have to go through the Health Center but will be controlled by the Competent Section of the National Insurance as before.

c. Guiding the study group of nursing service.

It shall have the public health nurses within its jurisdiction meet once every month or once every other month, and it shall guide them in their study of general as well as special nursing service.

d. Guiding in field service.

The chief of the Health Center and the chief public health nurse should visit the field as much as possible and give guidance to the various problems of public health nursing activities to meet the actual conditions.

(2) The To, Do, Fu, or Ken (Nursing Section or Nursing Sub-division) shall gather the reports of the "A" and "B" of the previous item and report to the Ministry of Welfare (Nursing Section) by the end of following month.

(3) The To, Do, Fu, or Ken (Nursing Section or Nursing Sub-division) shall strive to attend the meeting mentioned in "c" of the previous item and shall give heed to giving guidance voluntarily at any time regards to "d".

III. Items regarding re-education.

(1) The public health nurses' organization of each To, Do, Fu or Ken shall sponsor a refresher course for the general public health nurses more than once a year and part of its expense shall be paid by the national subsidy.

(2) The refresher course for the leading public health nurses shall be sponsored by the Ministry of Welfare more than once a year.

(2) The refresher course for the leading public health nurses shall be sponsored by the Ministry of welfare more than once a year.

(3) The educational content of the program for the refresher course given by the various organizations concerned with the public health nurses shall be made uniform by the Ministry of welfare (to be notified separately).

#### IV. Supervision

##### Supervision of license

To see that no one is in actual service in public health nursing without a license.

For the above purpose, a public health nurses' register should be provided for and arranged in order.

Every time there is a change concerning the license, the To, Do, Fu, or Ken shall notify the Health Center.

3-A

Refer to:  
Public Health No.

Public Health Nurse  
P 3

## POSITION DESCRIPTION

Eighth Army

Incumbent's Name

Prefectural Military Government Team  
Public Health Section

(Insert)

Duties and Responsibilities

## PREFECTURAL PUBLIC HEALTH NURSE

1. Under the general supervision of the public health officer, incumbent plans, organizes and administers the nursing program throughout the prefecture of nursing district. Independent action and decision are permitted incumbent within the limitations of broad directives, regulations and policies established by higher authority. Technical supervision is provided by regional public health personnel through periodic visits to subordinate prefectures and by conferences.

2. Person to person relationships are of significance in this position which includes responsibility for participation in conferences with Japanese officials and rendering advice and assistance to them based on high level professional experience in the technical field involved.

3. The operational scope of the public health nurse includes:

a. Assisting the public health officer in the surveillance of Japanese public health activities at all levels within the prefecture to determine compliance by the Japanese with SCAP directives relative to public health and clinical nursing with special reference to the manner of performance of the following:

- (1) General public health and sanitation programs.
- (2) The organization and operation of the Japanese Nurse and Midwife's Association.
- (3) The organization and operation of nursing schools.
- (4) Programs to increase the efficiency, education and improve the working conditions of the clinical nurses.
- (5) Programs to increase the efficiency, education of the school nurses and the school health programs.

b. Technical assistance to the Japanese in the organization and administration of nursing services in health centers and hospitals.

## Prefectural Public Health Nurse - P-3 (Cont'd)

- c. Training Japanese public health nursing officials in modern public health methods and technics.
  - d. Assisting the team public health officer in rendering emergency medical care when the military government operates its own dispensary.
  - e. Assisting Japanese public health nursing officials in planning and implementing an education program in public health.
  - f. Assisting public health nursing officials in long-range planning.
4. Makes personal field trips to gather facts and secure information on matters in the prefecture for conformance to policies, procedures and requirements of higher headquarters, ascertain violations of directives, and to give advice and suggestions in field of activity in which her section is engaged.
  5. Keeps public health officer informed on all matter relating to the nursing and midwifery professions. Coordinates work, through the public health officer, with other sections in the team. Meets, furnishes information and orientation, arranges itineraries, and accompanies important visitors on trips throughout the prefecture.
  6. Prepares for the approval of the public health officer an activities schedule in accordance with the priorities program, participates personally therein and supervises its execution. Reports to the public health officer problems which are beyond local solution with recommendations and supporting statistics and/or data for report to higher headquarters.
  7. Renders routine and special reports, and correspondence as required.

3-A.  
TB - PH - ADM 4

## DUTIES OF MILITARY GOVERNMENT PUBLIC HEALTH NURSES

## PUBLIC HEALTH AND WELFARE TECHNICAL BULLETIN

PH&amp;W GHQ SCAP APO 500

December 1948

Note: This Bulletin is for the guidance of Military Government Public Health Nurses only, and will not be translated into Japanese nor will the English translation be given to the Japanese.

1. General

The Public Health Nurse of a Military Government Region or Prefecture Team in Japan will work with the Public Health Officer. She will be responsible for the guidance of all the nursing and midwifery education and services. This is a tremendous task and will require the full time of the Public Health Nurse. Her work will depend largely on reports received from Japanese officials and from inspections made in the field to observe operations.

She will exercise surveillance over the Japanese Government's public health activities, as they pertain to nurses, to ascertain if the directives of the Supreme Commander are being complied with.

SCAP, by memoranda, gives the Japanese Government directives, and by command letter directs the Eighth Army to perform certain functions. Memoranda to the Japanese Government from SCAP are numbered consecutively and have the short title of SCAPIN. Only a part of the SCAPINs pertain to public health matters. These directives are on file in all Military Government offices. SCAP may instruct the Japanese Government by memoranda from staff sections to a particular ministry or ministries, or may issue verbal instructions to the ministries concerned. In the event that surveillance is required, for instructions which are given by either of these two methods, appropriate directions for exercising the surveillance will be issued.

Eighth Army may issue Operational Directives to subordinate units amplifying SCAPINs or the letters of instruction that it receives from SCAP. These are numbered consecutively and have the short title OD. Corps headquarters may issue additional instructions amplifying ODs received from the Eighth Army. On purely technical subjects, SCAP sometimes issues Technical Bulletins. These have the short title TB-PH-. Translations, when given to Japanese technical agencies, are for the specific purpose of establishing a common basis of understanding between Occupation Force and Japanese technical personnel.

INCL.1

A Weekly Bulletin is published by the Public Health and Welfare Section, GHQ, SCAP which is mailed directly to Military Government units. The purpose of this publication is to keep Military Government units informed of public health and welfare activities at the national level.

The Military Government Public Health Nurse will be responsible for the guidance and supervision of the nurses and midwives in their various programs. Many times this will mean demonstration and teaching, as the Japanese nurses and midwives do not have the same understanding of nursing as we do in America. Nursing and midwifery in Japan is not developed in accordance with western standards. Curriculum planning and ward organization is entirely new therefore, there is a marked need for guidance in these fields. The National association will need guidance in its many detailed programs.

## 2. Objectives

The objectives of the public health program will be attained through the medium of Japanese agencies, using Japanese personnel and supplies. Surveillance of the nursing and midwifery program will be exercised by the Military Government Public Health Nurse to insure compliance with directives issued by the Supreme Commander to the Japanese Government. The Military Government Public Health Nurse supervises the execution of the Supreme Commander's instructions. She gives the local Japanese Government advice on technical procedures, and additional instructions when necessary to meet special or emergency situations.

The objectives to be attained are:

- a. To provide for the nursing and midwifery programs to the extent of preventing disease and unrest in the civil population.
- b. To establish or re-establish nursing standards to help prevent the occurrence of disease and to assure that the civilian population is not a health hazard to the Occupation Forces.
- c. To establish and maintain the essential nursing and health activities at a level necessary to meet the requirements of the indigenous population and to prevent disease and suffering which would interfere with the accomplishment of the occupation mission.
- d. To report to higher echelon as directed by instructions concerning recurring reports and such special information as is necessary to keep higher echelons factually informed.
- e. To utilize Japanese material and personnel in all instance where possible. United States supplies will be used only when Japanese supplies are not available to provide a minimum standard of medical care and treatment on a disease and unrest basis.



### 3. Specific Duties

a. Surveillance. Frequent detailed inspections of Japanese health agencies and schools of nursing and midwifery. These inspections will be for the purpose of:

- (1) Determination of compliance with SCAP directives and policy.
- (2) Determination that health agencies and nursing services are functioning so that minimal requirements of the occupation are met.
- (3) Giving technical advice when needed or requested.
- (4) Maintaining liaison between various interested sections of the Military Government Team.
- (5) Effecting coordination between various departments of the prefectural and local governments when necessary.

b. Receiving and Rendering Reports.

- (1) Keeping the Senior Military Government Officer informed as to the health situation and nursing service requirements.
- (2) Preparation of recurring and special reports, as required by higher authority.
  - (a) Special reports, as necessary.
  - (b) Monthly reports.
- (3) Receiving, analyzing and acting where necessary on reports received from Japanese agencies.
  - (a) Analysis of reports.
  - (b) Passing reports on to higher authority.
  - (c) Acting on reports received from Japanese agencies or recommending action to higher authority as indicated by the particular situation.

c. Planning. Plans for public health measures will consist in review of Japanese measures for:

- (1) The immediate future. With the means available to local governmental officials plan for the suppression of diseases known to occur seasonally in the locality by:

(a) Coordinating with overall national health programs as announced by higher headquarters. This will include dissemination of educational media: training of nurses, midwives and public health nursing leaders; and procurement of budget necessary to carry out specific programs.

(b) Adapting overall national nursing programs to suit and meet the needs of local conditions.

(2) Long range planning which is designed to ultimately produce an adequate and self-sufficient nursing, midwifery and public health service. This will be accomplished by planning to establish or reestablish schools of nursing and midwifery, public health courses and educational programs to meet the needs of the Health Centers, hospitals and other agencies requiring services of professional personnel.

#### 4. Supply Procedures

Authorized supplies will be requisitioned by the Public Health Officer through channels.



b. The Kobe City Assembly has approved the budget for the repair of the Kobe central market. This will be the best central market in Japan.

✓ 3. Nursing Affairs

a. The Oishi Model Health Center with a staff of 15 nurses was selected for a staff training program. In order to facilitate cooperation with the school health program, four school nurses will be invited to attend the classes. A curriculum of approximately 75 hours has been planned. The classes will be taught by both doctors and nurses.

b. An attempt has been made to impress the need of securing public recognition and acceptance of the nurses. As a result, one nurse in the prefectural nursing affairs section has been appointed to take care of nurses publicity.

c. Introductory visits have been made to the Kobe Municipal, Kobe Prefectural, Koman, and Himeji National Hospitals investigating the possibilities of their becoming class A nursing schools.

d. 18 public health nurses from this prefecture attended the Kinki Regional course at Kyoto on 10 - 21 November.

4. Medical Supply

Much difficulty is being encountered in obtaining sufficient DDT dust, residual spray, and typhus vaccine to carry on an adequate typhus control program.

5. Preventive Medicine

a. A trachoma survey was just completed in the Toshima primary school in Tsuna-gun on 100 patients. sulfathiazole and sulfadiazine were used in doses of 1.5 grams per day for a three week period. One week of rest was instituted between each week of treatment.

All three stages of the disease were treated. The following are the results:

	<u>Total cases</u>	<u>% Cures</u>	<u>% Marked improvement</u>	<u>No effect</u>
1st stage	12	66.67	25	8.33
2nd stage	85	32.94	63.53	3.53
3rd stage	3	0	0	100%

It was noted that there was no marked difference between the effectiveness of sulfathiazole and sulfadiazine.

b. A typhus control program was started this past month. Immunization teams were set up in the three largest stations in Kobe City. All commuters were immunized before buying their tickets or passing through the wicket for a 6 day period. 40,000 people were immunized. This will be set up every 6 weeks throughout the typhus season. Dusting teams and immunization teams went into all the vagrant areas at night with the police. People in welfare institutions are now being immunized.

#### 6. Laboratory Affairs

A two day school was held the past month in the prefectural laboratory for laboratory technicians from health centers, prefectural, national, and private hospitals on the laboratory diagnosis of venereal disease. Demonstrations of gram stain, Kahn test, and Wasserman test were performed. About 60 technicians attended the course.

#### 7. Narcotic Control

There were 10 narcotic violations this past month. All were arrested and sentenced to jail for 6 months to one year.

#### 8. Port Quarantine Activities

a. During the month of November 1948, seventy-two (72) ships were

cleared in the port of Kobe, Japan. sixty-seven (67) vessels were given free pratiques, and five (5) vessels provisional pratiques. One hundred and twenty two (122) passengers were given medical clearance.

b. Deratization procedures were carried out on board nine (9) vessels, and a total of forty-two (42) rats were recovered. Laboratory examination of the recovered rats revealed no pathology or ectoparasites.

c. Immunizations were given as follows:

<u>Typhoid</u>	<u>Typhus</u>	<u>Cholera</u>	<u>Smallpox</u>
397	937	279	280

d. There were no quarantinable diseases in Kobe port during the month of November 1948.

Jan. 1949.

H-A

HYOGO MILITARY GOVERNMENT TEAM  
APO 317Jan -  
~~1~~ Feb. 1949

The nurses recruitment program began this month and will be carried through February.

