

GENERAL HEADQUARTERS
 SUPREME COMMANDER FOR THE ALLIED POWERS
 Public Health and Welfare Section
 APO 500

EX-10
 ADJ
 FIS

Pub Health

19 February 1949

SUBJECT: Staff Visits to Osaka, Kyoto and Nara

TO: Commanding Officer
 Kinki Military Government Region
 APO 301

1. In compliance with GHQ, FEC orders, the following staff visits are planned for the purpose of consultations and inspections of biologic laboratories.

a. Staff Visitors:	Dr. S. R. Bozeman Chief, Laboratory Branch
b. Teams to be visited:	Osaka ARR: 0730 1 March Lv: 0800 3 March Kyoto ARR: 0900 3 March Nara ARR: 0900 4 March

2. Conferences are desired with the following officers:

Military Government Public Health Officers
 Chiefs, Prefectural Health Departments
 Laboratory Control Officials.

3. Visits are desired to biologic products laboratories.

4. It is suggested that a program be arranged for the conferences and visits desired, guided by the allocated time.

S. R. BOZEMAN
 Chief, Laboratory Branch

Copies to:
 Osaka, Kyoto & Nara
 MG Teams

*Reservation at NDH confirmed
 by G-1*

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section
APO 500

14 February 1949

SUBJECT: Staff Visits to Kobe, Osaka, Kyoto and Nara

TO: Commanding Officer
Kinki Military Government Region
APO 301

1. In compliance with GHQ, FEC orders, the following staff visits are planned for the purpose of consultations and inspections of biologic laboratories.

a. Staff Visitor: Dr. S. R. Bozeman
Chief, Laboratory Branch

b. Teams to be visited: Hyogo, Osaka, Kyoto and Nara

Arr: Osaka -0730 22 February
To visit labs in Osaka-Kobe
Area 22 thru 24 February

Arr: Kyoto - 0900 25 February

Arr: Nara - 0900 26 February

M. Giff
G. G. Giff
G. G. Giff
Bell

*Postponed:
2 Feb - 3 March
1949*

2. Conferences are desired with the following officials:

- ✓ Military Government Public Health Officers
- Chief, Public Health Departments
- Laboratory Control Officials

3. Visits are desired to biologic products laboratories.

4. It is suggested that a program be arranged for the conferences and visits desired, guided by the allocated time.

S. R. Bozeman
S. R. BOZEMAN
Chief, Laboratory Branch

Copies to:
Hyogo, Osaka, Kyoto
& Nara MG Teams

14 Feb 49 Scap 300.4

5

699

gem

GENERAL HEADQUARTERS
 SUPREME COMMANDER FOR THE ALLIED POWERS
 Public Health and Welfare Section
 APO 500

25 January 1949

SUBJECT: Staff Visit to Hyogo Prefecture and Osaka Prefecture

TO: Commanding Officer
 Kinki Military Government Region
 APO 301, U. S. Army
 ATTN: Public Health Officer

1. In compliance with GHQ, FEC orders, the following Staff Visit to Military Government Teams has been planned for the purpose of inspecting commercial and governmental laboratories producing biologicals for animal use.

a. Staff Visitor:

Dr. C. Theo. Beechwood, Ass't Chief, Veterinary Affairs
 Division, DAC, P-5, PH&W, GHQ, SCAP.

b. Teams to be visited:

(1.) Hyogo MG Team	Arrive Sannomiya 7:52 — 7 February 49
	(In event unable to get train reservation, arrive 21:34 — 7 February 49)
	Leave 08:00 — 10 February 49
(2.) Osaka MG Team	Arrive 09:00 — 10 February 49
	Leave 20:00 — 12 February 49

2. Conferences are desired with the following officials at each designated stop:

- a. MG Public Health Officer (Hyogo)
Maj. H. Magens, Regional Veterinarian, morning 8 February
- b. Prefectural Chief of Animal Disease Division, morning 8 February
- c. MG Public Health Officer (Osaka)
Region Veterinarian, 10 February
- d. Prefectural Chief of Animal Disease Division, 10 February

3. Visits are desired to the following installations in each area:

TAKEDA Lab -

CFS/CTB/pb Osaka MG Team, APO 660

25 January 1949

**SUBJECT: Staff Visit to Hyogo Prefecture
and Osaka Prefecture**

- a. National Animal Hygiene Laboratory at Wadayama.
- b. Hyogo Prefectural Government Rabies Laboratory at Kobe.
- c. Kobe Hygiene Laboratory (Rabies) at Nagata-ku.
- d. Arima Laboratory, Osaka, Fukushima-ku.
- e. Osaka Bacterial Laboratory, Nishinomiya.

C. THEO. BEECHWOOD, VMD
Ass't Chief, Veterinary Affairs Division

COPIES TO:

Hyogo Military Government Team, APO 317
Osaka Military Government Team, APO 660

gm

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

RH-

10 January 1949

SUBJECT: Staff Visit to Okayama City (Okayama Prefecture)
and Osaka City (Osaka Prefecture)

TO: Commanding Officer, Osaka Military Government Team
APO 25, ATTN: Public Health Officer
Commanding Officer, Okayama Military Government Team
APO 317, ATTN: Dr. V. Jenkowski, Public Health
Officer

1. In compliance with GHQ, FSC orders, the following
staff visit to Military Government Teams has been planned for
the purpose of inspecting Japanese Nutrition activities.

a. Staff Visitor:

Miss A. R. O'Donnell, Chief, Nutrition Branch,
DAG, F-5, PH&W, GHQ, SCAP

Accompanied by Dr. T. Oiso, Japanese National,
Nutritionist, Ministry of Welfare

b. Teams to be visited:

(1) Okayama M. G. Team	Arrive 1935, 21 Jan 49
	Leave 1558, 23 Jan 49
(2) Osaka M. G. Team	Arrive 1935, 23 Jan 49
	Leave 2000, 24 Jan 49

2. Conferences are desired with the following officials
at each designated stop:

a. Prefectural Public Health Officials - 21 January

Nutritionist or person in charge of Nutrition Af-
fairs in the prefectural office - 21 January

b. Military Government Public Health Officer, 21 Jan-
uary 1949.

N.O.H. Detached
Services

3. Visits are desired to the following installations in each area:

- a. Health centers.
- b. Schools (in relation to school lunch program)
- c. Prefectural office for desired information on Nutrition surveys.

AGNES R. O'DONNELL
Chief, Nutrition Branch
Medical Services Div.

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section
APO 500

28 December 1948

PHMJG 86

MEMORANDUM TO: Ministry of Welfare, Japanese Government

SUBJECT: Suspension of Use of Japanese Produced Vaccines for Preventive Vaccinations.

1. References:

a. Memorandum for Japanese Government, file AG 710 (22 Sept) MG SCAPIN 48, dated 22 September 1945, subject, "Public Health Measures."

b. Pharmaceutical Affairs Law, Law No. 197, 29 July 1948.

2. Reference is made to the Ministry of Welfare plan for temporary suspension of all preventive vaccinations which was presented verbally to the Chief, Public Health and Welfare Section, General Headquarters, Supreme Commander for the Allied Powers, by the Vice Minister of Welfare, Japanese Government, on 20 December 1948, and was subsequently incorporated into Ministry of Welfare instructions and dispatched to all prefectural governors.

3. The Public Health and Welfare Section has no objection to subject plan as amended and approves the instructions pertaining thereto issued to all prefectural governors, as contained in Yo-Hatsu 104, dated 25 December 1948, subject, "Re-assay of Japanese Produced Vaccines for Preventive Vaccinations."

CRAWFORD F. SAMS
Brigadier General, Medical Corps
Chief

DIST. "A"

Incl 1 to Operational Directive No. 5, Hq Eighth Army, 24 January 1949

7114-2
44-102

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

Press Conference
28 December 1948

STREPTOMYCIN SOON TO BE AVAILABLE FOR TREATMENT OF TUBERCULOSIS IN JAPAN

Tuberculosis is the most important public health problem in Japan, since it is the greatest killer of people in this country.

A tuberculosis control program has been placed into effect and certain phases of this program have been in operation for several years since the termination of the war:

First: Active cases of tuberculosis which had left hospitals because of the food shortage have been induced to come back into the hospitals for treatment by obtaining the proper supplementary rations essential in the treatment of tuberculosis patients.

Second: Mass x-rays of children and industrial groups have been undertaken to locate active cases of tuberculosis who are spreading the disease to others, and who for their own benefit also should be placed in hospitals for treatment.

Third: In an effort to build up body resistance of Japanese children to all diseases, particularly tuberculosis, a School Lunch Program was inaugurated to provide for these children the type of food, principally protein and calcium, in which their normal diets are deficient.

Fourth: An extensive BCG program is being carried out. Individuals from infancy to thirty years are tested with tuberculin to determine whether or not they have already been infected with a human tubercle bacillus. If they have not already been infected, they are immunized with BCG, which will prevent most of the cases of tuberculosis occurring in the future.

These steps are all important steps in reducing deaths from tuberculosis in Japan, but we are still faced with the hundreds of thousands of Japanese who are already infected with human tubercle bacillus, many of whom can be saved from death from this disease, if properly treated.

Within the last few years, streptomycin has been developed in the United States and has been found, after extensive tests, to be very effective in early tuberculosis cases before cavities have been formed in the lungs, in the cases of pulmonary, or lung tuberculosis. It is also effective in generalized tuberculosis; that is cases in which tubercle bacilli have spread throughout the body to other organs than the lungs. It is effective in tuberculus meningitis, which is fairly common in Japan. Streptomycin reaches the infected tissues through the blood stream. In tuberculosis cases of long standing, such as those cases in which large cavities in the lungs have been formed, we find that these cavities are thick-walled. Streptomycin is not effective in these cases because the streptomycin being carried by the blood stream cannot reach the tubercle bacilli who are protected by these thick-walled cavities.

Cases of tuberculosis which are treated with streptomycin must be in hospitals under the constant observation of their doctors, because the drug and its effects must be watched very carefully. If given in too large doses or in certain types of cases, it will be harmful, rather than beneficial. Experience has shown that streptomycin treatment is effective within 40 to 60 days. Cases which do not respond within this time usually do not benefit by longer treatment with streptomycin. In order to take full advantage of the beneficial effect of streptomycin

in cases which are benefited, it is necessary for the patient to continue the usual methods of bed rest and the high caloric diet to assist his body in overcoming the ravages of this disease.

Within the past month, two important events have occurred which will soon make streptomycin available for the treatment of tuberculosis in Japan.

First: A culture of the fungus from which streptomycin is prepared, together with information as to how to make streptomycin, has been brought to Japan by the occupation authorities and turned over to officials of the Japanese Government (National Institute of Health). They are now testing methods of large scale manufacture of the drug and expect in about one year to be able to produce enough to satisfy Japan's requirements.

Second: Arrangements have also been made to import a quantity of the drug for use in the treatment of tuberculosis during the period which must elapse before Japanese production of streptomycin can meet requirements. The imported streptomycin is expected to arrive in Japan in January 1949.

As a result of the steps taken in the tuberculosis control program outlined above in discovering active tuberculosis cases and inducing them to enter hospitals for treatment, tuberculosis beds in Japan, which were only one-fourth occupied at the termination of the war are now filled. If the Japanese people are to have the full benefit from the action of the Supreme Commander in obtaining streptomycin for treatment of tuberculosis cases, more tuberculosis beds must be made available within the next one to two years, to provide facilities for treatment of these active cases who are awaiting admission to tuberculosis sanatoria where they will receive the benefit of proper treatment, including streptomycin. This is important in the economic recovery of Japan. The

economic loss to industry of skilled workers through prolonged absenteeism and chronic invalidism or death, when converted into yen, is tremendous. True economy is to avoid this loss by the preventive measures and by the early detection and treatment of individuals who have already become infected.

The introduction of streptomycin into Japan is an important landmark in the tuberculosis control program being sponsored by the Supreme Commander for the Allied Powers.

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health & Welfare Section
APO 500

18 December 1948

PHMJG 85

MEMORANDUM TO: Ministry of Welfare, Japanese Government

SUBJECT: Minimum Standards for Hexylresorcinol and Its Preparations

1. References:

a. Memorandum for Japanese Government, file AG 710 (22 Sep 45)MG, SCAPIN 48, dated 22 September 1945, subject, "Public Health Measures".

b. Memorandum for Japanese Government, file AG 323.31 (11 May 46)PH, SCAPIN 945, dated 11 May 1946, subject, "Reorganization of Government Public Health and Welfare Activities".

c. Pharmaceutical Affairs Law No. 197, 29 July 1948.