The Oishi Model Health Center's staff training program for public health and school nurses began January 20. The M.G. public health officer and public health nurse taught classes. In connection with the course a tour of the Eighth Station Hospital and the C.I.E. library was scheduled. Other interested doctors and nurses were invited to attend this tour.

A forty-five minute tuberculosis health education program has been jointly organized by the nurses of the Prefectural Nursing Affairs Division, the Kobe City Health Clinic and the Oishi Health Center. An entr'e for the program into the factories was attempted through preview invitation to the medical departments of three large local industries. "No Door is Shut" plans are about ready for the production phase.

Plans were initiated to enlist the interest of Miss Imai, a St. Lukes Hospital graduate in becoming an advisor to the M.G. nursing section. Her superior nursing education should prove of great assistance in carrying out M.G. objectives in the Nurse Training School program.

Several conferences surrounding tentative plans for constructing a nurse's residence in Kobe City, have been held with a committee of the Branch Hyogo Nurses and Midwives' Association.

Nov. - 1948

Report control 4-A

symbol QPN -01

HYOGO MILITARY GOVERNMENT TEAM

APO 317

ANNEX B - 1

Monthly Military Government Activities Report

period ending 30 November 1948

PUBLIC HEALTH ACTIVITIES

(Prepared by William J. Dickerson, Captain MC)

1. Administration of Hospitals

a. Of the hospitals inspected this past month all were complying with the new local standard regulation for hospital food. This is the first time that local autonomy in public health has been practiced in this prefecture and there was much protest from the welfare ministry. It appears as though the central government still wants to wield all the power and control. Arrangements have been made by the prefectural health department with the ration points throughout the prefecture so that hospitals can get rice instead of just sugar, or sweet potatoes as the case may be. The prefectural hospital in Kobe city serves milk to all of its patients every afternoon.

2. Veterinary Affairs

a. One of the largest and most modern milk pasteurizing and ice cream plants in Japan opened 1 December 1948. This plant is owned by the Osaka Railway Dealers Association. The approximate cost of the plant was ¥ 170,000,000. One of the prefecture veterinarians at the Nishinomiya Health center is to inspect the plant at regular intervals for compliance with sanitary standards.

Feb- Monthly Report Feb. 1949.

4-A.

The recruitment program ended this month. There were approximately a total of 15,000 persons in the audiences. Since the Kencho Nursing Affairs Section felt talks by the Military Government Public Health Nurse would be a positive factor we complied with their request and participated at most of the scheduled meetings throughout the prefecture. We felt there was an insufficient appeal made to include the parents at the meetings. It was recommended this factor be considered in future programs.

In conjunction with the Education Section's, School for Board of Education members, the Military Government public health nurse gave a talk on the meaning and importance of a School Health Program and the responsibility of the Board in instigating one. Mimeographed copies, for the organization of a school health program were distributed.

Two sets of present available Japanese nursing books are being circulated to the health centers and hospitals with schools of nursing education. It is hoped this plan will give nurses throughout the prefecture an opportunity to become aware of the contents and thus stimulate their interest in making personal orders. A health education folder consisting of American pamphlets and books on school health, tuberculosis, mental hygiene, maternal and child health, community organization for health, etc., is now being collected. This folder will be loaned to interested persons and agencies.



\*B\*

Laws, Ordinances, Constitutions B

Bibliography Health, Labor, Welfare .....	1 - B
June 1947, Nursing Ordinance - .....	2 - B
May 1948, "Old" #203, Nursing Law .....	3 - B
July 30, 1948, "New" #203, Nursing Law .....	3 - B
"New" prepared curriculum Nursing Ordinance 28 .....	4 - B
"Old" Nursing Ordinance 28 .....	5 - B
Constitution, Hyogo Branch Nurses Assoc. ....	6 - B
Constitution, Japan Nurses Assoc. ....	7 - B
<i>THE PUBLIC HEALTH NURSE, MIDWIFE AND NURSE TRAINING SCHOOL AUTHORIZATION REGULATIONS</i> .....	8 - B
"New" Constitution, Japan Nurses Association .....	9 - B
<i>Enforcement of Regulations for Designating of Training Institutions &amp; Schools of P. H. N, M. W &amp; Nurse</i> ---	10 - B
<i>Regulations for public health nurse, midwife &amp; nurse Training institution &amp; schools are decided as follows</i>	11 - B

New  
Law 203

LAW FOR PUBLIC HEALTH NURSE, MIDWIFE  
AND CLINICAL NURSE.

3-B

July 30, 1948

1st Chapter General Rules:

1st Act: This law is aimed at promotion of the natures of public health nurse, midwife and nurse thereby to popularize and develop of the public health with medical treatment.

2nd Act: The public health nurse named by this law, is the woman engaged to the leading function of public health under name of "Public health nurse" upon getting the permission of Welfare minister.

3rd Act: The midwife named by this law is the woman engaged to leading public health of assisting delivery, pregnant-woman, woman in childbed or newborn child upon getting the permission of Welfare minister.

4th Act: For the clinical nurse, there are two classes such as "A" class nurse and "B" class nurse.

5th Act: "A" class nurse by this law means to be the woman served to care of wounded and diseased patients, or care on treatment of woman in childbed or assistance for treatment of medicine getting the permission of Welfare minister.

6th Act: "B" class nurse called by this law, is the woman served to the occupation by direction of doctor, dentist or "A" class nurse to the abovementioned function(excepted the acute and serious wounds, diseases or woman in childbed.

2nd Chapter - Permittance:

7th Act: Anybody who desire to become public health nurse, midwife or "A" class nurse, must get the permission of Welfare minister upon passing over the national examination of public health nurse, national examination of midwife or national examination of "A" class nurse.

8th Act: Anybody who want to become "B" class nurse is needed to get the permission of the prefectural governor upon passing "B" class examination.

9th Act: Deaf, Dumb or blind person cannot obtain the permission due to the above two rules.

Anybody who meet to following(one of those) may be unable to get the permission:

1. Punished with more than a fine.
2. Offenders in connection with public health, midwife or clinical nurse function, or conducted any illegal matter.
3. Anybody whose conduct is very bad.
4. Mental diseased person, narcotic poisoned person or infected with the nature of communicable disease.

- 2 -

11th Act: Record books are to be furnished in Welfare Ministry for public health nurse, midwife and "A" class clinical nurse in order to record the affairs relating to permission of public health nurse, midwife and "A" class clinical nurse.

12th Act: Record book for "B" class clinical nurse is to be furnished in each prefectural office in order to register the affairs relating to permission of "B" class nurse.

13th Act: The permission of the occupation is to be made by registering the record books for public health nurse, midwife and A class or B class nurse respectively.

Welfare Minister or Prefectural Governor are requested to grant respective license for public health nurse, midwife or A or B class nurse when permitted it.

14th Act: When the public health nurse, midwife or A class nurse met with the regulation of the 9th Act, the permission should be cancelled by the Welfare Minister.

2. When B class nurse met the contents of the 9th Act, the permission should be cancelled by prefectural governor.

3. When public health nurse, midwife or A class nurse met one of the contents of 10th Act or conducted to have spoiled her dignity, the Welfare Minister can cancel the permission or can order to suspend her business for a time.

4. When B class nurse met one of the contents of the 10th Act, or conducted to have spoiled her dignity, the prefectural governor can cancel the permission or can order suspension of her services for a time.

5. However, in spite of the above two items, when the disease recovered or appeared to be her manner considerably improved, may be able to grant license again, in this case, the regulation of the 13th Act can be applied.

15th Act: In case the Welfare Minister take the steps of above mentioned act 1, 3 or 5 item, previously needs to confer with the investigation committee for public health nurse, midwife and Clinical nurse.

2. In case prefectural governor take the steps of above act, item 2, 4 or 5, previously must have the opinions of B class nurse examination committee.

3. When taking place of the procedure of item 1 to 4 of above act, the Welfare Minister or the prefectural governor are requested to give her a room for explanations before the investigation committee of the public health nurse, midwife and nurse, or to B class examination committee. In this case, Welfare Minister or prefectural governor, in previous, must inform the matter to her with letters about date, place and the reason.

- 3 -

4. Anybody who received the above stated information, can make the explanation with ~~his~~ substitute or present any evidence advantageous to herself.
5. When any committee listened to the explanation, is requested to make out letter of hearing and reserve it for future, simultaneously making out report must state his opinions to Welfare minister or prefectural governor.

16th Act: Beside the matters mentioned in this chapter, referring the application of permission, registrations of public health nurse, midwife, A or B class nurse, revision, cancellation, delivery of license, re-delivery of the license, refunding etc., are ruled under the ministry ordinance.

3rd Chapter - Examination:

17th Act: The national examinations for public health nurse, midwife, A class nurse or B class nurse are to be taken place about needful knowledge and ability.

18th Act: For the national examination of public health nurse, midwife and A class nurse, at least once a year to be carried out by Welfare Minister, and the examination of B class nurse to be made by prefectural governor.

19th Act: National Examination of public health nurse cannot take unless otherwise, passed one over the examination of A class nurse or the persons meet to one of items of 21st Act and further meet to one of following items:

1. One who studied necessary course as public health nurse more than one year in the school designated by Education minister.
2. One who graduated from the public health nurse training school designated by Welfare minister.
3. One graduated from the public health nurse school in abroad, or anybody who obtained license in abroad and recognized by Welfare minister to have the knowledge and ability mentioned in the above.

20th Act: The qualification to take the national examination for midwife must be one who passed the national examination of A class nurse or one who meet to one of items of the 21st Act and further must be furnished with following one of items:

1. One who studied the course for midwifery in the school designated by Education minister over one year.
2. Graduate of the midwife training school designated by Welfare minister.

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3. One who graduated from the midwifery school in abroad or obtained the license of midwife in abroad whom the Welfare minister recognized to have the necessary knowledge and ability for the above two items.

21st Act: The National examination for A class nurse, cannot be taken unless otherwise the persons meeting one of following items:

1. One who studied the necessary course for A class nurse in the designated school by Education minister over three years.

2. One who graduated from the A class nurse training school designated by Welfare minister.

3. B class nurse who engaged to the business over three years after obtained the license for B class nurse and graduate of high school and studied over one year in the training school stated above.

4. One who graduated from the nurse school in abroad or one obtained the license in abroad and the Welfare minister recognized to have the knowledge and ability mentioned in the item 1 and 2.

22nd Act: Anybody who meet to following one of items can take B class nurse examination:

1. One who studied necessary course for nurse in the school designated by Education minister over 2 years.

2. One who graduated from B class nurse training school designated by Welfare minister.

3. One who meet to the items 1, 2 or 4 of above Act.

4. One who graduated from the nurse school in abroad or obtained the license in abroad and not meet to item 4 of the above Act whom Welfare minister recognized to have adequacy.

23rd Act: In order to make investigation in response to welfare minister's question about national examinations of public health nurse, midwife, A class nurse or B class nurse, there is to be organized a considering committee for public health nurse, midwife and nurse under the supervision of welfare minister(hereafter only to be called "committee").

2. The committees, beside the affairs of the 23rd Act, are to make investigate and determine other important affairs for designating of the training school due to the 19th to 23rd Acts.

24th Act: For handling the affairs of the national examinations of public health nurse, midwife and "A" class nurse, the national examination committee is to be organized(hereafter only to be called "examination committee)under the supervision of the welfare minister.

- 5 -

2. Beside the above, the welfare minister can order any other investigation to the examination committee other necessary affairs relating to the training school ranging 19th Act to 22nd Act.

25th Act: In order to handle the affairs for "B" class nurse examination, B class nurse examination committee is to be organized under supervision of prefectural governor.

26th Act: The welfare minister can instruct to the prefectural governor as to practising of B class nurse examination, or can direct the B class nurse examination committee about the standard of the examination through prefectural governor.

2. When welfare minister make instruction to the prefectural governor as to the above or lead the committee of examination, should listen to the opinions of the considering committee.

27th Act: All of the examination committees or other persons who handle the affairs about conducting the examinations are requested to work strictly and fairly but never conduct illegal matters.

28th Act: Beside the regulations in this chapter, referring to the curriculum of examinations for public health nurse, midwife and A & B classes nurse examinations, arrangement of taking the examination etc., should be decided by the welfare ministry ordinance.

4th Chapter:- Occupation - Business.

29th Act: Only the public health nurse, can work as public health nurse or familiarly called occupations ruled under the 2nd Act.

30th Act: Only the midwife ~~can~~ can engage to the business of the midwifery ruled under the 3rd Act (but excepted the case conducted due to the medical law ~~Law~~ No.....1890)

31st Act: Unless "A" class nurse, cannot work the business due to the 5th Act, but except the case of the medical law or dental law No.....1890.

2. Despite the above acts the public health nurse and midwife can carry out the business under the 5th Act.

32nd Act: Unless "B" class nurse, cannot work to the business due to the 6th Act, but except the cases due to medical law or dental law.

33rd Act: When the public health nurse, midwife or A class nurse or B class nurse intended to begin the business or close it, the matter, should be reported to the located prefectural governor.

2. Anybody who started the business and run the business continuously must report the matter once two years to the prefectural governor.

The necessary matters due to the above item for reporting, should be decided by welfare ministry ordinance.

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34th Act: The prefectural governor should furnish registered book of practising public health nurse, midwife and nurses A & B classes into which fill the matter of reporting due to the above Act. For the person who registered of started business, certificate approving the practice should be given, in case the report for continuance of business had been made, the fact should be entered into the card(certificate).

2. The above stated registered book and the certificate(card) should be decided by the ministry ordinance for the affairs.

35th Act: When the public health nurse attend any treatment of patients wounded or sickness, if there is any house doctor or dentist by side, she must get thr doctor's direction.

36th Act: When the public health nurse received any instruction from the chief of the health center supervised the area about to the services, should listen to his instruction.

37th Act: Public health nurse, midwife or nurse should not do following matters unless otherwise the attended physician or dentist allowed to do it:

Using treatment instruments, giving medicines, instructing about medicines, or any other act which is afraid to be very danger unless handled by doctor or dentist for sanitation. However, in case of need for emergency, or when the midwife cutting the navel string, or attend to enema, or any other function attached to the midwife's action can be accepted.

38th Act: When the midwife looked that there is any abnormal condition appeared for pregnant-woman, woman-in-child-bed, fetus or newborn baby can make them to call for doctor, but no direct procedure to them permittable. However, in spite of it, in case of need for emergency excepted.

39th Act: When practised midwife requested by pregnant-woman, woman-in-childbed for instruction of the public health cannot refuse it unless there is reasonable matter.

2. The midwife when attended to assistance of delivery, or observed the case of still birth cannot refuse it in case requested by them to give the birth certificate, certificate of still birth or certificate of examination of dead body without any adequate reason.

40th Act: When the midwife did not attend herself to assist delivery nor examine the dead body cannot issue such certificates mentioned above.

41st Act: When the midwife examined the still birth and looked it to be abnormal case for over 4 months pregnancy, should report the matter to the nearby police station within 24 hours.

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42nd Act: When the midwife attended to assist delivery, she must enter the affairs into the midwifery record book without any delay.

2. The above mentioned record book, if it in hospital, clinics or midwifery home, by the supervisor, if it other case, by the midwife must be kept for later five years.

3. Re the affairs to be recorded due to the 1st item, can be decided by the ministry ordinance.

#### 5th Chapter - Punishment.

43rd Act: Anybody who meet to one of following items should be punished with imprisonment under one year or with less Yen 10,000 fine.

1. Violated case against the 29th Act to 32nd Act

2. Anybody who has got the license owing to a fact of false or illegal matter.

3. Anybody who violated the 1st item when used the title of midwife, nurse or any familar name, should be punished with less 2 years imprisonment or less 20,000.-Yen fine.

44th Act: Anybody meet to one of following items, should be punished with imprisonment of less six months or fine less Yen 6,000.-.

1. When the public health nurse, midwife or nurse who are suspended their business attended to actual business.

2. One who violated the rules 35th Act to 38th Act.

3. Upon violating the rule of the 27th Act, made leakage of the examination question owing to a great mistake or other in previous the examination taken place.

45th Act: Whoever violated the rules of 33rd Act, 40th Act to 42nd Act should be punished with less Yen 5,000.- fine.

#### Supplement:

46th Act: Out of the present law, as to the parts of the school and training school and the 47th Act ~~and~~ to 50th Act, enforcement will be come for the nurse on September 1, 1950, for others on 1st September 1951 respectively.

47th Act: The ordinance for public health nurse, midwife and nurse (ordinance No.124 1947) to be abolished.

48th Act: The rules which taken place by the Education minister or welfare minister due to the ordinance for public health nurse, midwife and nurse 21st to 24th acts, should be replaced by the corresponding rules of this present law.



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49th Act: Any other things in connection with public health nurse and midwife, should be decided by special order.

2. The public health nurse regulation (welfare ministry ordinance No.20 of 1888, hereafter is to be called only "public health nurse rule") and midwife regulation (Imperial ordinance No.345 of 1898, hereafter is called only "former midwife rule") due to national medical treatment law are to be taken as the special order of the above Act.

3. Anybody engaged to the business of public health nurse or midwife without getting any permission or registering violating the rule of item 1 should be punished with less 6 months imprisonment or less Yen 5,000.-fine.

4. One who violated the rule of item 1 and neglected the duty of public health nurse and midwife, or carried out their business despite suspended it should be punished with a fine less Yen 5,000.-.

5. One who neglected the attention of permission, registration or reporting violating the rule of the 1st item should be punished with a fine less Yen 500.-

50th Act: As to the necessary affairs in connection with the nurse, should be decided by an order up to 31st August 1951.

2. The rule due to the national medical treatment law for nurse (Home minister ordinance No.9 1914, hereafter is called "former nurse rule") is to be recognized as the corresponding rule up to 31 August 1951.

3. Anybody who worked as the nurse without getting any permission violating the regulation of the 1st item should be punished with less 6 months or a fine less Yen 5,000.-

4. Any nurse who neglected the duty for the function against the rule of the 1st item or worked actually despite suspended the business should be punished with less Yen 5,000.- fine.

5. Anybody who violated the 1st Act so that neglected the necessary duty for permission, registration or reporting should be punished with less Yen 500.- fine.

51st Act: The public health nurse who got license under former public health nurse rule, despite the rule of 29th Act can carry out her business due to the 2nd Act using the title of "public health nurse".

2. As to the public health nurse of the above, the regulation connecting to the public health nurse among this law should be applied.

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3. The person due to the item 1, despite the 19th Act, can take the national examination for midwife.

52nd Act: The person who registered the midwife record book under former midwife rule, despite the 30th Act can carry out her business due to the 3rd Act.

2. As to the above, the regulation for midwife among this law can be applied (except the rule due 2nd item of the 31st Act).

3. The person due to the item 1, despite the rule of 19th Act, can take midwife national examination.

53rd Act: The nurse who obtained the license from the prefectural governor under former nurse regulation, despite the rule of 31st Act, can carry out her business using the title of "Nurse" due to the 5th Act.

2. Regarding any other affairs excepted the scale of the function to be fulfilled by her, the regulation for B class nurse out of this law is to be applied.

3. The nurse due to the item 1, despite the rule of 21st Act, can take A class nurse national examination.

54th Act: One who meet to former public health nurse rule 3rd Act item 1 or item 2 and yet is under studying in the training school due to item 1 of 3rd Act and graduated on 1 September 1951 or met to 2nd item of 3rd Act of former public health nurse rule can, for a time, get the license of the prefectural governor due to former public health nurse rule.

55th Act: One who meet to former midwife rule 1st Act item 1 or 2 and is under studying in the school or training school due to 1st Act item 2 and graduated on 1 September 1951 can get, for a time, register the record book of midwife due to former midwife rule.

56th Act: One meet to former nurse rule 5th Act or under studying on 1 September 1951, can take national nurse examination up to 31st August 1952 due to former nurse rule.

2. One who meet to former nurse rule 2nd Act on 1st September 1951 or is under studying in school or training school due to 2nd Act item 2 former nurse rule and graduated on 31 March 1952, or on later 1st September 1951 grew to meet former nurse rule 2nd Act item 1, can, for a time, get the permission of prefectural governor.

57th Act: The measures taken by the rules of former public health nurse, former midwife or former nurse rule for suspension are to be recognized as done under the corresponding regulations of this law. In this case, for the period of the suspension due to that of hitherto.

58th Act: One who has got the permission of prefectural governor due to former nurse rule 19th Act is due to the same in the past.

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59th Act: As to the semi-nurse, due to the former rule, due to the example of the past.

60th Act: As to the male nurse, should be applied the item of female nurse in this law.

2. As to the male nurse due to former nursing rule, should be applied the Acts of 53rd and 56th.

2-B

June-1947

## NURSING AND MIDWIFERY LEGISLATION

## Ordinance.

The new law dealing with nursing and midwifery has recently been passed. This law was written after many hours of work and consideration. For many months the Ministry of Welfare and the Nursing Education Council have met to prepare the legislation which will best meet the nursing and midwifery needs of the people of Japan and also to give utmost protection to Japanese nurses and midwives.

The aim of the law is to provide the people of Japan with the finest of nursing and midwifery care. Adequate care for the sick and injured is one of the basic rights for the people of any country.

It is also hoped that this will give to the nurses and midwives of Japan the social and professional status to which they are entitled.

How are these aims to be accomplished?

First let us consider the class A nurse, public health nurse, or midwife of the future; the prospective applicant for entry in these professions.

1. She must be a graduate of a recognized high school.
2. The school of nursing which she enters will be recognized by the Japanese government and will meet the educational requirements established by that government.
3. She will spend three years in this school. In these years she will have many hours study in the classroom as well as supervised experience in the hospital. Upon completion of this course she should be well prepared to give the very finest of nursing care to sick.

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Let us now consider the nurse and midwife who is now licensed or who will be licensed prior to the promulgation of this law.

Will this law change her professional status? No.

1. The nurse and midwife are now functioning under a Prefectural License. This will be continued. There is no change.

2. She will continue to carry out her duties and functions in the same manner as she has been. Her rights and privileges will be the same as those of the past and will be the same as the Class A nurses working under a National License.

3. If she wishes to obtain a National License she can take the examination for a Class A license. She is not required to have any further education nor is she required to meet the qualifications as established for the new graduates. If she successfully passes this examination, she will receive a National License.

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## The Public Health Nurse

Midwife and Nurse Ordinance (Draft) ~~775013~~

## Chapter I. General Provisions

10 June 1947

Art. 1. The ordinance concerning public-health nurse, midwife and nurse based upon Art. 27 of the National Medical Treatment Act shall be decided by this governmental ordinance.

Art. 2. A public-health nurse shall mean the female who practices guidance with respect to health under the title of public-health nurse.

Art. 3. A midwife shall mean the female who practices midwifery or guidance with respect to health of pregnant women, women in childbed and newly born babies.

Art. 4. The nurses shall be classified as class-A nurse and class B nurse.

Art. 5. A class-A nurse shall mean the female who practices medical care for the wounded, the sick or women in childbed or assistance for medical examination and treatment.

Art. 6. A class-B nurse shall mean the female who practices the work mentioned in the preceding Article (except medical care for the wounded, the sick or women in childbed who are acute and serious cases) under the instruction of a medical practitioner, a dentist, or a Class-A nurse.

## Chapter 2. License

Art. 7. One who wants to be a public-health nurse, a midwife or a class-A nurse must pass the public-health nurse examination, the midwife examination or the class-A nurse examination and be licensed by the Minister of Welfare.

Art. 8. One who wants to be a class-B nurse must pass the class-B nurse examination, and be licensed by a prefectural governor.

Art. 9. The license provided in the preceding two articles (to be called the license hereinafter) shall not be given to the mental patients or those who are deaf, dumb, or blind.

Art. 10. The license may not be given to those who come under one of the following items.

1. Those who have been sentenced to more than monetary penalty.
2. Those who have extremely vulgar conduct.
3. Those who have infectious diseases.

Art. 11. The Public-Health Nurses List, the Midwives List and the class-A Nurse List shall be prepared in the Ministry of Welfare and the matters concerning the public-health nurse license, the midwife license and the class-A nurse license shall be registered on them.

Art. 12. Class-B Nurses List shall be prepared in a prefectural office and the matters concerning the class-B nurse license shall be registered on it.

Art. 13. The licensure shall be granted upon registering in the Public Health Nurses List, Midwives List, Class-A Nurse List or Class-B Nurses List.

Art. 14. When the Minister of Welfare or a prefectural governor gives the license, he shall issue to the licensed respectively the certificate of public-health nurse licence, the certificate of the midwife licence, the certificate of the class-A nurse licence or the certificate of the class-B nurse licence.

Art. 15. In case a public-health nurse, a midwife or a class-A nurse comes under Art. 9, the Minister of Welfare shall cancel her license.

In case a public-health nurse, a midwife or a class-A nurse comes under one of the items of Art. 10, or behaves in such a way detrimental to the dignity as a public-health nurse, a midwife or a class-A nurse, the Minister of Welfare may cancel her licence or may suspend from work for a fixed period.

The licence may be given again to one who has been dealt with by the cancellation under the preceding paragraph, when her disease is cured, or when she shows sincere repentance.

The Minister of Welfare, when dealing with disposition under the preceding two paragraphs, must hear the opinion of the committee for the examinations of public-health nurses, midwives and class-A nurses.

Art. 16. In case a class-B nurse comes under Art. 9, the prefectural governor shall cancel her licence.

In case a class-B nurse comes under one of the items of Art. 10, or behaves in such a way detrimental to the dignity as a class-B nurse, the prefectural governor may cancel her licence or may suspend from work for a fixed period.

The licence may be given again to one who has been dealt with by the cancellation under the preceding paragraph, when her disease is cured, or when she shows sincere repentance.

The prefectural governor, when dealing with disposition under the preceding two paragraphs, must hear the opinion of the committee for the examination of class-B nurses.