2. Public Health and Welfare Section offers no objection to the proposed notification to Prefectural Governors from Director, Pharmaceutical and Supply Bureau, Ministry of Welfare, (Yaku-Hatsu No. 603), subject, "Assay on Hexylresorcinol and Its Preparations" and to inclosure thereto, subject, "Minimum Standards for Hexylresorcinol", submitted with application for approval from the Pharmaceutical and Supply Bureau, Ministry of Welfare, Japanese Government, dated 6 November 1948, provided that the Ministry of Welfare will, to insure control over the hexylresorcinol already in finished form, manufactured prior to the establishment to these approved minimum standards:

a. Issue instructions to have all stocks at both the central and local sellers returned to the respective manufacturers.

b. Issue instructions to notify all dealers, including practitioners, hospitals, and clinics, that any stocks on hand and manufactured before the date of adoption of the new minimum standards may be unsatisfactory and unsafe for use; that these stocks can be returned through the proper channels to the manufacturer for due credit.

c. Any of these products which the manufacturers deem satisfactory, meeting all specifications of the new minimum requirements except for the gelatin coating, will be submitted to the Ministry of Welfare for approval, and will not be permitted distribution without assay and approval by the Ministry of Welfare.

Incl 1 to Operational Directive No. 4 Hq Eighth Army, 19 January 1949

Memo to Japanese Government, PHMJG 85

d. In paragraphs 2 a and 2 b above, the instructions will include all alkyl resorcinol preparations, which means the hexylresorcinol, normal amylresorcinol and iso-amylresorcinol already in distribution. However, in paragraph 2 c above, only hexylresorcinol will be considered, since the efficacy and toxicity of the amyl resorcinols have as yet not been determined.

e. Publish these approved minimum standards.

f. Establish hexylresorcinol as a powerful drug.

g. Initiate a wide publicity campaign to inform the professional and the lay public on all phases of this program.

h. Maintain close supervision over the manufacture, assay, and distribution activities, in accordance with the provisions of this Memorandum, to insure compliance with the provisions of the Pharmaceutical Affairs Law (reference 1 c above).

CRAWFORD F. SAMS
Brig. General, Medical Corps
Chief

DIST. "A"

GENERAL HEADQUARTERS
 SUPREME COMMANDER FOR THE ALLIED POWERS
 Public Health and Welfare Section
 APO 500

CO *WHL*
 EX *WHL*
 ADJ _____
 FILE _____

Health _____

23 October 1948

SUBJECT: Staff Visit to: Osaka and Wakayama

TO: Commanding Officer,
 Kinki Military Government Region
 APO 301
 ATTN: Public Health Officer

1. In compliance with GHQ, FEG orders, the following staff visits to Osaka and Wakayama Military Government Teams have been planned for the purpose of Preventive Medicine Activities - consultations and inspections:

a. Staff Visitor: Dr. I. D. Hirschey ✓
 Ass't Chief, Preventive
 Medicine Division, PH&W
 GHQ, SCAP

b. Teams to be visited:

Osaka Arr. P.M. 28 Oct
 Lv. A.M. 30 Oct
 Wakayama Arr. A.M. 30 Oct. (1/2 day)

2. Conferences are desired with the following officials:

- a. Military Government Public Health Officers
 b. Chiefs, Prefectural Public Health Depts.

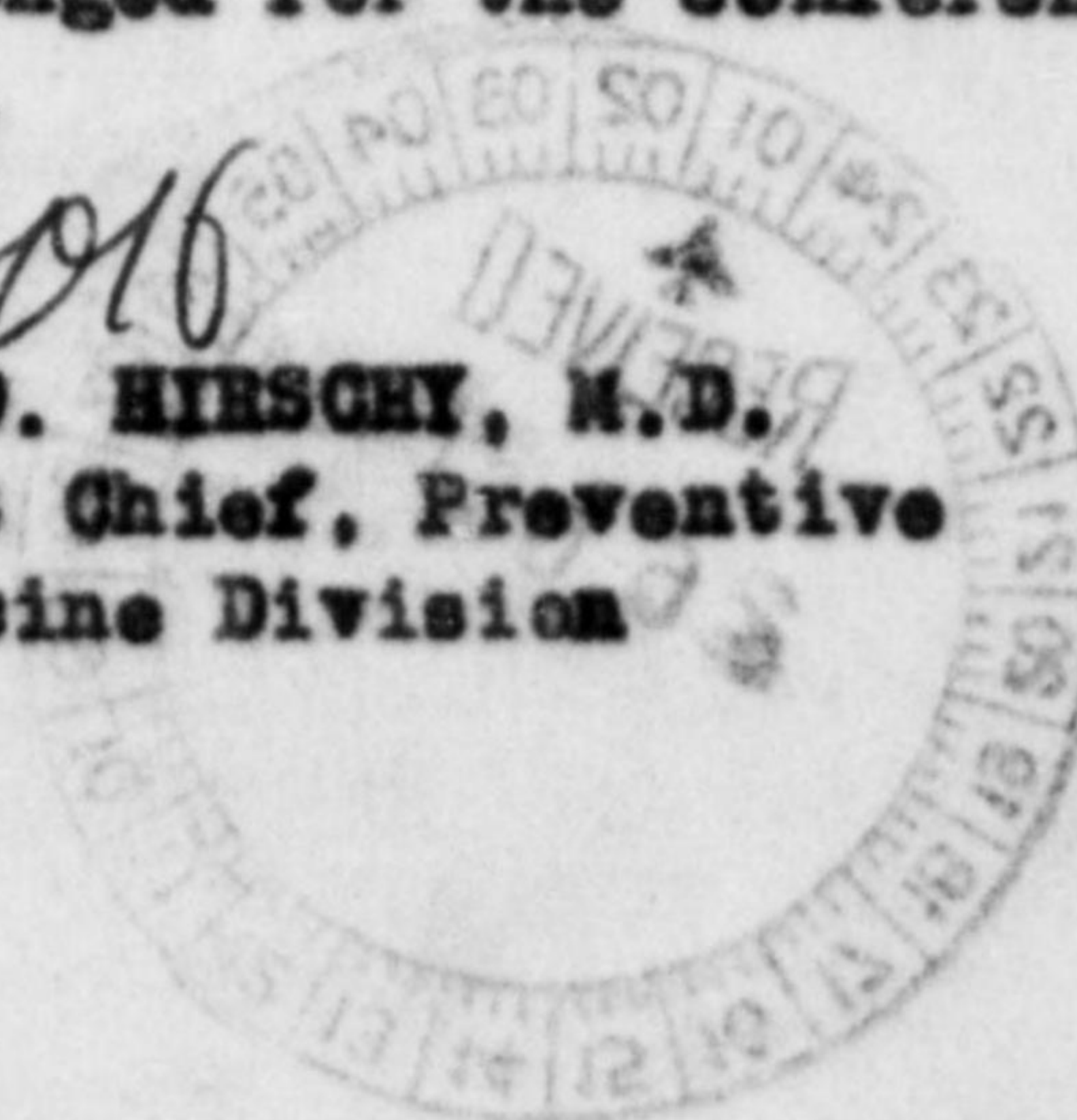
3. Visits are desired to the following installations:

- a. Model Health Center ✓
 b. Prefectural Public Health Laboratories

4. It is suggested that a program be arranged for the conferences and visits desired, guided by the allocated time.

cc - Osaka MGT
 Wakayama MGT

1016
 IRA D. HIRSHEY, M.D.
 Ass't Chief, Preventive
 Medicine Division



CO *Jem*
 EX *Jem*
 ADJ *Jem*
 File *Jem*
 P-~~H~~ YOUR FILE

GENERAL HEADQUARTERS
 SUPREME COMMANDER FOR THE ALLIED POWERS
 Public Health and Welfare Section

APO 500
 4 August 1948

SUBJECT: Staff Visit to Osaka.

TO: Commanding Officer
 Kinki Military Government Regional Team
 APO 301, U. S. Army
 Attn: Public Health Officer

1. In compliance with GHQ, FEC orders, the following staff visit to a Military Government Team has been planned for the purpose of inspection of narcotic control activities and conferences with prefectural and pharmaceutical company narcotic officials.

a. Staff visitor - Wayland L. Speer, Chief, Narcotic Control Division, Public Health & Welfare Section, GHQ, SCAP.

b. Team to be visited: Osaka Arrive 0710 13 August 48
 Osaka Leave 2000 13 August 48

2. Conferences are desired with the following officials at each designated stop:

a. Osaka: Narcotic compounders & producers - 1300

b. Osaka: Prefectural narcotic officials - 1430

3. Visits are desired to the following installations in each area:

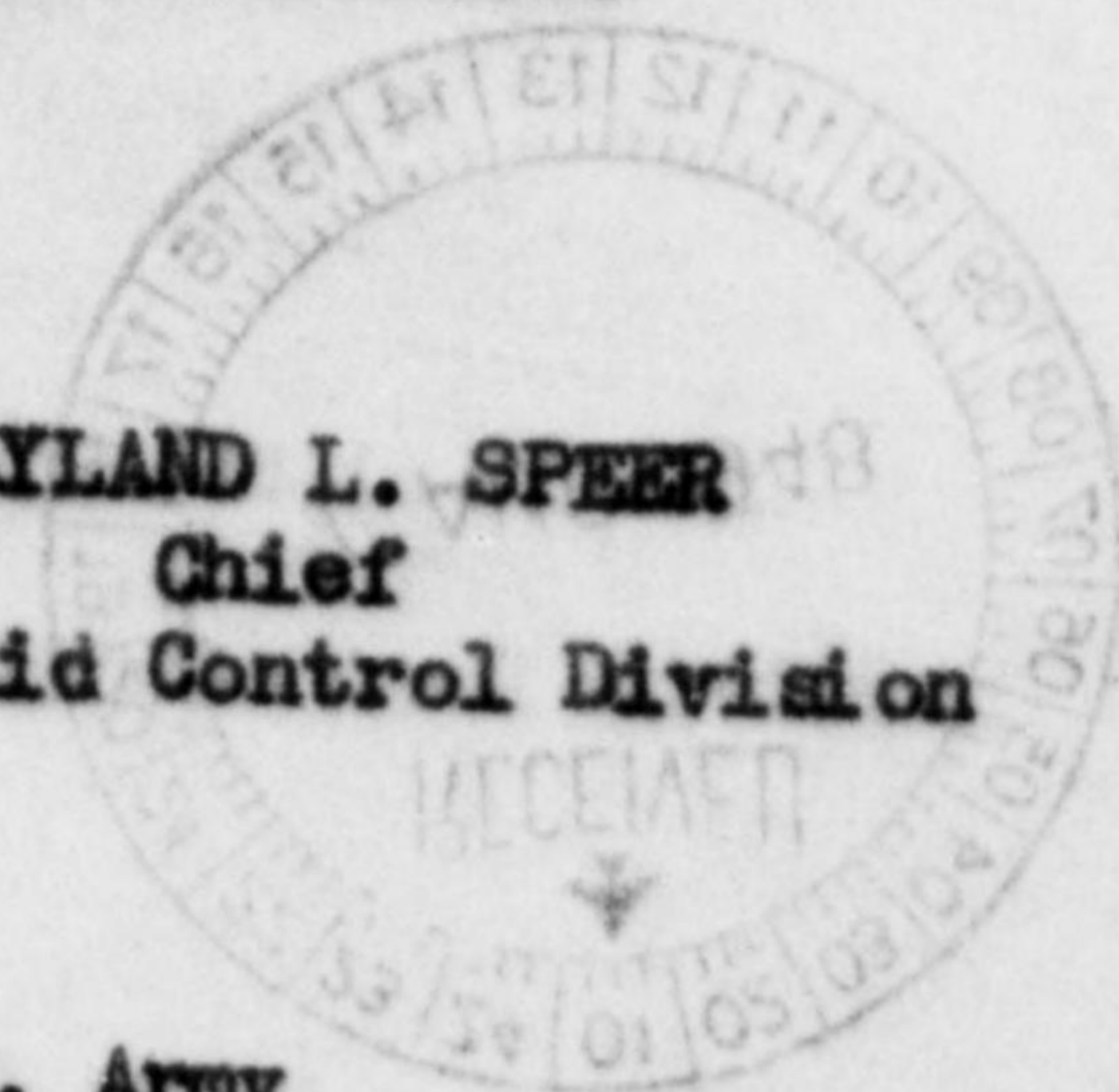
a. Osaka: Takeda Pharmaceutical Company plant.

b. Osaka: Dai Nippon Pharmaceutical Company plant.

4. It is suggested that a program be arranged for the conferences and visits desired, guided by the allocated time indicated.