Art. 17. Necessary matters concerning the licence outside the provisions in this chapter shall be fixed by ordinance.

### CHAPTER 3. Examination

#### Section I. General Provisions

Art. 18. The public-health nurse examination, the midwife examination, the class-A nurse examination or the class-B nurse examination shall be held on the necessary knowledge and technical skill necessary as a public-health nurse, a midwife, a class-A nurse or a class-B nurse respectively.

Art. 19. The public-health nurse examination, the midwife examination and the class-A nurse examination shall be given by the Minister of Welfare.

Art. 20. The class-B nurse examination shall be given by a prefectural governor.

Art. 21. Only those who have passed the class-A nurse examination or those who come under one of the items of Art. 23, and also come under one of the following items shall be allowed to take the public-health nurse examination.

1. Those who have taken the course of health guidance for one year or more in a school designated by the Minister of Education.
2. The graduates from the public-health nurse training institutes designated by the Minister of Welfare in accordance with the ordinance.

3. Those

3. Those who graduated from foreign public-health nurse schools or received the licence of public-health nurse in foreign countries, and are judged by the Minister of Welfare to be equal to or above those under the preceding items in the knowledge and technical skill.

Art. 22. Only those who have passed the class-A nurse examination or those who come under one of the items of Art. 23 and also come under one of the following items shall be allowed to take the midwife examination:

1. Those who have taken the course of midwifery for one year or more in a school designated by the Minister of Education.
2. The graduates from the midwife training institutes designated by the Minister of Welfare in accordance with the ordinance.
3. Those who graduated from foreign midwife schools or received the licence of midwife in foreign countries and are judged by the Minister of Welfare to be equal to or above those under the preceding items in the knowledge and technical skill.

Art. 23. Only those who come under one of the following items shall be allowed to take the class-A nurse examination:

1. Those who have taken the course of nursing for three year or more in a school designated by the Minister of Education. *+ Univ.*
2. The graduates from the training institutes for class-A nurse designated by the Minister of Welfare in accordance with the ordinance.
3. Among the Class-B nurses who have been engaged in nursing for three years or more after obtaining licence, those who graduated from a high school and have studied for one year or more at a school or training school under the preceding two paragraphs.
4. Those who graduated from foreign nursing schools or received the licence of nurse in foreign countries and are judged by the Minister of Welfare to be equal to or above those under Item 1 or Item 2 in the knowledge and technical skill.

Art. 24. Only those who come under one of the following items shall be allowed to take the class-B nurse examination:

1. Those who have taken the course of nursing for two years or more in a school designated by the Minister of Education.
2. The graduates from the training institutes for class-B nurses designated by the Minister of Welfare in accordance with the ordinance.
3. Those who come under Item 1, Item 2 or Item 4 of the preceding article.
4. Among those who graduated from foreign nursing schools or received the licence of nurse in foreign countries, those who do not come under Item 4 of the preceding article and are recognized by the Minister of Welfare to be suitable.

Art. 25. Necessary matters concerning the public-health nurse examination, the midwife examination, the class-A nurse examination or the class-B nurse examination outside the provisions in this governmental ordinance shall be fixed by ordinances.

## Section 2. The Council

Art. 26. The Public-Health Nurse, Midwife and Nurse Examination Council (to be called the Council hereinafter) under the supervision of the Minister of Welfare shall be established.

The council shall, in answer to the inquiry of the Minister of Welfare, investigate and consider important matters concerning the public health nurse examination, the midwife examination, the class-A nurse examination and the class-B nurse examination.



Art. 27. The council shall be composed of one chairman and fifteen committee-men or less.

Art. 28. The committee-men shall be those who come under one of following items:

1. Chief of the Medical Affairs Bureau of the Ministry of Welfare.
2. Chief of the School Education Bureau of the Ministry of Education
3. One physician, one public-health nurse, one midwife and one nurse ---- four persons.
4. Among the physicians, public-health nurses, midwives and nurses engaged in their work in the nine districts fixed by the Minister of Welfare, one in each district -- nine persons.

The committee members described in Item 3 and Item 4 of the preceding paragraph, upon the proposal of the Minister of Welfare, shall be appointed by the Prime Minister.

Art. 29. The chairmen shall be elected from among the committee members. However, the committee member who is the Chief of the Medical Affairs Bureau, of the Ministry of Welfare or the Chief of the School Education Bureau of the Ministry of Education cannot be the chairman.

Art. 30. The chairman shall preside over the affairs of the council.

In case there is vacancy in the post of the chairman or in case there occurs inconvenience on the part of the chairman, one who is elected in accordance with the provisions of the preceding article shall act in his place.

Art. 31. The term office of the chairman shall be one year. Term of office of the committee described in Item 3 and Item 4 of Paragraph I of Article 29 shall be two years.

The committee members cannot continue to be the committee members after the expiration of their term of office.

The term of office of the substitute chairman or the committee members shall be the remainder of the term of office of their predecessors.

Art. 32. One secretary shall be kept in the Council, and shall be appointed from among the second grade officials in the Ministry of Welfare by the Minister of Welfare as the general

The secretary shall manage the general affairs under the direction of the chairman.

Art. 33. A clerk shall be kept in the Council, and shall be appointed from among the third grade Welfare clerks by the Minister of Welfare.

The clerk shall be engaged in the general affairs under the direction of his superior.

### Section 3. The Examination

#### Committee

Art. 34. The Public-Health Nurse, Midwife and Class-A Nurse Examination Committee (to be called the Committee thereafter) under the supervision of the Minister of Welfare shall be established.

The committee shall manage the affairs concerning the enforcement of the public-health nurse examination, the midwife examination and the class-A nurse examination.

Art. 35. The committee shall be composed of the chairman of the committee members.

Art. 36. The chairman shall be the chairman of the Council.

The committee members shall be appointed by the Minister of Welfare from among the physicians, public health nurses, midwives and nurses engaged in the work in the nine districts fixed by the Minister of Welfare, respectively six in each district.

The Minister

The Minister of Welfare, at his appointment according to the preceding paragraph, must hear the opinion of the Council.

Art. 37. The term of office of the committee members shall be two years.

The committee members cannot continue to be the committee members after the expiration of their term of office.

The term of office of the substitute committee shall be the remainder of the term of office of their predecessors.

Art. 38. The chairman shall preside over the affairs of the Examination Committee.

Art. 39. The committee members shall be allotted the affairs belonging to the Examination Committee under the supervision of the chairman.

Art. 40. One secretary shall be kept in the Committee, and shall be appointed from among the second grade officials in the Ministry of Welfare by the Minister of Welfare.

The secretary shall manage the general affairs under the supervision of the chairman.

Art. 41. A few clerks shall be kept in the Committee, and shall be appointed from among the third grade Welfare clerks by the Minister of Welfare.

The clerks shall be engaged in the general affairs under the direction of their superior.

#### Section 4. The Class-B Nurse Examination Committee

Art. 42. The class-B nurse examination committee under the supervision of the prefectural governor shall be established.

The class-B nurse examination committee shall manage the affairs concerning the enforcement of the class-B nurse examination.

Art. 43. The Minister of Welfare will point out necessary particulars to the prefectural governors concerning the enforcement of the class-B nurse examination, will order the Examination Committee to guide the class-B nurse examination committee concerning the standard of the class-B nurse examination.

The Minister of Welfare, in case he gives the direction or orders to guide according to the preceding paragraph, must hear the opinion of the Council.

#### Chapter 4. Work

Art. 44. Those who are not the public-health nurses cannot practise what is stated under Art. 2 under the title of public-health nurse or other similar title.

Art. 45. Those who are not the midwives cannot practise what is stated under Art. 3. However, those who are provided by other laws or ordinances shall be excepted from this rule.

Art. 46. Those who are not the class-A nurses cannot practise what is stated under Art. 5. However, those who are provided by other laws or ordinances shall be excepted from this rule.

The public-health nurse or the midwives, in spite of the provisions of the preceding paragraph, can practise what is stated under Art. 5.

Art. 47. Those who are not the class-B nurses cannot practise what is stated under Art. 6. However, those who are provided by other laws or ordinances shall be excepted from this rule.

Art. 48. In case a public-health nurse, a midwife, a class-A nurse or a class-B nurse wants to begin or has ceased her work, she must report it to the prefectural governor of the place where her work is being performed as provided by ordinance.

In case one, who has reported the commencement of her work in accordance with the provision of the preceding paragraph, wants to continue her work, she must report it to the prefectural governor of the place where her work is being performed every two years as provided by ordinance.

The prefectural governor shall prepare the list of working public-health nurses, the list of working midwives, the list of working class-A nurses and the list of working class-B nurses, shall describe on them the matters concerning the report under the preceding two paragraphs, shall issue the certificate for the working public-health nurse, the certificate for the working midwife, the certificate for the working class-A nurse or the certificate of working class-B nurse to one who has reported beginning of work, and shall describe on the certificate of one who has reported continuing of work as such.

The matters concerning the lists and the certificates according to the preceding paragraph shall be fixed by ordinance.

Art. 49. The public-health nurse must, on giving her medical guidance to the wounded or the sick, if there is the physician or the dentist in charge, follow instructions.

Art. 50. The public-health nurse must follow the instructions given by the head of the health center taking charge of her place of work. However, the application of the provision of the preceding article shall not be hindered.

Art. 51. The public-health nurse cannot, on performing her work, use medical apparatus, give medicine or give instructions about medicine, without instructions of the physician or the dentist in charge. However, temporary first aids are excepted from this rule.

Art. 52. The midwife, when she finds any abnormality in pregnant women, women in childbirth, women in childbed, fetuses or newly born babies, must have them apply for the medical treatment of physicians and can not perform any treatment for them herself. However, the temporary first aids are excepted from this rule.

Art. 53. To pregnant women, women in childbirth, women in childbed, fetuses or newly born babies, the midwife cannot perform any operation, use any obstrical instrument, or cannot give medicines or give instructions about medicine without doctor's orders. However, such as performing disinfection, cutting off the umbilical cord, and administering an enema are excepted from this rule.

Art. 54. The midwife, when she received a request for midwifery or health guidance of a pregnant woman, a woman in childbed or a newly born babies, cannot refuse it without proper reasons.

The midwife who helps the delivery or performs the examination of a dead fetus, when required the certificate of a still birth or the certificate of the examination of a dead fetus, cannot refuse it without proper reasons.

Art. 55. The midwife cannot issue the certificate of a still birth or the certificate of the examination of a dead fetus without helping delivery or performing the examination herself.

Art. 56. In case the midwife upon examination of a dead fetus of four months or more, finds any abnormality, she must report it to the district police station within 24 hours.

Art. 57. The nurse cannot use medical apparatus, give medicine or give instructions about medicine to the patients, without the orders of the physician or the dentist in charge. However, temporary first aids are excepted from this rule.

Art. 58.

## SUPPLEMENTARY PROVISIONS

Art. 58. Of this governmental ordinance, provisions concerning designation of the schools or the training institutes shall be enforced on and after the day of its promulgation, the part concerning the nurse shall be enforced on and after September 1, 1949 and other provisions shall be enforced on and after September 1, 1950.

Art. 59. Of the committee members who have been first appointed after September 1, 1949 in accordance with the provisions of Item 3 and Item 4 of Paragraph I of Art. 29, the term of office of 7 shall be one year in spite of the provisions of Paragraph 2 Art. 31, and the method of deciding them shall be by lottery.

Of the members of the Examination Committee who have been first appointed after September 1, 1949, the term of office of 3 in each district shall be one year in spite of the provision of Paragraph I of Art. 37, and the method of deciding them shall be by lottery.

Art. 60. The Public-Health Nurse Regulations and the Midwife Regulations shall be abolished after August 31, 1950.

Art. 61. The Nurse Regulation shall be abolished after August 31, 1949. However, the provisions concerning the examination for nurses in this regulation shall be valid until August 31, 1950.

Art. 62. Those, who have been licenced as a public-health nurse by the prefectural governor in accordance with the Public-Health Nurse Regulations, may practise what is stated in Art. 2 and Art. 5 in spite of Art. 44 and Art. 46.

Regarding those under the preceding paragraph, the provisions concerning the public-health nurse of this governmental ordinance shall be applied.

Those under Paragraph I may take the public-health nurse examination, in spite of Art. 21.

Art. 63. Those, who are actually registered on the list of midwives on September 1, 1950, may practise what is stated in Art. 3, in spite of Art. 45.

Regarding those under the preceding paragraph, the provisions concerning the midwife of this governmental ordinance shall be applied.

Those under Paragraph I may take the midwife examination in spite of Art. 22.

Art. 64. Those, who have been licenced as a nurse by the prefectural governor in accordance with the Nurse Regulations, may practise what is stated in Art. 5, in spite of Art. 46, under the title of the nurse.

Regarding those under the preceding paragraph, except to the limit of their work, the provisions concerning the class-B nurse of this governmental ordinance shall be applied. However, " the list of working class-B nurses" shall read " the list of working nurses" and " the certificate of working class-B nurse" shall read " the certificate of working nurses.

Those under Paragraph I may take the class-A nurse examination in spite of Art. 23.

Art. 65. Those who come under Item 1 or Item 2 of Art. 3 of the Public-Health Nurse Regulations, on September 1, 1950, those who are studying in the training school under Item 1 of Art. 3 of the Public-Health Nurse Regulations at that time, continue and complete their course of study, or those who come under Item 2 of Art. 3 of the Public-Health Nurse Regulations after September 1, 1950 may receive the licence from the prefectural governor according to the conventional Public-Health Nurse Regulations for the time being.

Art. 66. Those who come under Item I or Item 2 of Art I - 2 of the Midwife Regulations on September I, 1950, or those who are studying in the school or the training school under Item 2 of Art. I of the Midwife Regulations at that time, continue and complete their course of study, may be registered on the list of midwives according to the conventional Midwife Regulations for the time being.

Art. 67. Those who come under each Item of Art. 2 of the Nurse Regulations on September I, 1949, those who are studying in the school or the training institutes at that time and have graduated by March 31, 1950, or those who come under Item I of Art. 2 of the Nurse Regulations after September I, 1949, may receive the licence from the prefectural governor according to the conventional Nurse Regulations for the time being.

Art. 68. The disposition of suspension of work (by the prefectural governor) in accordance with the Public-Health Nurse Regulations, the Midwife Regulations or the Nurse Regulations shall be regarded as dealt with by the corresponding provisions of this governmental ordinance. In this case, the period of suspension shall still be according to the precedent.

Art. 69. Concerning the midwives licenced by the prefectural governors under Art. 19 of the Midwife Regulations, precedents shall still be applied.

Art. 70. Concerning assistant semi-nurses under the Nurse Regulations, precedents shall still be applied.

Art. 71. Regarding male-nurses the provisions concerning the nurse of this governmental ordinance shall be applied correspondingly.

Concerning (male)-nurses under the Nurse Regulations, the provisions of Art. 64. and Art. 67. shall be applied accordingly.

1-B

HEALTH LAWS

1. Medical Service Law - Effective 1 Oct 48 - Bulletin #82  
The law provides definition of clinics, hospitals and midwife homes (three years allowed for reconversion).
2. VD Preventive Law - Effective 1 Sep 48 - Bulletin #83
  - a. Law deals with reporting of private physicians and institutions.
  - b. Health Examinations - before marriage, prenatal examinations, etc.
  - c. Expenditure and establishment of clinics.
3. Preventive Vaccination Law - Effective 1 Jul 48 - Bulletin #82  
Diseases to which preventive vaccination is to be administered.
4. National Health Insurance Law - Passed 1 Jul 48 - Bulletin #74  
Has to do with social insurance, health insurance and the Welfare Pension Law.
5. Pharmaceutical Affairs Law #197 - Bulletin #85.  
Law to control and regulate pharmaceutical affairs, manufacture and handling drugs.
6. Medical Practitioners Law (Draft) - 27 May 48  
Licensing, examination and practice of physicians.
7. Dental Hygienist Law (Draft) - 28 May 48  
Licensing, examination and practice of dental hygienist.
8. The Public Health Nurse, Midwife and Nurse Law (Draft) - 30 May 48  
Licensing, examination and work.
9. Health Center Law - Law #101 5 Sept. 47 - PHNJG 16 7 April 47.

LABOR LAWS which concern nurses and midwives.

- |  |        |      |          |
|--|--------|------|----------|
| 1. Labor Standards Law                 | No. 49 | 1947 | 4- 7-47  |
| 2. Employment Security Law             | 141    | 1947 | 11-30-47 |
| 3. Unemployment Insurance Law          | 146    | 1947 | 12- 1-47 |
| 4. Unemployment Allowance Law          | 145    | 1947 | 13- 1-47 |
| 5. Trade Union Law                     |        |      |          |
| 6. Accident Compensation Insurance Law |        |      |          |

WELFARE LAWS which concern nurses and midwives.

1. Child Welfare Law
  - a. Requires establishment of lying-in agencies (Joson-Shisetsu)
  - b. Mother and children homes (Boshi-ryo Agency)
  - c. Prenatal and postnatal care (Health Center)
  - d. Establishment and operation of day nurseries (Hi Rujo)

2. Daily Life Security Law

- a. Provides birth aid in amount of 550 yen for cities and 500 yen for towns and villages.
- b. The local community can apply to the Welfare Ministry for additional expenditure for materials (amount for deaths almost double that of births).

3. National Disaster Relief Law

Prefectural government must have operating teams. Six sections. One is the health section which provides medical relief squads, first aid, hospitalization of the injured, coordination of Red Cross activities, sanitation and water chlorination, epidemic control, medical supply points, coordinated request for medical supplies. The Red Cross teams train doctors and nurses for disaster work.

Mar - 17 '49

Miss Luan  
Kobe M. Y.T.  
8.BRevision of Welfare Ordinance No. 28The Public Health Nurse, Midwife and Nurse Training School  
Authorization Regulations.

Article 1. Ordinances concerning the authorization of public health nurse training school, midwife training school, class-A nurse training school and class-B nurse training school based on the provisions in Item 2 of Art. 21, Item 2 of Art. 22, Item 2 of Art. 23, and Item 2 of Art. 24 of the Public Health Nurse, Midwife and Nurse Ordinance (to be called the Ordinance hereinafter) shall be fixed by this Ministerial Ordinance.

Article 2 The founder of public Health nurse training school, midwife training school, class-A nurse training school or class-B nurse training school (to be called the training school hereinafter), when he intends to be authorized concerning the training school by the Minister of Welfare, shall have to apply to the Minister of Welfare through the governor of urban or local prefecture in which the training schools exist, by the application including the following items:

1. Name or title and address of the founder
2. Name
3. Location
4. Date of foundation
5. Regulations of the training school
6. Fixed number of students
7. Names and caricura vitae of the administrator and the head of the training school
8. Names, caricura vitae and subjects in charge of teachers
9. Use and space of each room and drawing of arrangement and plan of buildings.
10. Catalogue of apparatus, utensils, specimens and models will be used for instruction and training.
11. Name, location, manager, division of medical treatment and name of head of practical training facility
12. Total number of patients in hospital and out-patients or delivery treated yearly during the last two years (in case of having more than two facilities, the above mentioned items shall be written respectively)
13. Number of room space and fixed number of persons to accomodate of boarding-house, if any
14. Name of governing body and financial basis of administration
15. Estimate of income and expenditure and financial plan for coming five years

As to the training school which shall be established by the state, the competent Minister shall have the approval of the Minister of Welfare after consultation with him concerning each items of the preceding paragraph.

The approval under the preceding paragraph shall be recognized as the authorization provided in Item 2 of Art. 21, Item 2 of Art. 22, Item 2 of Art. 23 and Item 2 of Art. 24 of the Ordinance.



Article 3. In the training school, the administrator shall be a full time employee.

Article 4. When the administrator of the authorized training school intends to change the articles of Item 5, Item 9, Item 11 or Item 14 of Art. 2, or the administrator or the head he shall have an approval of the Minister of Welfare, after applying to him through the governor of urban or local prefecture in which the training school exists.

When some changes occur in the articles of Item 1 to Item 3, Item 6 or Item 13 of Art. 2, the administrator shall report them to the Minister of Welfare within a month through the governor of urban or local prefecture in which the training school exists.

Article 5. The Public Health Nurse training school as mentioned in Art. 21 Item 2 of the Public Health Nurse, Midwife and Nurse Ordinance shall fulfil the following requirements:

1. Qualification for entrance shall correspond with one of the items of Art. 23 of the ordinance.
2. The course of instruction shall be a minimum of one year.
3. The curriculum shall fulfil minimum requirements as shown on the attached plan No.1
4. The faculty shall consist at least two full-time public health nurse and visiting instructors who are competent to teach other specialities included in the curriculum.
5. Each class admitted shall consist of at least 15 students.
6. The school shall have at least one regular class room.
7. A demonstration room and cooking room shall be provided.
8. Necessary apparatus, utensils, specimens, library, etc., shall be provided.
9. Of 3 months required field experience at least 1 month shall be spent in a health center which offers the 12 basic services as outlined in the Health Center Law #101.
10. School administration shall be reliable.

Article 6. The midwife training school mentioned as under Art. 22, Item 2 of the Ordinance shall fulfil the following requirements:

1. Qualification for entrance shall correspond with one of the items of Art. 23 of the Ordinance.
2. The course of instruction shall be a minimum of one year
3. The curriculum shall fulfil minimum requirements, as shown on the attached plan No. 2.
4. The faculty shall consist of at least 5 instructors, who are regarded to be competent for teaching such subjects as involved in the above mentioned curriculum. Two of them shall be full-time midwives.
5. Each class admitted shall consist of at least 15 students.
6. The school shall have at least one regular class room.
7. A demonstration room, a laboratory and a milk preparation room shall be provided: for these purposes some other rooms may be used conjointly.
8. Necessary apparatus, utensils, specimens, library, etc. shall be provided.

9. Number of attendance to delivery (except for abortion occurring earlier than 7 months of pregnancy) shall be planned not less than 10 times for every student working as a principal attendant.
10. Appropriate dormitory shall be provided.
11. School administration shall be reliable.

Article 7. The training school for class-A nurses as mentioned under Article 23, Item 2 of the Ordinance shall fulfil the following requirements:

1. Qualification for entrance shall be graduation from high school according to the provisions of Chapter 4 of the School Education Law.
2. The course of instruction shall be a minimum of three years.
3. The curriculum shall fulfil minimum requirements as shown on the attached plan No. 3.
4. The faculty shall consist of at least eleven instructors, who are regarded to be competent for teaching such subjects as involved in the above mentioned curriculum. Three of them shall be full-time class-A nurses, one of whom shall assume duties of Director of nursing education.
5. Each class admitted shall consist of at least 15 students.
6. The school shall have at least one regular class room for each grade.
7. A demonstration room, a laboratory and a cooking room shall be provided; for these purposes some other rooms may be used conjointly.
8. Necessary apparatus, utensils, specimens, library, etc., shall be provided.
9. The main hospital to be used for nursing practice shall have a daily average of at least two patients per head for number of students. This hospital shall have wards for internal medicine, surgery and in addition any two of the following specialities, pediatrics, gynecology (including obstetrics), and isolation wards for communicable disease or tuberculosis.
10. If one of the 3 specialities in Item 9 is not available in the main hospital the practice may be carried out in another institution which meets the educational requirements. Any other experience, desired for student, which is not covered in Item 9 and not available in main hospital may also be carried out in another institution which meets educational requirements.
11. Appropriate dormitory shall be provided.
12. School administration shall be reliable.

Article 8. The training school for class-B nurse as mentioned under Article 24, Item 2 of the Ordinance shall fulfil the following requirements:

1. Qualification for entrance shall be graduation from indle school under the provisions of Chapter 3 of the School Education Law.
2. The course of instruction shall be two years.
3. The curriculum shall fulfil minimum requirements as shown on the attached plan No.4.
4. The faculty shall consist of at least 10 instructors, who are regarded to be competent for teaching such subjects as involved in the above mentioned curriculum. One of the shall be a full-time class-A nurse.
5. Each class admitted shall consist of at least 15 students.

6. The school shall have at least one regular class room for each grade.
7. A demonstration room, a laboratory and cooking room shall be provided; for these purposes some other rooms may be used conjointly.
8. Necessary apparatus, utensils, specimens and library, etc., shall be provided.
9. The main hospital to be used for nursing practice shall have a daily average of at least two patients per head for number of students. This hospital shall have wards for internal medicine, surgery and in addition any two of the following specialities, pediatrics, gynecology (including obstetrics) and isolation wards for communicable diseases or tuberculosis.
10. If one of the 3 specialities in Item 9 is not available in the main hospital the practice may be carried out in another institution which meets the educational requirements. Any other experience, desired for student, which is not covered in Item 9 and not available in main hospital may also be carried out in another institution which meets educational requirements.
11. Appropriate dormitory shall be provided.
12. School administration shall be reliable.

Article 9. The school building and the main hospital to be used for nursing practice of the class-A nurse training school and that of the class-B nurse training school shall not be the same.

Article 10. School administrator of the training school shall report the following articles to the Minister of Welfare through the governor of urban or local prefecture in which the training school exists during every July:

1. Changes among instructors in last school year.
2. Management conditions and setting account of income and expenditure in last school year.
3. Outline of the enforcement of education in last school year.
4. The classified number of students in last school year.
5. The number of graduates of last school year and their situation up to June 31.
6. Total number of patients in hospital and out-patients and deliveries of the practical training facility in last school year.
7. Fiscal plan of income and expenditure in this school year.

Article 11. When the Minister of Welfare recognized concerning its educational method, its facilities or other substances of the authorized training school to be unworthy, he can give the administrator necessary indication.

Article 12. When the authorized public health nurse training school, midwife training school, class-A nurse training school or class-B nurse training school become unapplicable to the provisions mentioned Article 5 to Article 8 inclusive respectively or do not obey the indication under the preceding Article, the Minister of Welfare can cancel his authorization.