5. An interpreter is requested.

WAYLAND L. SPEER
 Chief
 Narcotic Control Division



Copy to:
 Osaka Military Government Team, APO 660, U. S. Army

CO
EX
ADJ
FILE

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section
APO 500

27 July 1948

SUBJECT: Staff Visits to, Osaka, Wakayama and Kobe

TO: Commanding Officer
Kinki Military Government Region
APO 301
ATTENTION: Public Health Officer

1. In compliance with GHQ, FEC orders the following staff visits to Military Government Teams has been planned for the purpose of inspecting civilian VD control facilities and for consultations

a. Staff Visitor: DR. I. NIEDA, PH&W Sect. GHQ, SCAP

b. Teams to be visited:

Arrive in Osaka morning of 3 August
Wakayama 4 August
Kobe 5 August

2. Conferences are desired with the following officials at each designated stop:

- a. Military Government Medical Officer
- b. Prefectural VD Control Officer ✓
- c. Chief, Prefectural Health Department
- d. Chief, Prefectural Preventive Medicine Division

3. Visits are desired to the following installations in each area:

- a. Health Center ✓
- b. VD hospital ✓

4. It is suggested that a program be arranged for the conferences and visits desired, guided by the allocated time.

Copies to:
Osaka Military Government Team, APO 660
Hogo Military Government Team, APO 317
Wakayama Military Government Team, APO 660

Nieda
ISAMU NIEDA, M. D.
Ass't. Chief, VD
Control Officer

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section
APO 500

12 July 1948

SUBJECT: Staff Visits to: Osaka, Kobe and Wakayama

TO: Commanding Officer
Kinki Military Government Region
APO 301
ATTENTION: Public Health Officer

1. In compliance with GHQ, FEC orders, the following staff visit to Military Government Teams has been planned for the purpose of inspecting civilian VD control facilities and for consultations.

- a. Staff Visitor: DR. I. NIEDA, PH&W Sect. GHQ, SCAP
- b. Teams to be visited:

Arrive in Osaka morning of 20 July
Wakayama 21 July
Kobe 23 July--leave for Tokyo evening of 23 July.

2. Conferences are desired with the following officials at each designated stop

- a. Military Government Medical Officer
- b. Prefectural VD Control Officer

3. Visits are desired to the following installations in each area:

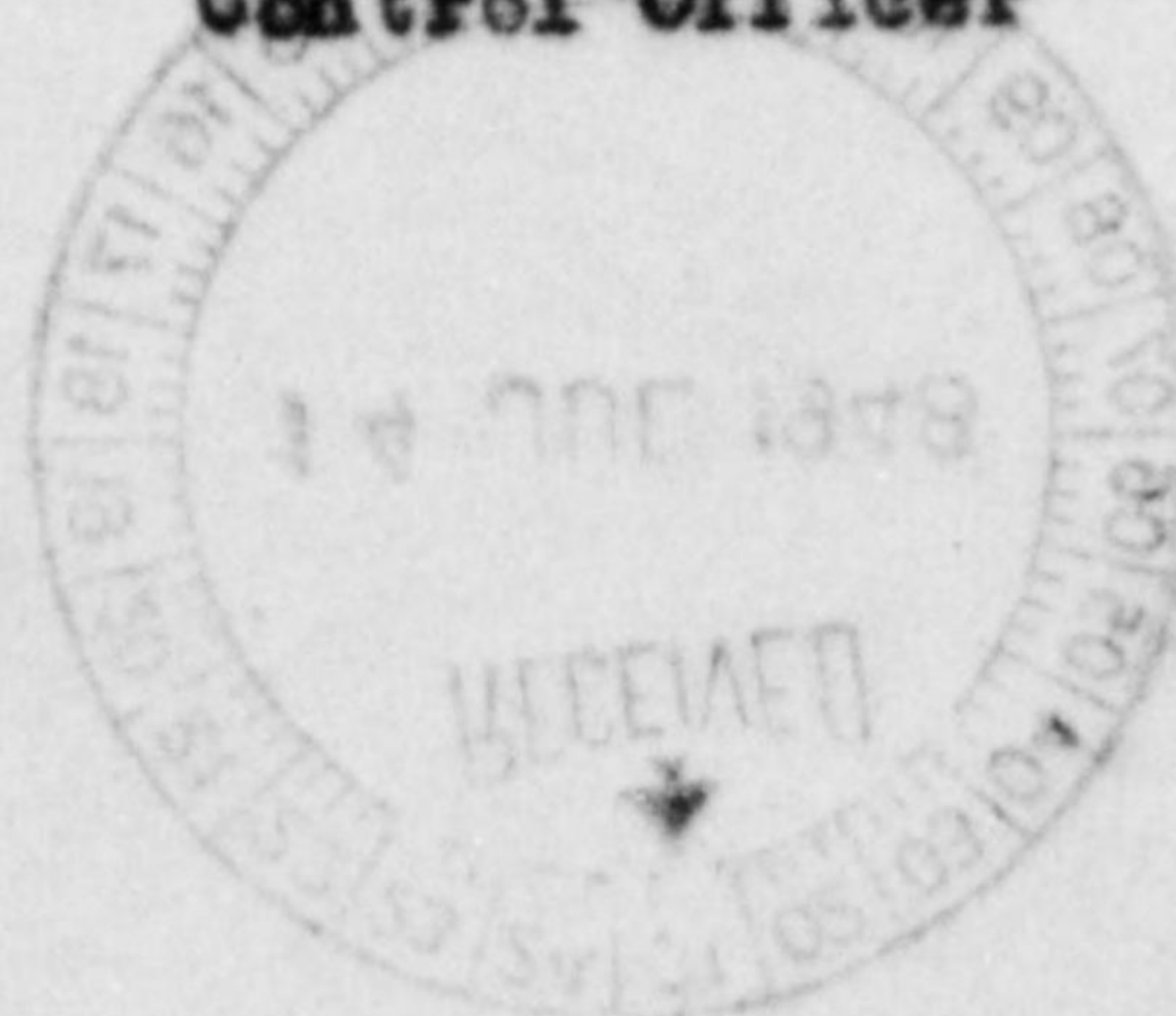
- a. Health Center
- b. VD hospital

4. It is suggested that a program be arranged for the conferences and visits desired, guided by the allocated time.

Nieda

ISANU NIEDA, M. D.
Ass't. Chief, VD
Control Officer

Copies to:
Osaka Military Government Team, APO 660
Kobe Military Government Team APO 317
Wakayama Military Government Team APO 660



4

Pub. II.

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
APO 500

AG 311.23 (14 Apr 48)CCS
SCAPIN 1762/4

14 April 1948

MEMORANDUM FOR: JAPANESE GOVERNMENT

SUBJECT: Expansion of Radiotelegraph Service Via Osaka-Colombo Circuit

1. Reference is made to memoranda for the Japanese Government as follows:
 - a. File AG 311.23 (12 Aug 47)CCS SCAPIN 1762, dated 12 August 1947, subject: Osaka-Colombo Radiotelegraph Circuit, as amended.
 - b. File AG 311.22 (29 Sep 47)CCS SCAPIN 1786, dated 29 September 1947, subject: Provisions of Payment for International Messages Filed by Boeki Cho, (Japanese Board of Trade).
 - c. File AG 311.23 (31 Oct 47)CCS SCAPIN 1810, dated 31 October 1947, subject: Revised Method of Handling Press and Government Messages via the Osaka-Colombo Circuit.
 - d. File AG 311.23 (12 Nov 47)CCS SCAPIN 1818, dated 12 November 1947, subject: Expansion of Radiotelegraph Prepaid Reply (RP) Service.
2. Effective 20 April 1948 the Japanese Government is directed to expand radiotelegraph service to include private, press and government messages between Japan and the points listed in inclosure 1.
3. Charges for messages sent from Japan to any of the points listed in inclosure 1, routed via the Osaka-Colombo radiotelegraph circuit, will be paid for in British Armed Forces Special Vouchers (BAFSV's). Incoming transit messages destined to points beyond Japan will not be admitted.
4. Message classifications authorized in this memorandum between Japan and the points listed in inclosure 1 admitting these classes of messages are:

Full Rate	NLT or DLT
CDE	Press
LC	Government
5. Rates per word, terminal charges applicable and the division of revenue between the Japanese Government and the British carrier, for full rate, press and British Commonwealth government messages authorized in this memorandum are shown in inclosure 1. Rates for CDE, LC and NLT/DLT classifications are proportionate and will be 60%, 50%, and 33-1/3%, respectively,

BASIC: Memo to JG SCAPIN 1762/4

of the charges per full rate word. The total charges for each message will be rounded out to the nearest three pence (3d) or multiple thereof.

6. Private messages in any of the classifications shown in paragraph 4 above, including messages with prepaid reply (RP), may be sent from Japan to any organization or person in the points listed in inclosure 1 admitting these classes of messages, by any organization or person authorized to possess and use British Armed Forces Special Vouchers (BAFSV's) and by the organization or person in Japan specifically named in a prepaid reply (RP) voucher, and by Boeki Cho, under the special arrangements set forth in reference 1b above.

7. Press and government messages from Japan to any point listed in inclosure 1, may be sent either prepaid or on a receiver-to-pay basis in accordance with the provisions of paragraphs 2 and 3 of reference 1c above.

8. Revenue accruing to the Japanese Government derived from exchange of government messages, except British Commonwealth government messages, between Japan and the points listed in inclosure 1, will be the same as for private messages of the classifications in which such government messages are handled.

9. Private messages in any of the classifications shown in paragraph 4 above, may be sent from the points listed in inclosure 1 admitting these types of messages, to any organization or person in Japan. Private messages with prepaid reply (RP) addressed to non-accredited organizations or persons in Japan, including Japanese nationals are authorized. Press and government messages from the points listed in inclosure 1 must be prepaid.

10. Private messages between the points listed in inclosure 1 and Japan, will be subject to all applicable censorship rules and regulations. Exceptions will be specifically provided for by General Headquarters, Supreme Commander for the Allied Powers.

11. All provisions of reference 1a above, pertaining to the acceptance and handling of radiotelegraph messages, settlement of accounts, and payment of revenue accruing to the Ministry of Communications and the British carrier will apply in this instance.

12. Direct communication within the scope of this memorandum is authorized between the Civil Communications Section, General Headquarters, Supreme Commander for the Allied Powers, the General Accounting Section, General Headquarters, Supreme Commander for the Allied Powers or the British Transfer Agent and the Ministry of Communications.

FOR THE SUPREME COMMANDER:

1. Incl
Rates per Word and
Division of Revenue

B. M. Levy
for B. M. LEVY,
Colonel, AGD,
Adjutant General.

RATES PER WORD IN STERLING AND
DIVISION OF REVENUE ON FULL RATE AND BRITISH
COMMONWEALTH GOVERNMENT MESSAGES FROM JAPAN
VIA OSAKA-COLOMBO

TO:	FULL RATE				BRITISH COMMONWEALTH GOVT.			
	TOTAL RATE PENCE	JAPAN TERM- INAL PENCE	UK AND BEYOND PENCE	BALANCE EQUALLY DIVIDED PENCE	TOTAL RATE PENCE	JAPAN TERM- INAL PENCE	UK AND BEYOND PENCE	BALANCE EQUALLY DIVIDED PENCE
Aegean Islands	43	4	9½	29½	28	4	9	15
Afghanistan *	36	4	20	12	22½	4	12	6½
Albania	40	4	8½	27½	25½	4	8	13½
Algeria	40	4	7	29	24½	4	6	14½
Azores	47	4	15	28	31	4	13	14
Belgium	40	4	3½	32½	23	4	2½	16½
Belgian Congo	62	4	27	31	36½	4	16½	16
Bulgaria	40	4	9	27	24	4	6½	13½
Canary Islands	42	4	8½	29½	25½	4	6½	15
Czechoslovakia	40	4	6½	29½	24½	4	6	14½
Denmark	40	4	5½	30½	24	4	5	15
Ethiopia	48	4	12	32	31	4	11½	15½
Faroe Islands	43	4	4	35	25	4	3½	17½
Finland	40	4	6	30	24½	4	5½	15
France	40	4	5	31	23½	4	3½	16
French Indo China	30	4	15½	10½	17	4	7½	5½
Greece, Mainland, Poros, Eubea	40	4	9	27	24	4	6½	13½
Greenland *	49	4	11	34	31½	4	10½	17
Holland	40	4	4	32	23½	4	3½	16
Hungary	40	4	8	28	25	4	7	14
Iceland	43	4	5	34	25½	4	4½	17
Iran	37	4	23½	9½	26	4	17	5
Iraq	38	4	17	17	22	4	9	9
Italy	40	4	6	30	23½	4	4	15½
Libya	40	4	9½	26½	23	4	6	13
Luxemburg	40	4	4	32	23½	4	3½	16
Macau	18	4	11½	2½	11	4	5½	1½
Madagascar & Comoro Islands	65	4	27	34	42	4	21	17
Madeira	46	4	14	28	30	4	12	14
Morocco- Tangier	40	4	7	29	22	4	3¼	14-3/4
" Spanish Zone	45	4	11	30	28	4	9½	14½
" French Zone	42	4	9	29	24½	4	5-3/4	14-3/4
Norway, Incl Svalbard and Jan Mayen Ild.	40	4	6	30	24½	4	5½	15
Persian Gulf								
Bahrain	49	4	29	16	26	4	14	8
" " Muscat	42	4	22	16	23	4	11	8
" " Sharjah	56	4	35½	16½	30	4	18	8

Inclosure 1 to SCAPIN 1762/4

TO:	FULL RATE				BRITISH COMMONWEALTH GOVT.			
	TOTAL RATE PENCE	JAPAN TERM- INAL PENCE	UK AND BEYOND PENCE	BALANCE EQUALLY DIVIDED PENCE	TOTAL RATE PENCE	JAPAN TERM- INAL PENCE	UK AND BEYOND PENCE	BALANCE EQUALLY DIVIDED PENCE
Philippine Islands - Manila	18	4	9½	4½	12	4	6	2
" Other offices in Luzon, Bataan, Catanduanes, Corregidor, Marin- duque, Masbate, Mindoro, Romblon, Ticao	21	4	12	5	14½	4	8½	2
Philippine Islands All other islands	27	4	18½	4½	21	4	15	2
Poland, Incl. Danzig	40	4	7	29	25	4	6½	14½
Portugal	40	4	8	28	24	4	6	14
Portuguese East Africa	61	4	22	35	41	4	20	17
Portuguese East Africa, Other offices	66	4	28	34	46½	4	25½	17
Roumania	40	4	8	28	25	4	7½	13½
Russia, Incl. Lith- uania and Latvia	40	4	9½	26½	25	4	8	13
Saudi Arabia-Jeddah	55	4	20	31	31½	4	12	15½
" " Mecca & Taif	56	4	21½	30½	33½	4	14	15½
" " Medina	59	4	23½	31½	35	4	15½	15½
Sian	23	4	12	7	14	4	6	4
Spain & Spanish North Africa	40	4	6	30	24	4	5	15
Sweden	40	4	5½	30½	24	4	5	15
Switzerland	40	4	5½	30½	23½	4	4	15½
Syria & Lebanese Republic	38	4	12½	21½	23	4	8	11
Tunisia	40	4	7	29	24½	4	6	14½
Turkey *	40	4	11	25	23½	4	6½	13
Vatican City	40	4	6½	29½	23½	4	4½	15
Yugoslavia	40	4	7	29	24	4	6	14

* LC and HLT not admitted.

RATES PER WORD IN STERLING
AND DIVISION OF REVENUE ON PRESS MESSAGES
FROM JAPAN, VIA OSAKA-COLOMBO

TO:	TOTAL RATE PENCE	JAPAN TERMINAL PENCE	UK AND BEYOND PENCE	BALANCE EQUALLY DIVIDED PENCE
Afghanistan	12 $\frac{1}{2}$	1	6 $\frac{1}{2}$	5
Albania	7	1	4	2
Algeria	7	1	2	4
Belgium	7	1	2	4
Bulgaria	7	1	4 $\frac{1}{2}$	1 $\frac{1}{2}$
Canary Islands	8	1	4	3
Czechoslovakia	7	1	2	4
Denmark	7	1	2-3/4	3 $\frac{1}{4}$
Finland	7	1	3	3
France	7	1	1 $\frac{1}{4}$	4-3/4
French Indo China	12	1	6 $\frac{1}{2}$	4 $\frac{1}{2}$
Greece, Poros, Eubea	7	1	4 $\frac{1}{2}$	1 $\frac{1}{2}$
Holland	7	1	1 $\frac{1}{4}$	4-3/4
Hungary	7	1	3-3/4	2 $\frac{1}{4}$
Italy	7	1	1 $\frac{1}{2}$	4 $\frac{1}{2}$
Libya	7	1	4-3/4	1 $\frac{1}{4}$
Luxenburg	7	1	2 $\frac{1}{4}$	3-3/4
Madagascar & Comoro Islands	27 $\frac{1}{2}$	1	19	7 $\frac{1}{2}$
Madeira	9 $\frac{1}{2}$	1	4-3/4	3-3/4
Morocco-Tangier	7	1	3 $\frac{1}{4}$	2-3/4
" - Spanish Zone	9 $\frac{1}{2}$	1	5 $\frac{1}{2}$	3
" - French Zone	8 $\frac{1}{4}$	1	4 $\frac{1}{2}$	2-3/4
Norway, Svalbard and Jan Mayen Islands	7	1	1 $\frac{1}{2}$	4 $\frac{1}{2}$
Poland, Incl. Danzig	7	1	1 $\frac{1}{2}$	4 $\frac{1}{2}$
Portugual	7	1	2 $\frac{1}{4}$	3-3/4
Roumania	7	1	3-3/4	2 $\frac{1}{4}$
Russia, Latvia and Lithuania	7	1	4-3/4	1 $\frac{1}{4}$
Siam	6-3/4	1	3-3/4	2
Spain and Spanish N. Africa	7	1	3	3
Sweden	7	1	2-3/4	3 $\frac{1}{4}$
Switzerland	7	1	2-3/4	3 $\frac{1}{4}$
Tunisia	7	1	2	4
Turkey	7	1	5 $\frac{1}{2}$	1 $\frac{1}{2}$
Vatican City	7	1	2	4
Yugoslavia	7	1	3 $\frac{1}{2}$	2 $\frac{1}{2}$

COPY

CIRCULAR)
NO.....7)

15 March 1948

ACTIONS OF PERSONNEL OF THE OCCUPATION FORCES
(BOTH MILITARY AND CIVILIAN) WHICH ARE INIMICAL
TO THE OBJECTIVES OF THE OCCUPATION)

1. (Rescission of GHQ, SCAP Circular #1, 1947)

2. There are many limitations upon the activities of personnel of occupying forces in occupied countries which are necessary in order to further the objectives of such occupation. The general principle underlying such limitations is that individuals of occupation forces are bound to refrain from all business and professional activities and interests or other actions not directly connected with their occupational duties which would tend to interfere with or influence in any degree the full and proper discharge of their duties or would normally give rise to a reasonable suspicion that such activities would have that effect. Any substantial departure from this underlying principle constitutes conduct which is inimical to the objectives of the occupation, and is punishable under the powers vested with the Supreme Commander for the Allied Powers.

3. It is impracticable to enumerate all the various activities and interests which are referred to in paragraph 2. The following examples may be regarded as typical prohibitions:

a. The acceptance by any member of the occupation forces of a contribution, gift, or emolument other than those of small value from nationals of occupied countries.

b. The approval or countenance of the acceptance of a substantial loan, gift, or emolument to the immediate family by any member of the occupation forces.

c. The use of or permission of the use of their titles in connection with commercial enterprises of nationals of occupied countries.

d. The acceptance of entertainment offered by nationals of occupied countries when such entertainment might be intended, or give the appearance of being intended, either as repayment of favors received from a member of the occupying forces in his official capacity, or as a means of placing such member under a business or professional obligation to the host.

AG 005 (29 Feb 49) GA

BY COMMAND OF GENERAL MACARTHUR:

PAUL J. MUELLER
Major General, General Staff Corps
Chief of Staff

COPY

GENERAL HEADQUARTERS
 SUPREME COMMANDER FOR THE POWERS
 Public Health and Welfare Section

APO 500

5 February 1948

MEMORANDUM

SUBJECT : Information of General Application Pertaining to PHMJG 58, dtd 5 February 1948, Subj: "Revised Nutrition Surveys of the Civilian Population for 1948," to Ministry of Welfare, Japanese Government.

1. With reference to subject memorandum the following is published for information of all concerned.

2. Subject memorandum refers to a revised nutrition survey plan submitted by the Ministry of Welfare dated 22 January 1948. Reference is also made to the original SCAPIN Number 422, AG 430.2 (11 December 1945)PH, Subject "Nutrition Surveys of Civilian Population," upon which all nutrition surveys have been conducted.

3. Essentive points of the plan are:

- a. A reduction of the number of people observed by one-half.
- b. Four surveys conducted annually in Feb., May, August and November.
- c. Urban areas (12 cities) in addition to the nine large cities formally surveyed, Kyoto, Yokohama and Kobe are added.
- d. Sampled areas from other cities over a 30,000 population will be surveyed.
- e. Sampled areas from towns and villages.
- f. Sampled numbers from Special Groups (Miners, Fishing Villages and Railway Workers.)
- g. In Physical Symptoms, "Mal-bone formation" will be omitted from the former 12 symptoms.
- h. Height and Weight deviations will be continued in the May Survey.
- i. Regarding methods of Survey - Consumption intake, number of days, method of recording, are the same as the original plan. Tables of composition will be the same.
- j. The revised plan of Nutrition Surveys will be applied in the February 1948 Surveys.

4. PHMJG 58 has been prepared this date with re. to the above subject.

s/ Crawford F. Sams
 t/ CRAWFORD F. SAMS
 Colonel, Medical Corps
 Chief

COPY

- 2 -

COPY

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

(PHWJG 58)

APC 500

5 February 1948

MEMORANDUM TO: Ministry of Welfare, Japanese Government

SUBJECT : Revised Nutrition Surveys of the Civilian Population for 1948.

1. Reference is made to letter from Central Liaison Office, Tokyo, dated 22 January 1948, file CLO Number 405 (EWL) Subject: Nutrition Surveys of Civilian Population.
2. No objection is offered to the use of revised plan as submitted for Nutrition surveys of the Japanese Civilian population in 1948.
3. Reference is made to the original SCAPIN Number 422, A.G. 430.2 (11 December 1945) PH Subject: Nutrition Surveys of Civilian Population upon which all Nutrition Surveys have been conducted.

s/ Crawford F. Sams

t/ CRAWFORD F. SAMS
Colonel, Medical Corps
Chief

DI ST. "A"

File - Nutrition

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

APO 500
5 February 1948

MEMORANDUM

SUBJECT: Information of General Application Pertaining to PHMJG 58, dated 5 February 1948, Subject, "Revised Nutrition Surveys of the Civilian Population for 1948," to Ministry of Welfare, Japanese Government.

1. With reference to subject memorandum the following is published for information of all concerned.
2. Subject memorandum refers to a revised nutrition survey plan submitted by the Ministry of Welfare dated 22 January 1948. Reference is also made to the original SCAPIN Number 422, AG 430.2 (11 December 1945)PH, Subject "Nutrition Surveys of Civilian Population", upon which all nutrition surveys have been conducted.
3. Essentive points of the plan are:
 - a. A reduction of the number of people observed by one-half.
 - b. Four surveys conducted annually in February, May, August and November.
 - c. Urban areas (12 cities) in addition to the nine large cities formally surveyed, Kyoto, Yokohama and Kobe are added.
 - d. Sampled areas from other cities over a 30,000 population will be surveyed.
 - e. Sampled areas from towns and villages.
 - f. Sampled numbers from Special Groups (Miners, Fishing Villages and Railway Workers).
 - g. In Physical Symptoms, "Mal-bone formation" will be omitted from the former 12 symptoms.
 - h. Height and Weight deviations will be continued in the May Survey.
 - i. Regarding methods of Survey - Consumption intake, number of days, method of recording, are the same as the original plan. Tables of composition will be the same.
 - j. The revised plan of Nutrition Surveys will be applied in the February 1948 Surveys.
4. PHMJG 58 has been prepared this date with re. to the above subject.

Crawford F. Sams
CRAWFORD F. SAMS
Colonel, Medical Corps
Chief

2

NUTRITION IN PUBLIC HEALTH

1. Since good nutrition is essential to health, nutrition is an integral part of a public health program. Nutritional problems must be anticipated and presented by careful planning and a constant review of the nutritional status of people and their food supply. The visible effects of under or mal nutrition take a long time to appear. The appearance of symptoms of nutritional deficiency in a community is evidence that particular foods or food in general have been short or that proper care has not been given to the provision of an adequate dietary. The only measure of inadequate dietaries prior to the appearance of symptoms, is a review of the total food eaten from day to day. It involves a study of food habits and the availability of food.

2. The medical phase of public nutrition is primarily diagnostic and advisory. Sound nutritional information forms the basis of decisions and advice. It is neither possible nor necessary to prescribe set food patterns since there are many ways to attain an adequate dietary, although some food patterns are less likely to lead to difficulties than others. Quantities of food consumed are as important as the kinds of food, especially in judging simple dietaries in which large quantities of particular foods are eaten. There are often possibilities of substituting one food for another which is of importance in dealing with the poor as compared to the rich who are not limited in resources.

3. The solution of nutritional problems is complex. Many factors confront the public health officer in arriving at sound answers. These include economic factors, agricultural production, distribution of foods, processing and food preparation, and psychological reactions. His tools are education as well as food. Eating is a fundamental part of man's existence. Unfortunately, he usually acquires not only fixed food habits, but strong opinions and emotions about food. Frequently he becomes an expert in his own mind. To tackle these complex problems the public health officer must establish relations with and work with many others, who have to do with food and anticipate problems as well as correct those that are recognized.

4. I have met two points of view with regard to the duties of public health officers with respect to nutrition.

a. Hold himself ready to render advice upon request.

b. Manifest an active interest in the nutritional status of a community and in people immediately concerned with food and nutrition and offer advice for correction of difficulties.

The second seems to be best because nutritional problems are not always evident and the need for action and often the solution comes to prepared minds from accidental evidence, conversation, or occasions.