Article 13. When the Minister of Welfare thinks it is necessary to do, he can order to have the administrator of the authorized training school submit necessary report or have official concerned inspect the authorized training school. The official concerned under the preceding paragraph must have the certificate with him.

## Supplementary Provisions:

- Article 14. This Ministerial Ordinance shall enforced on and after the day of its promulgation.
- Article 15. In the authorized public health nurse training school, one who comes under Paragraph 1 of Article 62 of the Ordinance or who applies and passes the class-A nurse examination under Paragraph 3 of Article 64 may be permitted to enter in spite of the provision of Item 1 of Article 5.
- Article 16. In the authorized midwife training school, one who comes under Paragraph 1 of Article 63 of the Ordinance or who applies and passes the class-A nurse examination under Paragraph 3 of Article 64 of the Ordinance may be permitted to enter in spite of the provision of Item 1 of Article 6.
- Article 17. In the authorized class-A nurse training school, one who comes under Paragraph 1 of Article 64 of the Ordinance or who graduated from girls' high school under former Secondary School Ordinance or who passes the examination for licence under the regulation of examination for licence to enter college or who gets a licence without examination to enter general college may be permitted to enter in spite of the provision of Item 1 of Article 7.
- Article 18. In the authorized class-B nurse training school, one who graduated from higher course of national school under the former National School Ordinance or who finished second years course of secondary school under the former School Ordinance may be permitted to enter in spite of the provision of Item 1 of Article 16.
- Article 19. Concerning the regular instructor as public health nurse under provision of Item 4 of Article 5, for the time being after September 1, 1950, one who comes under Paragraph 1 of Article 62 of the Ordinance may occupy this position.
- Article 20. Concerning the regular instructor as midwife under the provision of Item 4 of Article 6. for the time being after September 1, 1950, one who comes under Paragraph 1 of Article 63 of the Ordinance may occupy this position.
- Article 21. Concerning the regular instructor as class-A nurse under the provisions of Item 4 of Article 7 or Item 4 of Article 8, for the time being, one who comes under Paragraph 1 of Article 64 of the Ordinance may occupy this position.
- Article 22. The designation of the Training School of Men-Nurses, shall apply correspondingly the provision of this Ministerial Ordinance.

"The Japanese Nurses and Midwives Assoc.

National CONSTITUTION

7-B

JAPANESE MIDWIVES CLINICAL NURSES PUBLIC HEALTH NURSES ASSOCIATION

ARTICLE 1. NAME

This association shall be called the Japanese Midwives, Clinical Nurses, and Public Health Nurses Association.

ARTICLE 2. PURPOSE

The purpose of this Association shall be to promote moral character, professional knowledge and skill, and mutual friendship of midwives and nurses and to endeavor in the advancement of professional education.

ARTICLE 3. OFFICE

This Association shall have its offices in Tokyo-To.

ARTICLE 4. AMENDMENT OF CONSTITUTION

This constitution can be amended at any ordinary general meeting. To amend a two-thirds vote of the active members who are present and who vote is necessary. But in this case the proposal for amendment should be mailed to active members at least two months before the meeting. It can be amended even without notice prior to the general meeting if a unanimous vote of the active members who are present and who are voting is had.

BY-LAWS

ARTICLE 1. MEMBERSHIP

Paragraph 1

The membership will be divided into active members and honorary members.

Item 1 - Active members shall be classified into the following three classifications:

- a. Active midwife members. Those who are licensed and are active as midwives in the prefectures.
b. Active clinical nurse members. Those who are licensed and are active as clinical nurses in the prefectures.
c. Active public health nurse members. Those who are licensed and are active as public health nurses in the prefectures.

Item 2 - Honorary members shall be those who have contributed to any of the professions of midwifery, clinical nursing, public health nursing. They shall be recommended by the Board of Directors. They shall be elected at the ordinary general meeting by the unanimous vote of the active members who are present and who vote. The number of honorary members elected at any meeting shall not exceed three. Honorary members cannot be officers and they do not have voting rights.

Paragraph 2 - Method of joining the association. Membership application shall be submitted to the chief secretary with membership dues for one year. The Secretary shall send dues to the Treasurer and the application to the membership committee. The membership committee shall decide the eligibility of applicants and shall present to the Board of Directors a list of the names of applicants with recommendation or disapproval. The Board of Directors shall approve those who have been recommended by the membership committee. Upon the approval of the Board of Directors the applicant becomes a member. To those applicants who have not been permitted to join the association the Treasurer shall return membership dues.

Paragraph 3 - Membership dues.

Item 1 - The membership dues of the active members shall be twenty yen per year.

Item 2 - No membership dues shall be required of honorary members.

Item 3 - Annual membership dues for the period of one year from April 1 to March 31 shall be paid in advance by March 1 for the following fiscal year.

Item 4 - If a member fails to pay her membership dues for the period of over two months she shall automatically lose her membership. However, upon payment of her membership dues for the current year she may recover her membership.

Paragraph 4 - Withdrawal. When an active member wants to withdraw she may do so. However, she shall notify the chief secretary by written paper. She shall lose all her rights concerning the assets of the association.

Paragraph 5 - Expulsion. When an active member violates the by-laws or due to some other proper reasons if she is considered unqualified as an active member, the Board of Directors shall ask her to be present and after investigating about the truth of the things with the approval of two-thirds of the Board of Directors, she may be expelled. Those members expelled can be re-admitted only upon the approval of two-thirds of the Board of Directors.

## ARTICLE 2. OFFICERS

Paragraph 1. The officers of the Association shall be as follows:

President of Board of Directors	3rd Vice-President
1st Vice-President of Board of Directors	Secretary
2nd Vice-President of Board of Directors	Treasurer

Paragraph 2. The term of service of those officers elected at the ordinary general meeting shall begin upon the conclusion of the ordinary general meeting and continue until the term of service is up or until a successor is elected by the following method.

Paragraph 3. With the exception of the President of Board of Directors and the 1st Vice-President of Board of Directors, all the other vacancies shall be filled by appointment by the Board of Directors.

Paragraph 4. The President of Board of Directors shall be the chairman of the Board of Directors, and with the approval of the Board of Directors the President of Board of Directors shall appoint all the standing committees (except the nominating committee) and special committees. Furthermore the the President shall be a member ex-officio of all the committees except nominating committee. And also the President shall control all the meetings of the Board of Directors and shall discharge all the duties pertaining to her office.

Paragraph 5. The Vice-Presidents of Board of Directors by their ranks shall substitute for the President of Board of Directors in her absence. When the post of the President of Board of Directors is vacant, the 1st-Vice-President of Board of Directors shall assume the duties of the President of Board of Directors, the 2nd Vice-President of Board of Directors shall assume the office of the 1st Vice-President of Board of Directors, the 3rd Vice-President of Board of Directors shall assume the office of the 2nd Vice-President. When the post of the 1st Vice-President is vacant, the 2nd Vice-President shall assume the office of the 1st Vice-President of Board of Directors.

Paragraph 6. The chief Secretary shall submit membership application to the membership committee, membership dues sent with the application to the Treasurer, and shall keep an accurate register of all the names and address of all the members. The chief secretary shall notify all the officers elected of the result of the election, and shall also notify the members of committees who have been appointed of their appointment and also shall notify all the members of the association of the time and place of the ordinary general meeting. She shall also manage general communication of Board of Directors and the Association.

Paragraph 7. The Treasurer shall collect all membership dues and other income and shall deposit it in a bank approved by the Board of Directors. The Treasurer shall disburse the funds only with the consent of the President. The treasurer shall keep an accurate itemized income and disbursement record and shall make a paper report at each regular meeting of the Board of Directors and of the association. The treasurer shall submit all the account books for auditing of accounts as designated by the Board of Directors.

Paragraph 8. The officers upon termination of their term of service shall within two weeks time turn in to the Board of Directors the account books records and all other property belonging to the Association.

Paragraph 9. The officers and directors of this association shall be elected from among the active members.

### ARTICLE 3. ELECTION

Paragraph 1. The President of Board of Directors, the 2nd Vice-President of Board of Directors and the Treasurer shall be elected at the ordinary general meeting in even years (Japanese year). The 1st vice-president, the 3rd vice-president and the chief secretary shall be elected at the ordinary general meeting odd years (Japanese years).

However, at the ordinary general meeting of April 1947, the 1st Vice-President of Board of Directors, the 3rd Vice-President and the Secretary shall be elected and their term of service shall be until the ordinary general meeting of 1948.

The term of service shall be two years. However reelection to the same office more than twice shall not be allowed.

Paragraph 2. In April 1950 and at the ordinary general meeting each year thereafter, five Directors shall be elected and their term of service shall be three years or until their successors have been elected or appointed as stated in Article 4, Board of Directors, Paragraph 5.

The Directors shall be one each from the nine Japanese administrative areas, one from Tokyo-To, and five from the general membership.

However, at the ordinary general meeting in 1947, one Director shall be elected from each of the nine Japanese administrative areas, one from Tokyo-To, and five from among the general membership. Out of the elected fifteen Directors those who receive the five highest number of votes shall serve the regular three year term until the ordinary general meeting in April 1950, and those who receive the next five highest number of votes shall serve for two years until the ordinary general meeting in April 1949, and those who receive the lowest five number of votes shall serve one year until the ordinary general meeting in April 1948.

At the ordinary general meeting in April 1948, five directors shall be elected for the vacancies and their term of service shall be three years.

At the ordinary general meeting in April 1949, five directors shall be elected and their term of service shall be three years.

Paragraph 3. All elections shall be by ballot only.

Paragraph 4. An election shall be constituted by a vote of more than one half of the active members present.

Paragraph 5. The time of opening and closing of the voting place shall be decided by the Board of Directors.

Paragraph 6. Before voting starts nominations shall be allowed from among the audience and voting shall not be limited only to the nominees.

Paragraph 7. The President of Board of Directors shall appoint the examiners for opening ballots before the voting starts and the chief secretary shall have handed a complete list of names of active members to the chief examiners before the voting starts.

Paragraph 8. In case for one vacancy two or more people receive the same number of votes the oldest one shall be considered elected.

ARTICLE 4. BOARD OF DIRECTORS

Paragraph 1. The Board of Directors shall be composed of the officers and fifteen directors of the Association.

Paragraph 2. The Board of Directors shall hold the regular meeting of the Board of Directors preceding the ordinary general meeting of the Association and besides shall hold a meeting of the Board of Directors at least once a year.

Paragraph 3. Special meetings of the Board of Directors may be called by the President. However, the President shall call a meeting upon a written request of at least eight or more directors.

Paragraph 4. If a director fails to be present at regular meetings for three consecutive times without the approval of the Board of Directors she shall automatically lose her position.

This vacancy shall be filled according to the by-laws.

Paragraph 5. Should a vacancy occur among the fifteen Directors, the President shall fill it by appointment with the approval of the Board of Directors.

Paragraph 6. The duties of the Board of Directors are as follows:

- Item 1 - The management of the general business affairs of the Association between meetings.
- Item 2 - Reports of business mentioned above to the Association at each ordinary general meeting.
- Item 3 - Selection of a legal deposit agency for depositing funds.
- Item 4 - To arrange for examination of account books by a special certified accountant at least once a year.
- Item 5 - The approval of all the committee members who have been appointed by the President of Board of Directors.
- Item 6 - The establishment of special committees when necessary.
- Item 7 - The decision of the nature and number of publications.
- Item 8 - Take charge of all books and all documents of the Association.
- Item 9 - It shall admit to membership those who have been approved by the Membership Committee and shall present a report of such admissions at the next ordinary general meeting.
- Item 10 - It shall call both the ordinary general meeting and extra-ordinary general meetings of the members whenever it is necessary.
- Item 11 - It shall present to the voting body of the Association at the ordinary general meeting all proposed amendments with the recommendation for adoption or non-adoption which have been submitted by the By-laws and Revisions Committee.

Paragraph 7. The Board of Directors shall not go into debt for more than \_\_\_\_\_ without the approval of the Association.

ARTICLE 5. COMMITTEES

Paragraph 1. The standing committee shall be constituted of active members, and shall manage the duties specified in the By-laws of the Association and designated by the Board of Directors. The committee members shall elect their own chairmen. The chairmen of the standing committee shall give a report to the Board of Directors at the meeting of the Board of Directors held immediately preceding the ordinary general meeting and also give a report when required by the Board of Directors. The chairmen of the standing committees shall give a report to the members of the Association at the ordinary general meeting.

Paragraph 2. The following standing committees shall be appointed by the President with the approval of the Board of Directors in the even years (Japanese year).

Item 1 - The Membership Committee. The membership committee shall be composed of 11 persons, (1 from each of the 9 districts and 2 from Tokyo-To). The membership committee shall decide the eligibility of applicants and shall present to the Board of Directors a list of names of applicants with recommendation or disapproval.

The membership committee shall recruit members for the Association.



Item 2 - Finance Committee. The Finance Committee shall be composed of persons including the treasurer of the Association. The duties of this committee shall be to make the budget for the year and submit it to the Board of Directors, to become a party to consultations and expenditure of the Association's funds and also the financial problems of the Association.