5. The problems of the public health officer in Military Government differ somewhat from those of other public health officers. The latter works to improve the nutritional status of a community as a part of the prevention of disease as well as promoting general health. The Military Government Officer, on the other hand, is confronted with a community often forced to get along with a restricted food supply. The level set by higher authority is one that will:

a. Prevent disease and unrest or,

b. Permit reconstruction and production at restricted levels of food intake. Such a level of nutrition is often outside the officer's previous experience. To make sound recommendations will require a careful analysis of the psychological as well as the nutritional phases of the problem

6. Nutrition and the Public Health Officer - Military Government

8
a. General Responsibilities.

- (1) In view of the known relationship of nutrition to the maintenance of health and to disease of endemic and epidemic character, the nutrition of the civilian population is of particular concern to the M.G. Public Health Officers. Their responsibility in the control and prevention of epidemic diseases and in the preservation of health, directs their attention to nutritional deficiencies as an outstanding factor lowering the resistance of and predisposing a population to epidemics. Nutritional inadequacies, moreover, are likely to be of a character productive of civilian unrest and dissatisfaction prejudicial to the occupation.
- (2) The Military Government Medical Officer acts in an advisory capacity to other M.G. officers charged with responsibility for the provision and distribution of food to civilians in general with particular attention to special groups such as, hospitals, institutions and the vulnerable categories, infants and young children, pregnant and lactating women, the old and sick. The problems concern production, procurement, distribution, and rationing of food, and indigenous food habits in relation to established nutritional allowances and rations.
- (3) M.G. Public Health officers review the nutritional status of the civilian population and make suitable recommendations for corrections that may be justified to their commanders and periodic reports to higher headquarters as directed.

b. The nutritional status of a population and food available are assessed at various levels of reliability. The number of economic and psychological factors involved in borderline cases require factual evidence and careful sifting of reports and rumours with regard to hunger, disease, and food supply in relation to normal conditions existing in the country and community and to basic nutritional requirements for sound long-range recommendations. Means of assessing nutritional status and food intake include

- (1) Casual observation of people on the street and foods available in gardens, fields, markets and stores.
- (2) Analysis of food thefts. The frequency and location of food thefts may shed light on local conditions of nutrition.
- (3) Checks on special groups. Special groups in a population, such as infants, children, pre-adolescents and pregnant and nursing women, reflect the results of inadequacy sooner than others. Certain groups of individuals in communities on rations do not have the same opportunity to obtain additional food as the general population. Among these are old people, patients in hospitals, and inmates of institutions. These groups are a good source of evidence of the effects of the minimum food supply. Such evidence must be discounted in relation to the over-all situation for they reflect the official attitude with regard to the food they can distribute while the community at large is able to obtain additional food. The condition of the patients and the types of nutritional inadequacies in hospitals are an index to specific nutritional problems of the community as a whole.
- (4) Nutrition Surveys. A survey is the best means of assessing the nutritional status of a population. Nutrition surveys include the determination of the physical condition

of the population and the quantities and kinds of food consumed. Evidence on nutritional status indicate the types of food that need emphasis and the degree of emergency that exists in cases of general under nutrition. The kinds and amounts of food consumed supply a basis for recommendation as to the kinds and amounts of food required. Such data are the practical type of information required for action by the military authorities or the civilian population.

c. Nutrition Surveys. Food Consumption Survey.

Food consumption may be determined by:

- (1) Enquiring of individuals as to the kinds and amounts of food eaten during the last three meals and intermediate periods. This yields fairly good preliminary results when conducted by trained individuals with a flair for obtaining information by questioning.
- (2) Having housewives keep records of the kinds and amounts of food used during a given number of days.
- (3) Placing observers in a home who weigh and record the kinds and amounts of food used by the family or individuals in the family.
- (4) (Institutions and hospitals) Require that records be kept of the quantities of all food used, and the number of persons actually eating the food.
- (5) Nutritional evaluation of the result of food consumption studies must be made with tables of food composition used by all echelons concerned with the results or a specific statement made as to the tables used.

d. Nutrition Surveys. Physical examinations: The methods used in physical examinations may be simple or complex, but in general, the simpler procedures are preferable. Symptoms and physical findings are rarely specific and diagnostic by themselves, and should be supplemented where feasible, by laboratory methods. A few well established symptoms and findings, however, are reliable and diagnostic, such as night blindness; typical skeletal changes from Vitamin A and D deficiencies, respectively; modifications of the skin and membranes of the mouth; changes in nerve reaction and bradycardia are indicative of the Vitamin B complex deficiencies. Body weight in relation to standard height and weight for a given population is indicative of the extent of general under nutrition. Comparison of the incidence of symptoms from one survey to another and in relation to the usual rates together with consideration of the death rates, and incidence of infectious disease in the community are important in reaching a sound conclusion.

e. Prevention of Dietary Deficiency: Prevention consists of the maintenance of normal nutritional health in average individuals by means of a natural diet, the components of which should be varied in order to insure qualitative adequacy. M.G. Public Health Officers, in plans for feeding, will consider the availability and cost of foods and the dietary customs and habits of the people who are to consume them. Conclusions that dietary habits and customs exert an unfavorable influence on nutritional status should be made only after careful observation and consideration, since it has been shown that natural selection often results in adequate dietaries. Acceptable and adequate substitute foodstuffs should be available before questionable native food practices are discontinued, since as a rule food habits are deeply ingrained in the people. Not uncommonly, the deficiencies resulting from habit and custom are related to modern developments of processing and preservation. Thus the use of highly milled and polished rice has been productive of a high incidence of beri-beri in certain areas of the Orient, and in Japan has led to legislation regulating the milling of rice in order to preserve the anti beri-beri factors in the grain.

f. Protection against Dietary Deficiency: Protection against nutritional inadequacy applies to particular groups of individuals who are especially susceptible to nutritional deficiency disease. It includes infants and young children, adolescents, pregnant women, and nursing mothers, the aged, certain groups of workers exposed to occupational hazards, and persons with diseases predisposing to nutritional deficiency. Circumstances may require the addition of special food supplements or chemical preparations to the dietaries of such groups. In general, natural foods and natural concentrates are to be preferred to chemical preparations.

g. Relief of Dietary Deficiency: The relief or treatment of nutritional deficiencies belongs to the realm of clinical medicine in all but the milder deficiency states which are amenable to simple dietary measures. These mild deficiencies should be relieved through an adequate natural diet. Severe deficiencies are specific medical problems to be treated medically as indicated, often with pure vitamins or chemical products. The basic principle of returning to a natural diet as soon as possible, however, applies even in florid cases, since such a diet prevents the recurrence of the deficiency and the appearance of other nutritional disorders.

7. Nutrition Surveys in Japan.

a. Nutrition surveys were requested of the Imperial Japanese Government by a directive from the Supreme Commander for the Allied Powers, (SCAPIN 422), 11 December, 1945, subject: "Nutritional Surveys of Civilian Population". This directive has been supplemented by a Memorandum, dated 14 October 1946, subject: "Information of General Application Pertaining to Directive Number (SCAPIN-422), 11 December, 1945, subject: "Nutritional Surveys of Civilian Population", which provides that Military Government offices, preferably the Medical Officer, review the conduct of surveys, especially with regard to the uniformity of the physical examinations, including at least a rough check of the scales used to weigh the people.

b. The results of these surveys have been invaluable. They form the basis for recommendations with regard to the need for and amount of imported food.

c. Plan for Surveys. The Japanese Imperial Government submitted a plan for the surveys, letter dated 14 January 1946, subject: "Nutrition Surveys of Civilian Population", which provided for surveys to be conducted in February, May, August and November 1946 and February 1947. The original plan included the cities of Tokyo, Nagoya, Osaka, Kure, and Fukuoka, and the prefectures of Tokyo, Chiba, Kanagawa, Gumma, Saitama, Ibaraki, Tochigi, Aichi, Shizuoka, Osaka, Kyoto, Hyogo, Wakayama, Shiga, Hiroshima, Okayama, Fukuoka, Saga and Kumamoto. Later, the cities of Sapporo, Sendai, Kanazawa, Matsuyama and the prefectures of Hokkaido, Iwate, Miyagi, Toyama, Ishikawa, Fukui, Ehime and Kochi were added.

d. Number of subjects.

- (1) Physical condition of the population to be determined on representative samples of the population as follows:

Cities 1,000,000 over 1%

500,000 to 1,000,000 1.5%

100,000 to 500,000 2.0%

Prefectures - A number equal to the number in the adjacent cities.

- (2) Dietary Consumption Studies - One half the number examined physically.

- (3) The subjects to be selected in such a way as to be representative of the whole population and related to the last census. The main criteria to be used in selection of the sample to be age, sex, occupation and economic status. The areas to be spread geographically over the whole region or ku.

d. Physical Examinations. The following instructions have been issued by the Ministry of Health and Welfare with regard to physical examinations:

- (1) The report on Physical examinations includes, locality, name, age, sex, occupation, type of work, height, weight, deviation greater than plus or minus equals 10% of the standard weight for a given height and sex.
- (a) Anemia
 - (b) Cheilosis
 - (c) Glossitis and stomatitis
 - (d) Absence of knee jerk
 - (e) Edema
 - (f) Hypertension
 - (g) Chronic diarrhoea
 - (h) Menstrual irregularities in women 17-45
 - (i) Bradycardia (60 or below)
 - (j) Poor lactation (up to six months)
 - (j) Keratomalacia or Xerophthalmia
 - (k) Under Development of Bones (babies under one year)

The above appear on slip used to record data.

- (2) The directions with regard to physical symptoms accompanying the chart are as follows:
- (a) Anemia - Conjunctiva, color of face, mucous membrane, nails and hands.
 - (b) Cheilosis - Appearance like scratches at the corner of the month. Determine whether it is infiltration or has eczematous crustosum.
 - (c) Glossitis and stomatitis - acute or chronic. Sometimes it causes the atrophy of the tip of the tongue. Stomatitis follows glossitis and causes the reddening of the mucous membrane or white spots inside the mouth.
 - (d) Tendon - reflex - Determine the "knee jerk presence or absence of reflex.
 - (e) Edema - Usually appears on limbs. When pressed and it causes a hollow & should be marked.
 - (f) Hyperkeratosis - The skin gets dry and coarse, and keratosis appears at the pores.
 - (g) Chronic diarrhoea - Positive when it continues for over a week or occurs frequently.

- (h) Menstrual irregularities - Positive illness should be determined from those who did not menstruate the past three months who were between the ages 17 and 45. However, pregnant and lactating women should be treated differently and noted as such.
- (i) Bradycardia. Those with a pulse rate below 60 per minute. Pulse beat should be recorded. For accuracy, the patient should not be examined immediately after strenuous exertion.
- (j) Decrease of lactation. Mothers who are capable of breast feeding their babies from date of birth and the following six months are (negative). Those whose infants require artificial feeding are (positive). (Lactation period limited to one year).
- (k) Keratomalacia or Xerophthalmia. Positive to those having symptoms.
- (l) Under development of bones. Babies, especially their skulls, the curving of their limbs and signs of rachitic development of bones shall be noted as positive. (Babies are referred to as below one year old. Children, under six years.)
- (3) The surveys are conducted under the general supervision of the Ministry of Health and Welfare of the Japanese Imperial Government. The immediate responsibility lies with the Chief of the Sanitary Bureau of the city or prefecture. The results of surveys are transmitted to the Ministry upon completion. At present, none of this tabulation is being required at the city and prefectural level.
- (4) Results of surveys have been published in the "Summation of Non-Military Activities in Japan", April, June, July and August and from time to time in the Weekly Bulletin, Public Health and Welfare Section, SCAP.

8. Comments on Physical Examinations. Past observation indicates the following difficulties in the conduct of examinations:

a. Body weight - Occasionally scales have been inaccurate. The local Bureau has been instructed to check the scales. The quantity of clothing permitted in taking body weights has varied. Outdoor clothing has always been required to be removed. It is desirable to reduce the normal clothing to slips and trousers. In some cases, screens have been provided and the subjects weighed in shorts and underwear. When clothes are included in the weight, a standard weight is subtracted. It is well to enquire as to the method adjustment of weight of clothing and to check its adequacy.

b. Height - Suitable measuring devices are usually available. Occasionally a tape measure is used.

c. Tendon reflexes - loss of knee jerk. Observations are often made through the clothes which is not desirable. Some physicians use the hand, others the percussion hammer. The procedure is often conducted without determining the position of the patellar tendon and the percussion is "hit or miss".

d. Hyperkeratosis. Examinations for hyperkeratosis are often perfunctory and confined to the upper shoulder and back of the neck. In doubtful cases it is desirable to observe the back of the upper arms and legs.

9. Comments on Food Consumption Surveys.

a. Information on food consumption is obtained by requiring the housewife to record the kinds and amounts of food used in the household each day for three days. A nutritionist takes the forms to each of the houses assigned to her on the day previous to the first day of record. The morning of the second day of record, she goes to the house and checks the entries of the previous day. Samples of quantities of food used are sometimes kept by the housewife for verification the weighing by the nutritionist when there are no scales. Standard weights of original and cooked food for given volumes have been worked out and are used by the nutritionist. Daily visits are made to each house and the final sheet is collected on the day following the last day of recording. The results are assembled at the Sanitary Bureau of the city or prefecture.

b. Data on the quantities of food used per capita in hospitals are being assembled each month in hospitals in Tokyo and will be extended to other hospitals, especially mental and tuberculosis hospitals, in other parts of Japan. It is probable that similar data will be required in penal and correctional institutions and homes for children and aged, as part of the accounting of the institution. This has been called "Nutritional Accounting". It permits a rough evaluation of the adequacy of the food purchased and produced and fed to the people living in the institution or home as evidence of the effectiveness of the administrative control of institutions in relation to the people for which it is responsible. Such reports combined with a basis of rationing is an excellent basis for purchase for food, and production when there is a farm attached to the institutions.

c. To facilitate review of the nutritive value of the food supplied, foods of similar kind and nutritive value or which are valuable for particular nutrients or are unique are classed together and the consumption per capita calculated for the group. This reduces the number of items and permits a ready nutritional review once the food pattern of the institution is known and evaluated.

10. Rations for Hospitals and Institutions.

Special allowances for patients fed in hospitals and in institutions have been recommended because of the difficulties such people have in obtaining additional food to supplement the inadequate ration. The recommendation includes provision for nutritional accounting by institution receiving the extra foods.

11. School Lunches. A proposal is under discussion for the establishment of school lunches throughout Japan. The ideal school lunch not only provides food for the children, but includes foods that will correct the deficiencies of the food pattern of that particular region or city. The Military Government Medical Officers should take an interest in the program when started and report their opinion of the effectiveness of the program.

12. Monthly or Bimonthly Reports.

a. The Public Health Officer supplies information for the monthly or bimonthly report from the Military Government Team to which he is attached. Information with regard to the nutritional status of the civilian population for which the team is responsible is part of a report on health.

b. A report on nutritional status will include or evaluate reports of other Military Government officers of this same learning relating to foods. The fields to be reviewed and covered when applicable are as follows:

- (1) The food resources available, separated into indigenous and imported food. Such a report is required of the officer concerned with food by the Economic and Scientific Section, SCAP. This report relates to the quantities of staple foods rationed and supplied at ration points and estimates of additional food purchased in the markets or

obtained by home production or gift and of caloric content. Examination of these reports in relation to nutrition surveys indicates that they are fairly good in some cities and not very reliable in others, even for rationed food because they have stated the ration allowance when the quantity was not issued. Such reports and analysis cover the following

- (2) Official ration scale for individuals in various categories.
- (3) Quantities of rationed food actually available to individuals in various categories, including those in excess of the authorized allowance.
- (4) Extent to which food actually obtained was purchased or received in whole or part as a free issue. This will include food served in soup or central kitchens, canteens, etc. of Red Cross, Welfare Agencies, mines, manufacturers, etc. For relief clients, special worker groups, or the population as a whole. In the case of soup or cooked meals, statements of quantities of constituents served per capita and frequency of serving should be given; agencies providing food in kind or free should be listed, and size and description of the population groups recorded.
- (5) The vitamin concentrates or preparations and mineral salts issued by private or state agencies and the categories of individuals to whom available and basis of issue.
- (6) Evidence with regard to state of health of the population as indicated by:
 - (a) Trend of changes in body weight and data when available
 - (b) Signs and symptoms of nutritional deficiencies in relation to categories of individuals.
 - (7)(c) A statement of conclusion as to adequacy or inadequacy of the food available and consumed and the general nutritional status of the population.

(Comment: When the nutritional status of the population has been evaluated and reported, subsequent reports should indicate the changes that have occurred and factual data as obtained.

CO _____
EX _____
ADJ _____
File _____GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

Pub 319

APO 500
30 January 1948

SUBJECT: Staff Visits to: Wakayama, Osaka and Nara

TO: Commanding Officer
Attn: Public Health Officer, Kinki Military Government Region
APO 301

1. In compliance with GHQ, FMO orders the following staff visit to Military Government Teams has been planned for the purpose of a survey of tuberculosis control in these prefectures; to include conferences with Military Government Health Officers and Prefectural Officials. One conference at which the subject of the control of tuberculosis will be presented to a selected group of representatives in each prefecture of the physicians, dentists, druggists, public health nurses associations, chief medical officers, nurses of the health centers and sanatoriums, representatives of the department of education, of women's organizations and of any public minded individuals interested in the control of tuberculosis and the press in these prefectures.

a. Staff Visitor: Albert P. Knight, M. D. Public Health and Welfare Section, GHQ, SCAP.

b. Teams to be visited:

- (1) Wakayama Military Government Team. Arriving in Wakayama 20 February, leaving for Osaka on the 31st of February.
- (2) Osaka Military Government Team. Arriving in Osaka early 22 February and leaving late the afternoon or evening of 24 February for Nara.
- (3) Nara Military Government Team. Arriving in Nara early 25 February, leaving for Tokyo 26 February.

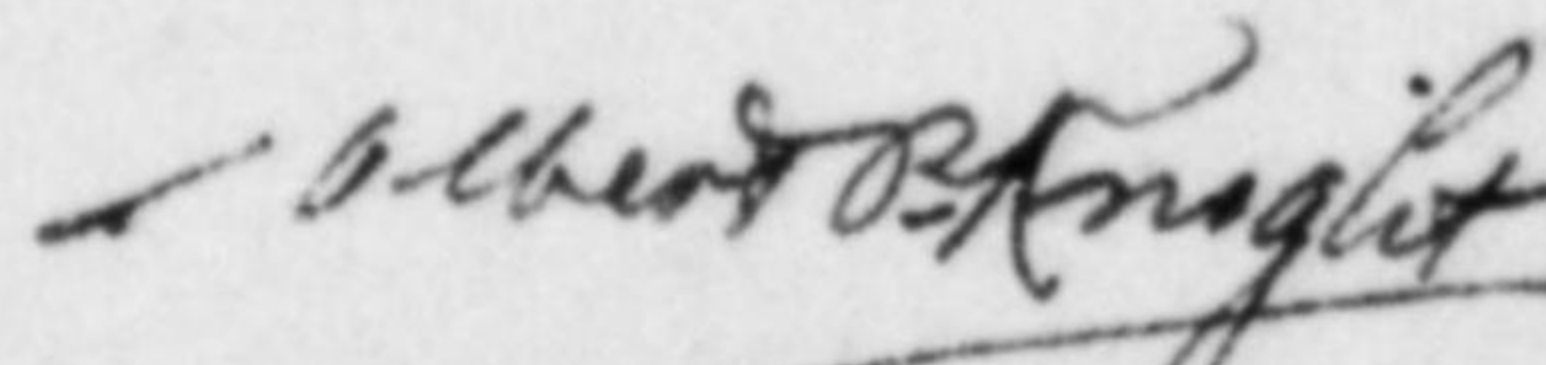
3. Conferences are desired with the following officials at each designated stop:

- a. Military Government Health Officer
- b. Prefectural Health Officer
- c. Prefectural Officer in charge of Tuberculosis Control
- d. Prefectural Medical Supply Officer

3. Visits are desired to the following installations in each area.

- a. In one health center, with the health officials, doctors and nurses.
- b. In one national sanatorium with the head doctors and nurses of that institution.

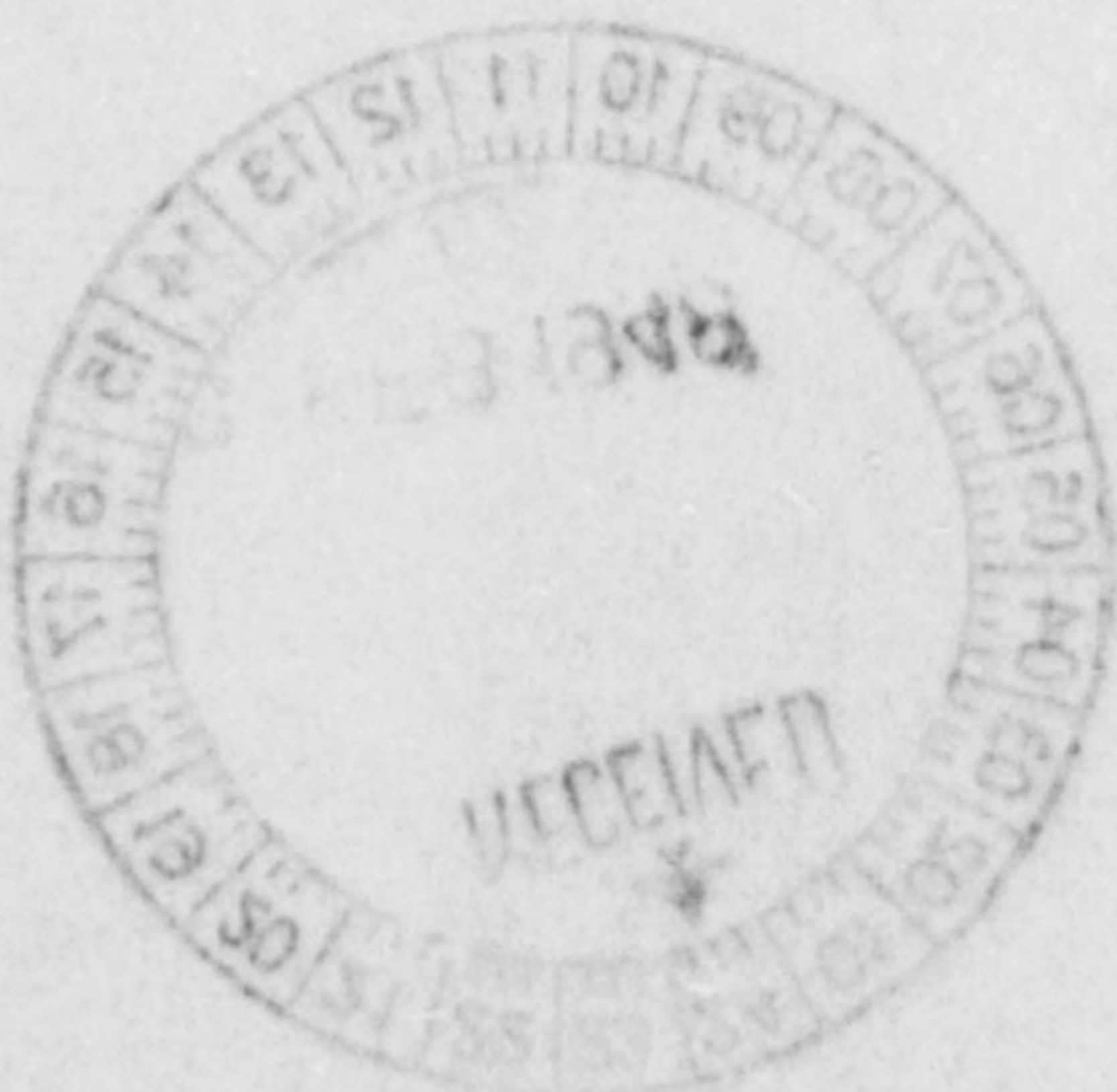
4. It is suggested that a program be arranged for the conferences and visits desired, guided by the allocated time.



ALBERT P. KNIGHT, M. D.
Tuberculosis Consultant

Copies to:

- Wakayama Military Government Team.
- Osaka Military Government Team.
- Nara Military Government Team.



C O P Y

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare SectionIGT:d
23 January 1948

MEMORANDUM TO: All Persons Responsible for Demonstration at Model Health Center

SUBJECT : Plans for Model Health Center Demonstration.

1. For the benefit of those responsible for demonstrating a given function at the Model Health Center the following paragraphs summarize pertinent information gleaned from Col. Soms verbal instructions. It is necessary that written plans be submitted without delay in order that coordination of the over-all plan may be affected. It is particularly important at this time that you turn in an estimate of the time, personnel and equipment required for demonstration in order that a master plan may be evolved.
2. The manner of functioning of Health Centers of Japan is very unsatisfactory. Some do not have adequate buildings. Others do not have adequate staff or equipment but most of the inadequacy stems from the fact that prefectural authorities do not realize the place of a Health Center in their community.
3. The Health Center Law (Public Law No. 101, 5 Sep 47) furnishes a legal basis for establishing an efficient and adequate system of Health Centers throughout Japan. Approximately 750 Health Centers will be established or reorganized. To achieve the desired degree of efficiency and completeness in all of these Health Centers it is necessary to prepare a visual demonstration in the form of a Model Health Center.
4. When once this model Center is staffed and equipped, staffs from various prefectures and districts will be brought in for a course of training and a visual demonstration of what their own Health Center should be.
5. This model Center will demonstrate the scope of activity for each of the 12 functions which are enumerated in paragraph 1 of subject memo. The order of procedure will be:
 - a. Military Government Health officers will be brought to Tokyo first. The demonstration will be put on for these men. The chiefs of the Health Districts and of the prefectures will be brought in for a concentrated course of training to the model Health Center in Tokyo.
 - b. These officials will then return to their own individual prefectures and establish a similar model Health Center in each prefecture.
 - c. Prefectural health officials will then receive courses of training at the prefectural model Health Centers.