Item 3 - Program Committee. This committee shall be composed of at least 3 persons and shall prepare the general program of the ordinary general meeting of the Association (which shall be sent to the Secretary two months in advance) and shall become a party to consultation with the Board of Directors concerning the general program of Association activities and shall carry on activities to promote the above-mentioned activities.

Item 4 - Arrangements Committee. This committee shall be composed of at least 3 persons and shall make the necessary arrangements for the ordinary general meeting and emergency meetings.

Item 5 - Publication Committee. This committee shall be composed of 5 persons, representatives of midwives, clinical nurses, public health nurses. This committee shall recommend the Board of Directors concerning the matters of official publication of this Association and also take part in discussion in all matters concerning publications.

Item 6 - Education Committee. This committee shall be composed of 5 persons including representatives of midwives, clinical nurses, public health nurses and shall take part in discussion with the Board of Directors concerning Midwifery, Clinical Nursing, Public Health Nursing Education, and also shall advise educational institutions concerning the above-mentioned and also shall carry on activities to promote above-mentioned. This committee shall be responsible for all liaison between this Association and the Ministry of Welfare and the Ministry of Education in matters pertaining to midwifery, clinical nursing, and public health nursing education.

Item 7 - Constitution and By-Laws Committee. This committee shall be composed of 5 committee members and shall manage all amendment proposals concerning the Constitution and By-laws of the Association. The committee shall consider all proposed amendments to the By-laws and shall submit report on proposed amendments to the Board of Directors.

Paragraph 3. Nominating Committee. The nominating committee shall be composed of 7 committee men who will include representatives from midwives, clinical nurses, and public health nurses, elected at the general meeting and shall attend to their duties until the next general meeting. This committee shall have a chairman. The duty of this committee shall be to nominate at least 2 or more candidates for each of the following positions which is vacant President of Board of Directors, 1st, 2nd, 3rd Vice-Presidents of Board of Directors, Chief Secretary, Treasurer totaling 5 directors and 7 nominating committee members. (See Article 3 Paragraph 2) This name list of candidates shall be prepared from the name list of active members prepared by the chief Secretary. This name list shall include representatives from Midwives, Clinical Nurses, and Public Health Nurses, and shall be a name list of those who have ability to carry on such duties and shall also include representatives of the Japanese geographic areas.

The chairman of the committee shall call a meeting at least two months preceding the ordinary general meeting.

The report of this committee shall be sent to the chief secretary at least six weeks before the ordinary general meeting and shall be sent to all the members of the association one month before the ordinary general meeting. Names of the candidates shall not be recorded without their approval.

#### ARTICLE 6. MEETINGS

Paragraph 1. Ordinary general meetings shall be held in April every year. The time and place shall be decided by the Board of Directors.

Paragraph 2. The Board of Directors may call extra-ordinary meetings. The President may call meetings upon the request of a majority of the Board of Directors. Also the President shall call meetings upon the written request from at least 1000 members. The time and place of the emergency meeting shall be decided by the Board of Directors. An official notice of the emergency meeting stating the time, place and purpose of the emergency meeting must be sent to the members at least 6 weeks before the meeting.

Paragraph 3. Order for business of ordinary general meeting is as follows:

1. Opening of Meeting
2. Reading of Business of Previous Year Regular General Meeting and Special Meetings.
3. Report of Board of Directors
4. Report of Secretary
5. Report of Treasurer
6. Report of Standing Committees
7. Report of Special Committees
8. Report of each Section
9. Greetings of President (Board of Directors)
10. Report of Old and New Business and Plans
11. Election of Officers
12. Closing of Meeting.

#### ARTICLE 7. SECTION

Paragraph 1. A section may be established with the majority vote of the Board of Directors of the Association.

Paragraph 2. A section shall not possess executive, legal, or administrative functions in the Association. However, this shall carry on its activities as a study organization for the well-rounded development and improvement of mid-wifery or clinical nursing or public health nursing. Moreover it can give advice to Board of Directors.

Paragraph 3. Each section may make its own rules. However, they shall be approved by the Board of Directors.

Paragraph 4. Officers of a section shall be as follows:

- 1 Chairman of Section
- 1 1st Vice-Chairman of Section
- 1 2nd Vice-Chairman of Section
- 1 Chief Secretary
- 1 Treasurer

The candidates for the above-mentioned posts shall be announced by the nominating committee for the section and this name-list of candidates shall be included in the report of the Nominating Committee of the Association. Election shall be held at the time of the ordinary general meeting of the Association.

Paragraph 5. The sections may be disbanded due to the following reasons, with the vote of two-thirds of the Board of Directors.

- Item 1 - With the request of the section
- Item 2 - With the agreement of the Board of Directors and the Advisory Council that it is no longer necessary to continue the section
- Item 3 - When the section cannot fulfill its aim or when the section cannot meet the purport and demands of the Association

#### ARTICLE 8. REPRESENTATION

Paragraph 1. The voting body at all the meetings of this Association shall be constituted of the active members present.

#### ARTICLE 9. QUORUM

Paragraph 1. The quorum of the ordinary general meeting shall be more than 2 officers and more than 100 active members.

Paragraph 2. The quorum of the emergency general meetings shall be more than 150 active members.

Paragraph 3. The quorum of the meetings of the Board of Directors shall be 7 directors, out of whom 2 shall be officers of the Association.

ARTICLE 10. FISCAL YEAR

Paragraph 1. The fiscal year of this Association shall be 1 April thro 31 March.

ARTICLE 11. FUNDS

Paragraph 1. The funds of this Association shall include the following:

- (1) Membership dues and subscriptions
- (2) Subsidy
- (3) Donated money and material
- (4) Interest

ARTICLE 12. AMENDMENTS

Paragraph 1. These by-laws may be amended at any ordinary general meeting. To amend, a two-thirds vote of the active members who are present and who vote is necessary. But in this case the proposal for amendment should be mailed to active members at least two months before the general meeting. They can be amended even without notice prior to the ordinary general meeting if a unanimous vote of the active members who are present and who are voting is had.

ARTICLE 13. PREFECTURAL BRANCH ASSOCIATION

Paragraph 1. Prefectural branch associations may be admitted to membership as a prefectural branch association with the majority vote of the Board of Directors of the general association.

Paragraph 2. A branch association shall not possess executive, legal, administrative functions in the Association. However, this branch association may carry on liaison activities between the general association and the individual members of the general Association.

Paragraph 3. Each branch association will function under the constitution and by-laws for a branch association, which are established by the general Association. However, a branch association may amend its constitution and by-laws, or make additions to it with the majority vote of the Board of Directors of the general Association.

Paragraph 4. When it cannot fulfill its aim or when it cannot fulfill the purport and demands of the general Association, or due to some other proper reasons, if a branch association is considered unqualified as a member, the Board of Directors shall ask the officers of the Branch Association to be present and after investigating about the truth of things, with the approval of two-thirds of the Board of Directors, it may be expelled. An association expelled can be re-admitted only upon the approval of two-thirds of the Board of Directors.

ARTICLE 14. REPEAL

Paragraph 1. This constitution and by-laws repeal the previous one.

## Committee of Association

7B

## 1. Agenda for first meetings of committees.

All members of the committee should be present at this meeting. The president of the association or her representative should sit in on all meetings. This person is in an ex-officio capacity and does not have the right to vote. This meeting should be held immediately following appointment.

- A. Elect chairman - should not be the president or her representative.
  - B. Choose secretary - should write simple accounts of the meetings of the Committee - does not keep minutes of the meetings and is not responsible for the general communications of the Committee - that is the chairman's responsibility.
  - C. Discuss functions of the Committee.
  - D. Plan activities of the committee for the coming year.
  - E. Delegation by Chairman of the specific activities to be carried on by the individual members of the Committee.
  - F. Date and place for next committee meeting.
  - G. Adjournment.
2. Duties of Chairman of Committee.

- A. Will preside at Committee meetings.
- B. Will be liaison between committee and officers and Board of Directors of Association.
- C. Will give a complete report of the activities of the committee to the Board of Directors at the meeting of the Board immediately prior to the annual meeting and whenever requested.
- D. Will give a report to the members at the annual meeting.
- E. Will assist the chairman of the respective committees of the sections and the Branch Associations in establishing their program.
- F. Will consult with chairman of respective committees of the sections and prefectural branch associations so that the activities will be harmonious and to reduce duplications.
- G. Will delegate special activities to the individual members of the Committee.
- H. Will call all meetings of the committee.
- I. Will notify all committee members and president of association of date and place of meetings.

## Nominating Committee

## 1. General information.

1. These notes are to describe the organization and define the functions of a Nominating Committee. The duties of this committee are of utmost importance. It has the responsibility of selecting the people who will hold the positions of leadership in the organization.

- B. This means that the people on this committee should be individuals who have the ability to recognize the qualities of others and from this judgment select candidates for these offices. This requires that this committee shall assemble in complete objectivity. The committee must be interested in the aims and growth of the organization and select their candidates as the individuals most capable of gaining these aims. All selections must be made on the basis of interest and ability of the proposed candidate and not on personal feelings or traditional customs.
- C. The committee must contact able members of the organization and stimulate their interest in the organization, so that they will be willing to accept the nomination for office.
- D. It is important that the name list of nominees shall contain representatives from clinical nurses, public health nurses and midwives. Therefore the committee chairman should consult with the chairmen of the nominating committees of the three sections so that she can be kept alert and informed regarding all potential candidates.
- E. The name list of nominees shall also be representative of Japanese geographic areas. The committee should urge all Branch Prefectural Associations to submit names and brief biographies of nurses in their prefectures who would make good officers.

## 2. Organization of the committee.

The nominating committee is elected by the members of the association at the annual meeting.

The chairman is elected by the members of the committee.

The committee will serve for one year, or until the close of the following general meeting.

## 3. Duties of the nominating committee.

A. The committee will meet immediately after appointment. The purpose of this meeting will be to inform the members of the duties of the committee and of the offices to be filled at the following election. Thus the members would be prepared to give serious consideration if possible candidates for the following year.

B. The committee will then meet again at least four months before the annual meeting. This meeting should be held no later than December 15th.

At this meeting they will select at least two candidates for each vacancies. Since some of these individuals may be unable or unwilling to serve if elected, the committee should also select two addition persons who could be contacted if the original selections refused the nomination. The chairman of the committee can then contact those people if necessary and not have to call a new meeting of the committee if either of the two candidates refuse to serve.

C. The chairman of the committee will then contact each of the original persons selected as candidates and get their consent to serve if elected.

If the candidate refuses to accept the nomination the chairman will then contact the individuals named above.

If she is unable to get a list of at least two persons for each vacancies she will have to call the committee together for further selection.

D. The committee will have a final meeting at least two months prior to meeting to get the name list in final form.

E. The report of the committee will be mailed to the chief secretary at least six weeks before the ordinary general meeting.

Because of the nature of committee activities the president or her representative do not sit in on the meetings.

Constitution and By-Laws Committee Suggestions for Chairman of the Committee

1. General information.

A. These notes are to describe the organization and to define the functions of a Constitution and By-Laws Committee and to suggest general rules. This committee is important as it has the responsibility of study of constitution to see that it is up-to-date and meets the needs of the any changing situation.

2. Organization of Constitution and By-Laws Committee.

Committee shall be composed of 5 persons, including representative of mid-wives, clinical nurses and public health nurses.

3. Duties of the Constitution and By-Laws Committee.

A. To consider all details regarding proposed changes or additions to constitution.

(1) The committee shall receive all written suggestions regarding constitutions changes or amendments. These may come from individual nurses or Board of Directors.

(2) The committee shall then carefully study these proposals to make a decision as to recommendation and not recommended.

(3) All proposed changes of amendments will be put into final form regardless of decision of committee.

Sample -

	Original	Proposed	Opinion of Committee
1.	.....	.....	Recommended
2.	.....	.....	Not recommended

4. The committee shall meet at least 4 months prior the ordinary general meeting to make final decisions on proposed changes to get the report into final form.

5. Any constitutional changes or additions must be in mimeographed or printed form at least 10 weeks prior to ordinary general meeting.

6. The constitutional changes or additions must be in the mail to each active member of association at least two months before ordinary general meeting.

B. The committee shall advise Board of Directors on all matters regarding legislation.

PROGRAM COMMITTEE

Suggestions for the Chairman of the Committee

1. General Information

A. These notes are to describe the organization and to define the functions of a Program Committee and to suggest general rules to observe in choosing topics for the programs. It must be remembered that each program should be of interest and of educational value to the organization members. How the program is planned and presented is as important in determining the interest shown by the members as is the choice of the speakers and the participants. The great responsibilities of the committee make it one of the most important of the standing committees.