Incl. 1

d. The remainder of the 780 Health Centers will then be established on the same plan as the model Center but modified to fit the needs of the individual locality.

6. The 12 functions of a Health Center as outlined in a Memorandum of 7 April 1947 are listed below. With this list are the names of the individuals in Public Health & Welfare who will represent this office in assisting in operation and presentation of each demonstration:

<u>AMERICAN</u>	<u>JAPANESE</u>
1- Public Health Nursing, Miss Pickens	Miss M. Kaneko
2- Maternal & Child Hygiene, Dr. Knight	Dr. Mukamatsu
3- Vital Statistics, Mr. Phelps	Dr. N. Soda
4- Diagnostic Laboratory, Dr. Hamlin	Dr. T. Ogawa
5- Dental Hygiene, Lt. Col. Ridgley	Dr. E. Oonishi
6- Nutrition, Miss O'Donnel	Dr. K. Arimoto
7- Sanitation, Major Scothorn & Dr. Wheeler & Mr. Kaufman	Dr. U. Ishibashi Dr. K. Arimoto Dr. Y. Ozuki Dr. S. Ikeda Mr. C. Asomune
8- Health Education - Lt Col. Thomas	Dr. K. Kusumoto Dr. H. Shiga Lr. J. Ishigaki
9- Medical Social Service - Mr. Kneff	Dr. Saita
10- Communicable Disease Control, Maj. Bourland	Dr. U. Ishibashi
11- Tuberculosis Control, Dr. Knight	Dr. S. Kanai
12- Venereal Disease Control, Dr. Niada	Dr. U. Ishibashi Dr. R. Nakahara

7. Lt Col., Thomas will function as coordinator of the entire group.

8. The demonstration should extend over a sufficient length of time to allow unhurried and complete presentation of the model Health Center. It is to be emphasized that the planned demonstration is not a one day tour but is to be considered as a complete course of training with sufficient specific information presented to the observers that they can return to their prefectures and reduplicate in its entirety the Health Center. Teaching aids such as charts, mimeographed information sheets, demonstration teams, etc., should be used as adjuncts to the teaching program.

a. The following charts should be included in the curriculum:

8

- (1) Internal organization of the district health office.
- (2) Internal organization of the Health Center.
- (3) Chart of the Health Center district showing the schools number of people, etc.
- (4) Geographical charts of the district showing location of Health Centers and branch centers.

b. Specific suggestions of material to be included in each of the 12 functional groups:

(1) Vital Statistics

(a) The term "Vital Statistics" must be looked upon in its broadest sense as a compilation of all Health Center Statistics. It is not confined to a record of births, deaths, and marriages but should include a whole series of charts including the following information:

1. Names and locations of doctors and hospitals in the districts; bed capacity, types of services rendered.

2. Disease rates

3. Births, deaths, marriages, etc.

(b) The demonstration should include the actual completion of various printed forms and the tracing of these forms through various channels from the patient to the file.

(2) Sanitation

(a) The demonstration should include the following charts:

1 Location of all water, sewage, and garbage disposal facilities in the district.

2 Organization of the sanitary teams.

3 Spot maps showing breeding places for mosquitoes and flies.

4 Information concerning dairies and slaughter houses.

(b) There has been a woeful lack of dissemination of information to the sanitary teams themselves; in fact, in most places sanitary teams are not even in existence. It must be stressed that the sanitary teams are the men who go out and actually spray the mosquito breeding places and take care of the sewage disposal, etc.

(3) Communicable Disease Control

Demonstration should include:

(a) Spot maps showing actual location of every reportable disease in that district.

(b) Charts showing up-to-date information on every immunization program.

(c) Relationship of every other Health Center division to Communicable Disease Control.

(d) The tracing of a case of some communicable disease such as smallpox from the reporting of the case until removal of quarantine.

(4) Veneral Disease Control

(a) The following charts should be included in the demonstration:

1 Number of cases of each of the Venereal Diseases within the district.

2 Location of all known prostitutes in the district

(b) The demonstration should show how a contact is traced and how a venereal disease case is handled. It should also show what happens when a private physician sends in a specimen for diagnosis.

(5) Tuberculosis Control

The demonstration should include:

(a) Spot maps of all known cases of tuberculosis.

(b) The actual examination of children and adults by X-ray, physical examination, sputum examination, tuberculin test, etc.

(c) The channels through which the actual case of tuberculosis passes in a Health Center demonstrating the close liaison between the tuberculosis division, the nursing division, laboratory, and medical social service, etc.

(d) Information regarding the social services aspects of a case of tuberculosis such as examination of family, investigation of their financial status, their housing, clothing, food, heating, etc.

(6) Medical Social Service

Demonstration should include:

(a) Spot maps of all welfare institutions and actual capacity of social assistance.

(b) Demonstration of relationship between other divisions of the Health Center.

(c) The entire demonstration should be aimed at showing the relationship which this department has to all others.

(7) Laboratories

This demonstration should show:

(a) Complete gamut of diagnosis procedures to be done in the Health Center

(b) The proper channels for collection specimens and distributing laboratory reports.

(c) Channels for sending specimen to laboratories for difficult procedures which can not be done in the Health Center laboratory.

(d) Channels through which a specimen from the time it is dispatched by private physician to the time when the report returns to him.

(e) Relationship to Health Center laboratory to the Prefectural Diagnostic laboratory.

(8) Mother and Child Hygiene.

This demonstration should include:

(a) Pre and post natal care plus usual child clinic procedures.

(9) Nutrition

Nutrition should show graphically:

(a) Nutrition survey

(b) Spot maps of ration points

(c) Recipes for preparing imported foods.

(d) Preparation of balanced diets.

(e) Actual methods of cooking

(f) Relationship to mother and child hygiene clinic and to the nursing division. Nutrition charts such as those on the Health Train should assist greatly in the educational part of the program.

(10) Dental

This demonstration should show:

(a) How a dental survey is conducted.

(b) How school children and nurses are contacted.

(e) On spot maps the names and locations of all dentists in the district.

(11) Health Education

(a) This work should normally be handled by the Health Center Chief himself. It should show:

- 1 Coordination with all other activities of the Center.
- 2 Dissemination of information through local newspapers, moving picture films, etc.
- 3 Materials which are available from the Ministry of Welfare, and way they can be produced.

(12) Public Health Nursing

Demonstration should include charts showing:

- (a) Organization of the nursing division
- (b) Relationship to other divisions
- (c) Work load for nurses in the Center
- (d) Routine for going into homes as visiting nurses.

c. These demonstrations will be held for several different groups. About 94 people will be attending these demonstrations. At least five groups will see the demonstration.

d. Preparation of these demonstrations will necessitate much minute preparation with definite rehearsals and fairly complete scripts. This task should be considered on top priority within this section.

/s/ Lucius G. Thomas
/t/ LUCIUS G. THOMAS
Lt Col., M. C.
Chief
Preventive Medicine

COPY

FEC

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

LGT:d

23 January 1948

MEMORANDUM TO: All Persons Responsible for Demonstration at Model Health Center.

SUBJECT: Plans for Model Health Center Demonstration.

1. For the benefit of those responsible for demonstrating a given function at the Model Health Center the following paragraphs summarize pertinent information gleaned from Col. Sams verbal instructions. It is necessary that written plans be submitted without delay in order that coordination of the over-all plan may be affected. It is particularly important at this time that you turn in an estimate of the time, personnel and equipment required for demonstration in order that a master plan may be evolved.

2. The manner of functioning of Health Centers of Japan is very unsatisfactory. Some do not have adequate buildings. Others do not have adequate staff or equipment but most of the inadequacy stems from the fact that prefectural authorities do not realize the place of a Health Center in their community.

3. The Health Center Law (Public Law No. 101, 5 Sep 47) furnishes a legal basis for establishing an efficient and adequate system of Health Centers throughout Japan. Approximately 780 Health Centers will be established or reorganized. To achieve the desired degree of efficiency and completeness in all of these Health Centers it is necessary to prepare a visual demonstration in the form of a Model Health Center.

4. When once this model Center is staffed and equipped, staffs from various prefectures and districts will be brought in for a course of training and a visual demonstration of what their own Health Center should be.

5. This model Center will demonstrate the scope of activity for each of the 12 functions which are enumerated in paragraph 1 of subject memo. The order of procedure will be:

a. Military Government Health officers will be brought to Tokyo first. The demonstration will be put on for these men. The chiefs of the Health Districts and of the prefectures will be brought in for a concentrated course of training to the model Health Center in Tokyo.

b. These officials will then return to their own individual prefectures and establish a similar model Health Center in each prefecture.

c. Prefectural health officials will then receive courses of training at the prefectural model Health Centers.

INCL 1

d. The remainder of the 780 Health Centers will then be established on the same plan as the model Center but modified to fit the needs of the individual locality.

6. The 12 functions of a Health Center as outlined in a Memorandum of 7 April 1947 are listed below. With this list are the names of the individuals in Public Health & Welfare who will represent this office in assisting in preparation and presentation of each demonstration:

AMERICANJAPANESE

1- Public Health Nursing , Miss Pickens	Miss M. Kaneko
2- Maternal & Child Hygiene, Dr. Knight	Dr. Mukamatsu
3- Vital Statistics, Mr. Phelps	Dr. N. Soda
4- Diagnostic Laboratory, Dr. Hamlin	Dr. T. Ogawa
5- Dental Hygiene, Lt. Col. Ridgley	Dr. E. Oonishi
6- Nutrition, Miss O'Donnel	Dr. K. Arimoto
7- Sanitation; Major Scothorn & Dr. Wheeler & Mr. Kaufman	Dr. U. Ishibashi Dr. K. Arimoto Dr. Y. Ozuki Dr. S. Ikeda Mr. C. Asomuna
8- Health Education - Lt. Col. Thomas	Dr. K. Kusumoto Dr. H. Shiga Dr. J. Ishigaki
9- Medical Social Service - Mr. Kneff	Dr. Saita
10- Communicable Disease Control, Maj. Bourland	Dr. U. Ishibashi
11- Tuberculosis Control, Dr. Knight	Dr. S. Kanai
12- Venereal Disease Control, Dr. Nieda	Dr. U. Ishibashi Dr. R. Nakahara

7. Lt. Col. Thomas will function as coordinator of the entire group.

8. The demonstration should extend over a sufficient length of time to allow unhurried and complete presentation of the model Health Center. It is to be emphasized that the planned demonstration is not a one day tour but is to be considered as a complete course of training with sufficient specific information presented to the observers that they can return to their prefectures and reduplicate in its entirety the Health Center. Teaching aids such as charts, mimeographed information sheets, demonstration teams, etc., should be used as adjuncts to the teaching program.

a. The following charts should be included in the curriculum:

- (1) Internal organization of the district health office
- (2) Internal organization of the Health Center
- (3) Chart of the Health Center district showing the schools number of people, etc.
- (4) Geographical charts of the district showing location of Health Centers and branch centers.

b. Specific suggestions of material to be included in each of the 12 functional groups:

(1) Vital Statistics

(a) The term "Vital Statistics" must be looked upon in its broadest sense as a compilation of all Health Center Statistics. It is not confined to a record of births, deaths, and marriages but should include a whole series of charts including the following information:

1 Names and locations of doctors and hospitals in the districts, bed capacity, types of services rendered.

2 Disease rates

3 Births, deaths, marriages, etc.

(b) The demonstration should include the actual completion of various printed forms and the tracing of these forms through various channels from the patient to the file.

(2) Sanitation

(a) The demonstration should include the following charts:

1 Location of all water, sewage, and garbage disposal facilities in the district.

2 Organization of the sanitary teams.

3 Spot maps showing breeding places for mosquitoes and flies.

4 Information concerning dairies and slaughter houses.

(b) There has been a woeful lack of dissemination of information to the sanitary teams themselves; in fact, in most places sanitary teams are not even in existence. It must be stressed that the sanitary teams are the men who go out and actually spray the mosquito breeding places and take care of the sewage disposal, etc.

(3) Communicable Disease Control

Demonstration should include:

(a) Spot maps showing actual location of every reportable disease in that district.

(b) Charts showing up-to-date information on every immunization program.

(c) Relationship of every other Health Center division to Communicable Disease Control.

(d) The tracing of a case of some communicable disease such as smallpox from the reporting of the case until removal of quarantine.

(4) Venereal Disease Control

(a) The following charts should be included in the demonstration:

1 Number of cases of each of the Venereal Diseases within the district.

2 Location of all known prostitutes in the district

(b) The demonstration should show how a contact is traced and how a venereal disease case is handled. It should also show what happens when a private physician sends in a specimen for diagnosis.

(5) Tuberculosis Control

The demonstration should include:

(a) Spot maps of all known cases of tuberculosis.

(b) The actual examination of children and adults by X-ray, physical examination, sputum examination, tuberculin test, etc.