- B. At the start of the association's fiscal year, the Program Committee should make a general plan to cover the general meetings which will occur within the year. On the national levels, this will mean the association meeting and the section meetings. On the district level, it will also mean the general association and the section meetings.
- C. The program must be flexible enough to allow for changes in the meetings, if unexpected events occur, or if the opportunity is presented to secure an unusual or outstanding speaker.
- D. One of the functions of the committee is to stimulate interest and enthusiasm among the members. Good publicity for the meeting is one of the major projects of the committee. This is very important, because any speaker should be able to expect an interested audience, intelligently aware of the speaker's subject. The members should be able to expect an interesting speaker on a subject which concerns the members. It is up to the Program Committee to satisfy both speaker and audience.
- E. The content of the programs should depend upon and revolve around the objectives of the associations and the respective sections. It is largely through meetings that the objectives and aims of the association can be explained and interpreted to the individual member.
- F. As the prefectural and district activities are usually planned in relation and with reference to the national activities, and as the section activities, too, are closely related to the general association, it is well for the chairman of the district and section committee to consult with the chairman of the Association Program Committee.
- G. Since the district association will be the link between the national association and the prefecture, the district chairmen should be familiar with prefectural activities.

#### 11. Organization of a Program Committee

##### A. Chairman

1. Chosen by the members of the committee.
2. Chairman must have an interest in, and an appreciation for
  - a. The needs and problems of the members
  - b. Current trends and developments in the profession
  - c. Possibilities for
    - (1) Improving the programs for meetings
    - (2) Good speakers
    - (3) New methods of presenting subjects.
  - d. Sources of information and assistance
  - e. Needs and resources in nursing and midwifery

(The primary qualifications of a person to serve as a chairman might be as follows: intelligent interest and recognition of the responsibility of her office; a broad knowledge of the Japanese Midwives', Public Health Nurses', Clinical Nurses' Association and its purposes and aims; a true interest in her profession; an intimate knowledge of the professional magazines; a working knowledge of parliamentary law and procedure; previous experience of committee/ or as an officer in a professional organization.) work

##### B. Committee Members.

1. Appointed by the president or chairman of an association or section and approved by a board of directors.
2. Members should be representative of the various fields of nursing practice so that there will be different points of view.

(Primary qualifications might be as follows: intelligent interest in the association aims and purposes; desire to live up to the responsibilities of the position; a real willingness to work for the committee. All the points noted for a chairman apply to members, with the possible exception of previous experience as a committee member or officer of a professional organization.)

## III. Duties of the Program Committee

- A. To plan the program of meetings for the year. This must be done with close attention to the current trends in the professions as a whole and with specific application to the interests, needs, and problems of the professions.
- B. To set up plans for meetings to include
  1. Selection of a main topic for each meeting based on the following principles
    - a. It is better to consider one topic from all angles than to touch the surface of many topics. Discussion should cover the various points of view on a topic, especially when the topic is of a controversial nature.
    - b. A panel discussion or a symposium will show the different varieties of opinions and points of view, and will increase the interest, and provoke thinking and discussion by the audience. A lecture may show only the knowledge and point of view of the speaker.
  2. Planning the program around the main topic, not around a speaker.
  3. Co-ordination of the plan with the meeting. (It is necessary to consult the by-laws for the order of business.)
    - a. Allot the time to be allowed for
      - (1) Business of the meeting
      - (2) Speaker or speakers
      - (3) Discussion time
      - (4) Entertainment, if any, or luncheon or dinner
- C. Points to remember in planning meetings.
  1. If the association is large and there are many committee reports and much business, it is probably better to divide the time to allow for an agenda to include the business matters, and plan for separate meetings for the non-business programs and entertainment. If the program is too crowded, the audience becomes tired and inattentive. Or the time allowed for the later speaker or speakers is used before his scheduled subject is reached. If the meeting is running overtime, a speaker feels that he is increasing the fatigue of his listeners. He cannot shorten his talk without destroying its continuity and its clarity, and there is no time for discussion.
  2. It may be possible to plan for institutes on subjects which require detailed handling, apart from the regular meetings and in addition to them. Those members interested in the particular subject could attend these institutes and the other members need not remain after the regular meeting.
  3. It will be necessary to adapt any suggested plan to current conditions and situations. It is only after experimentation and careful observation of many meetings that the best methods will be learned for conducting later meetings.
  4. The date chosen for the meeting must not coincide with that of another event in which many of the members will be interested. The hours for the meetings should be planned to insure the greatest attendance.
- D. To arrange for speakers
  1. One member of the committee, probably the chairman, should be responsible for all the correspondence and interviews with prospective speakers. All correspondence should be cleared with the president or chairman of a section, or the secretary. It is well to make a duplicate copy of all correspondence for the officers' files.
  2. The speaker should be requested to notify the committee in ample time to arrange for another speaker and to make changes in the printed program if it is necessary to change the time or if the speaker cannot keep the engagement.
  3. Give the speaker information which may be of help in planning the talk.



4. Forward to each speaker a copy of the entire program so that each speaker will have correct information about:
  - a. Subjects to be discussed
  - b. Other speakers on the program
  - c. Correct time and place for the meetings
  - d. If not clearly indicated in the program the talks and greetings which the speaker will be expected to make should be outlined in an accompanying letter to each speaker
5. Thank each speaker by letter for participating in the program as soon as possible after the meeting.

#### IV. The objective of the Program Committee

To stimulate the interest of every member of the profession so that all will be interested in joining the association, will become well-informed and active members of the associations and so will make increasingly valuable contributions to society in general and to professional nursing service.

#### V. Principles for program planning to meet objective

- A. Programs should interpret the objectives of the association
- B. Careful consideration should be given to current trends and developments in the members' fields and in related fields such as medicine, public health, social welfare.
- C. Programs should be presented so that each member will reach an appreciation of her partnership and responsibility in the profession.
- D. Programs should present items which relate directly to the members, such as (in program for the whole year)
  1. Study and discussion of the status in regard to:
    - a. General education
    - b. Professional education
    - c. Salaries, income, employment conditions affecting the members
  2. Opportunities for wise use of leisure time:
    - a. Through recreation
    - b. Through reading, special courses, study
- E. Since a program must be kept up-to-date, the program committee must pay careful attention to local, regional, national events which make demands on members of the profession as nurses and citizens. Such events are disasters, such as fire, earthquakes, epidemics; health programs to eradicate a certain disease; social programs to raise standards of health, of education, of living. The program committee should plan to present material on any such events to the members as soon as possible.

#### FINANCE COMMITTEE

- I. General Information: These notes are to describe the organization and to define the functions of the committee on Finance.
- II. Organization of the Finance committee:
  1. The members of the finance committee are appointed by the presiding officer of the section or association and approved by Board of Directors. The chairman of the committee is designated by the presiding officer of section or association. The Treasurer of the section or association is a member.
  2. The members should be representative of the various fields of nursing practice.

### III. Duties of the Finance Committee

- A. To consider all details regarding the annual budget of the organization. The committee should be completely informed as to the income of the organization dues, contribution etc.  
The committee should be informed as to routine operating expenditures for the year as well as the estimated expense for any activity which the organization wishes to undertake.  
The budget is always prepared for a fiscal year.  
The budget must be presented to the Board of Directors prior - to the regular meeting of the Board of Directors which is held preceding the annual meeting.
- B. The committee shall advise Board of Directors and Organization as to expenditures of funds.  
Before the Board of Directors can consider any proposed activity which involves the expenditures of funds the matter must be referred to the finance committee. The committee will consider the proposed activity in terms of financial aspects. They will report on - estimate cost of activity and the availability of funds to meet this proposed expense. If no funds are available the committee will then consider various methods by which the money can be raised.  
They then send a report of their findings and recommendations to the Board of Directors.
- C. The committee shall carefully study the total financial situation of the organization.  
They will then make recommendations to the Board of Directors regarding any suggested changes, either in income or expenditures.

### Education Committee Suggestions for Chairman of Committee

#### I. General Information.

- A. These notes are to describe the organization and to define the functions of an Education Committee, also to suggest general rules. This Committee has very great responsibilities as it will deal with both basic and higher education for both nurses and midwives. The scope of the committee can be unlimited as the educational problems and needs of Japan are today very great.
- B. Because of the immensity of the problem, it may be better for the committee to establish a workable program with established limitations. For instance, the first year the Committee will place emphasis on study and preparation of educational materials (articles for magazines, radio programs, etc.) to aid in the recruitment of student nurses. They also might study the needs in books and current literature. They could study the types of material which is most needed and could be best used. They could consult able nurses in Japan and encourage them to write such material for current publications. They also could consider the advisability of using translations and be responsible for arranging for such translations.
- C. At a later date, committee might work on the surveys of schools of nursing - preparation of a curriculum guide. Through efforts of the Education Committee the organization should be able to give concrete educational advice to the schools of nursing.
- D. It is better for the Committee to carefully study a small part of the problem at one time and to be able to give concrete, definite assistance than to attempt to study the wide-overall situation.

#### II. Organization of the Education Committee.

Committee shall be composed of five members, including representatives of midwives, clinical nurses, and public health nurses.

### III. Duties of Educational Committee.

- A. This committee must carefully consider and list the educational needs and problems in Japan.
- B. The Chairman of the Committee will consult with educational committees of sections so that the work of these committees will be in harmony and that there will not be duplication of work and effort.
- C. The Committee will then consider tentative plans for year's program. In planning program, it is well to consider total aim so that each year's program will supplement and add to the total aims.
- D. The committee will be liaison between the Association and Ministry of Welfare and Ministry of Education on all matters relating to education of nurses and midwives. This will be in relation to both, to legislation and standards.

### ARRANGEMENTS COMMITTEE

- I. General Information. These notes are to describe the organization and define the functions of a Committee on Arrangements. The smooth conduct of any meeting will do much toward making the meeting successful.
- II. The arrangements committee works very closely with the Program committee. At the start of the fiscal year, when the Program committee makes its general plan for the year the arrangements committee will also make its preliminary plans.
- III. Organization of the Committee. The arrangements committee is appointed by the presiding officer of the section or association, chairman appointed also, or chosen by the members of the committee.
- IV. Duties of the Arrangements Committee.
  1. To take care of all the details that will insure a smoothly running program.
  2. To arrange details which will add to the success of the meeting, and be effective for the comfort of the audience and efficiency of the presiding officer and participants in the program:
    1. Plan for rooms which will be large enough to hold the audience. Plan extra meeting rooms of proper size and type including adequate furnishings, if more than one session is scheduled at the same hour.
    2. Arrange for a room to provide:
      - a. Good light and ventilation.
      - b. Comfortable seats in sufficient numbers to accommodate the members.
      - c. Table or stand placed at the front of the platform so that speakers will have a place on which to lay notes and reference material.
      - d. Light on the stand or table.
      - e. Amplifying system - with microphone adjustable for height.
      - f. Flowers - if platform is elevated arrange flowers to hide the speaker's feet.
      - g. Tables and Chairs on the platform for the presiding officer and secretary.
    3. Arrange for printed programs of meeting. These should be ready early enough to allow time for publication in professional magazines and for distribution to the members in advance of the meeting.
    4. Arrange for publicity regarding the meeting - in magazines, over the radio.
    5. If election by ballot is to be held, arrange for printing ballots.
    6. If there are to be exhibits, plan for all the details regarding space, sponsors, rental.
    7. Arrange for housing, food facilities, transportation facilities for guests and members - luncheon and dinner meetings.

8. Plan for the meeting to begin and end on time.
9. Arrange for areas for registration of all those attending the meeting - both general association and individual sections.
10. If ballot voting is to take place, arrange for voting room, where ballots can be marked in secret, and collected and held securely until time for counting.

## PUBLICATION COMMITTEE

### Suggestions for Chairman of the Committee

#### I. General Information

- These notes are to describe the organization and to define the functions of a Publication Committee and to suggest general rules. This is a very important committee as the publications should greatly contribute to the improved standards for nursing groups and for the increased knowledge for the individual.

It is hoped that the organization can edit its own magazine in the not-too-far future. Until that date they should utilize every available means to use the facilities already functioning. The Japanese nurses and midwives have a vital need for this material right now so that there should not be any delay in bringing it.

- B. One of the functions of the committee is to stimulate interest among the members in the preparation of material for the various publications. On a national level - this will mean the preparation of material to publicize the organization to arouse interest among all of the nurses in Japan.
- C. At the present time active members throughout the prefectures should contact nurses and urge them to submit material for publication.
- D. This material should be written in an interesting manner. It should be grammatically correct. It should contain material which will be informative and educational for the nurse. These articles must present information which will have a definite value to the nurse and midwife in Japan.
- E. All material thus published should be submitted to this committee for approval or disapproval. The committee will then take the responsibility of getting the approved manuscript to the editor. This procedure is important as it provides for group thinking in terms of judgement as to the value of material presented.

These articles must be judged on the basis of content of material and style presented rather than on the professional status of the writer. We would hope that our more experienced nurses would be able to present usable material that would contribute to knowledge of the average nurse. But we must also remember that often a younger, less experienced nurse may have a message to present and should be encouraged.

#### II. Organization of a Publication Committee.

Committee shall be composed of 5 persons including representative of midwives, clinical nurses and Public Health Nurses. The chairman shall be selected by the members of the committee.

#### III. Duties of the Publication Committee

- To consider all details regarding the publications through the Association.
  1. Contact the editors of nursing publication to interest him in assigning a stated amount of space to the association.