(c) The channels through which the actual case of tuberculosis passes in a Health Center demonstrating the close liaison between the tuberculosis division, the nursing division, laboratory, and medical social service, etc.

(d) Information regarding the social services aspects of a case of tuberculosis such as examination of family, investigation of their financial status, their housing, clothing, food, heating, etc.

(6) Medical Social Service

Demonstration should include:

(a) Spot maps of all welfare institutions and actual capacity of social assistance.

(b) Demonstration of relationship between other divisions of the Health Center

(c) The entire demonstration should be aimed at showing the relationship which this department has to all others.

(7) Laboratories

This demonstration should show:

(a) Complete gamut of diagnosis procedures to be done in the Health Center

(b) The proper channels for collection specimens and distributing laboratory reports.

(c) Channels for sending specimen to laboratories for difficult procedures which can not be done in the Health Center laboratory.

(d) Channels through which a specimen from the time it is dispatched by private physician to the time when the report returns to him.

(e) Relationship of Health Center laboratory to the Prefectural Diagnostic laboratory.

(8) Mother and Child Hygiene

This demonstration should include:

(a) Pre and post natal care plus usual child clinic procedures.

(9) Nutrition

Nutritionist should show graphically:

(a) Nutrition survey

(b) Spot maps of ration points

(c) Recipes for preparing imported foods.

(d) Preparation of balanced diets

(e) Actual methods of cooking

(f) Relationship to mother and child hygiene clinic and to the nursing division. Nutrition charts such as those on the Health Train should assist greatly in the educational part of the program.

(10) Dental

This demonstration should show:

(a) How a dental survey is conducted

(b) How school children and nurses are contacted.

(c) On spot maps the names and locations of all dentists in the district.

(11) Health Education

(a) This work should normally be handled by the Health Center Chief himself. It should show:

1 Coordination with all other activities of the Center.

2 Dissemination of information through local newspapers, moving picture films, etc.

3 Materials which are available from the Ministry of Welfare, and way they can be procured.

(12) Public Health Nursing

Demonstration should include charts showing:

(a) Organization of the nursing division

(b) Relationship to other divisions

(c) Work load for nurses in the Center

(d) Routine for going into homes as visiting nurses.

c. These demonstrations will be held for several different groups. About 94 people will be attending these demonstrations. At least five groups will see the demonstration.

d. Preparation of these demonstrations will necessitate much minute preparation with definite rehearsals and fairly complete scripts. This task should be considered on top priority within this section.

Lucius G. Thomas

LUCIUS G. THOMAS
Lt. Col. M.C.
Chief
Preventive Medicine

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health & Welfare Section

APO 500
6 January 1948

SUBJECT: Staff Visit to Osaka

TO: Commanding Officer
Attn: Public Health Officer and Welfare Officer
Kind: Military Government Regional Team
APO 301, U. S. Army

1. In compliance with GHQ, FEC orders, the following staff visit to Military Government Teams has been planned for the purpose of inspecting medical supply production status in the Osaka area.

a. Staff Visitor:

Major Harold L. Cummings, Supply Division,
Public Health & Welfare Section, GHQ, SCAP

b. Team to be visited:

Osaka Military Government Team
Arrive: 0630 20 January 48
Leave: 2000 21 January 48

2. Conference is desired with the following officials:

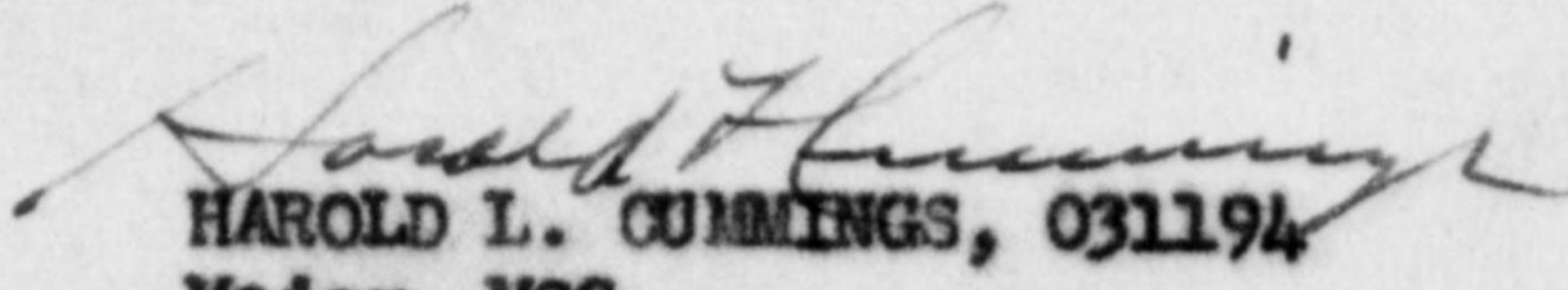
a. Pharmaceutical Affairs Sub-Section, Prefectural Health Section and Branch Office, Drug Manufacturing Section, Ministry of Welfare (Combined), on the morning of 20 January.

3. Visits are desired to the following installations in each area:

a. Dai Ichi Pharmaceutical Company, Osaka Prefecture
(afternoon, 20 January)

b. Wakojunyaku Pharmaceutical Company, Amagasaki City, Hyogo Prefecture (morning, 21 January)

4. It is suggested that a program be arranged for the conference and visits desired as indicated in preceding paragraphs.


HAROLD L. CUMMINGS, 031194
Major, MSC
Chief, Production Branch
Supply Division

Copy to:

1. Osaka Military Government Team, APO 660, U. S. Army

C O P Y

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

APD 500
2 January 1948

MEMORANDUM

SUBJECT: Information of General Application Pertaining to PHMJG 51,
2 January 1948, subject: "Public Health Education Program",
to Ministry of Welfare, Japanese Government.

1. With reference to the subject memorandum, the following is published for the information of all concerned.

2. Subject memorandum refers to a letter directed to General Headquarters, Supreme Commander for the Allied Powers, (C.L.O. No. 9791 EWL) from Japanese Government, Central Liaison Office, dated 26 December 1947, subject: "Application for Approval of Public Health Education Program", by Y. Katsuno, Chief, Liaison Section, Central Liaison Office.

a. Letter (C.L.O. No. 9791) refers to a detailed plan concerning a public health education program submitted by the Bureau of Public Health, Ministry of Welfare, Japanese Government, to Public Health and Welfare Section, GHQ, SCAP through the Central Liaison Office.

b. The plan is based on:

(1) The need for a well-planned, well-organized, and well-executed public health education program for the people of Japan.

(2) The necessity for close correlation and coordination of the numerous public health education programs now being conducted by various Ministries of the Japanese Government.

3. Subject memorandum further offers no objection to the Public Health Education Program.

4. Essential points of the program include:

a. Planning at the Ministry level

(1) Establishment of necessary committees

(a) Committee of the National Government for Health Education.

(b) School Health Education Committee

(c) General Community Organization Committee (Anti-Tuberculosis Association, Japan Red Cross Association, Mother and Child Institute, etc.)

C O P Y

GENERAL HEADQUARTERS
 SUPREME COMMANDER FOR THE ALLIED POWERS
 Public Health and Welfare Section

WJK:d
 23 December 1947

MEMORANDUM FOR RECORD

SUBJECT: Conference on Establishing a School of Public Health

1. On 17 December 1947 a conference was held at the Kyoto University to discuss the proposed School of Public Health and the graduate course in sanitary engineering. Those present were as follows:

Capt. R. L. Meinikii,	Kinki Region Public Health Officer		
Mr. R. Cades,	Kyoto Military Government Team C.I.&E. Officer		
Mr. H. Honda,	Director, Administrative Bureau, Kyoto University		
Prof. H. Nishimura,	Dean, College of Engineering		
Prof. M. Muira,	Medical Dept., Kyoto University		
Prof. S. Yamamoto,	" " " "		
Asst. Prof. M. Mishio	" " "		
Prof. S. Hattori	" " "		
Asst. Prof. M. Muria	" " "		
Prof. K. Ogyo	" " "		
Prof. S. Takaki	" " "		
Dr. H. Imamura,	Chief, Health Bureau, Kyoto City		
Dr. T. Tsuchiya,	Chief, Hygiene & Public Health Section, Kyoto Pref.		
Mr. W. J. Kaufman,	Public Health & Welfare Section, GHQ, SCAP		

a. The first conference on this subject was held on 7 November 1947 with approximately the same personnel in attendance. At this initial conference it was suggested that a plan for the proposed school be devised by the faculty of the University and presented to the local C.I.&E. officer. This was accomplished by Dr. Muira, Professor of Hygiene and this plan served as a basis for the conference of 17 December.

b. The objectives of the committee were outlined as being four in number: To offer a graduate course in public health for doctors and other qualified personnel; to study possible modifications of the undergraduate medical course that might place greater emphasis on public health; to offer a graduate course in sanitary or public health engineering to graduates of the College of Engineering; to modify the civil engineering curriculums to permit the undergraduate student to take certain courses in elementary sanitary engineering and related basic sciences. It was understood that these objectives must be accomplished with a minimum of additional cost and without increases in the faculty. It is realized that a greater degree of cooperation will be necessary between the engineering and medical schools than now exists.

2. Dr. Muira discussed his plan and reported briefly on his trip to Tokyo to the effect that the Welfare Ministry was not contemplating any

graduate courses in public health but would encourage any modification of the undergraduate courses which stressed public health. However, Dr. Mira expressed his belief that if the University were able to provide a few courses of a graduate level in public health at little additional expense the support of the Ministries of Welfare and Education would be received.

3. Capt. Meinikii outlined the field of public health as having five logical divisions and suggested this breakdown be considered in planning the graduate course. These divisions included:

- a. Biostatistics
- b. Epidemiology
- c. Public health or sanitary engineering
- d. Public health specialties including maternal and child hygiene, mental hygiene, public health education, medical service, etc.
- e. Public health administration.

4. Mr. Cades explained the function and organization of the "institute" or work shop as a device utilizing all available talent in integrating the theoretical and practical phases of public health to determine the curriculum of the proposed public health school. The idea of calling in outsiders, particularly those practicing public health in the field, was a difficult one for the University faculty members to comprehend. The 1st of April was tentatively set as the date for the institute. Mr. Cades and Capt. Meinikii are to continue to assist the Japanese in planning the institute. A program committee was selected to work with Military Government on this project.

WARREN J. KAUFMAN
Sanitary Engineer

COPY

Plan as submitted by Dr. Muira

III Scheme of Post Graduate Course in Public Health (1948)
 (Lectures, laboratory work, field demonstration and practice)

<u>COURSES</u>	<u>HOURS</u>
1. Nutrition and Diet. Chemistry of nutrition, nutritional deficiencies dietary survey, national dietary and nutrition	2
2. Sanitation of Food, Water, etc. Chemical & bacteriological examination of foods, water and sewage, food poisoning, control of foods, and beverages.	2
3. Environmental Hygiene Hygiene of air, climatology, hygiene of clothing & dwelling (heating, ventilation, lighting, etc.) housing & city planning.	3
4. Sanitary Engineering Soil, water supply, sewage disposal, disposal of garbage & refuse.	3
5. Epidemiology & Control of Acute Communicable Diseases Including disinfection & maritime quarantine	3
6. Prevention of Chronic Infectious Diseases Prevention of tuberculosis, venereal diseases, leprosy, trachoma, etc.	3
7. Vital Statistics Including demography.	3
8. Mental Hygiene and Eugenics	1
9. Physical Hygiene Including fatigue, physical training & ocular hygiene.	1
10. Infant and Maternal Hygiene	1
11. School Hygiene	1
12. Industrial Hygiene Including hygiene of various occupations	1
13. Public Health Administration Public Health organization & municipal and rural health activities, public health law, social insurance, public health nursing, health education public health field practice, etc.	6

14. Public Health Bacteriology

?

15. Medical Zoology

?

Protozoology, parasitology, malariology, medical entomology.

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

WK:d
22 December 1947

Mr. Russell Cades
C. I. & E. Officer
Kyoto Military Government Team
APO 713

Dear Cades:

How is our little course in higher education coming? I rather felt that the conference of 17 December neglected sanitary engineering which is my primary interest at the University. In order that you may implement my efforts in carrying out this phase of the plan, I have outlined below the requirements of a graduate course in sanitary engineering and of the desired undergraduate subjects:

- a. A basic course in chemistry, perhaps as a freshman or sophomore.
- b. A course in qualitative and quantitative analysis.
- c. A basic course in bacteriology.
- d. Water supply and sewerage engineering; an introductory course.
- e. A course in which some phases of the design of hydraulic structures in covered, particularly those related to drainage and sewerage systems.
- f. A course in hydrology.

The above listed subjects should be pre-requisites to admission to full graduate standing in sanitary engineering. Certain of these subjects are now included in the civil engineering curriculum at Kyoto University but very little attention is given to bacteriology or chemistry.

The graduate course in the engineering school in sanitary engineering should include the following fields:

- a. An advanced course in water supply engineering with a computing or drafting period concerned with the design of sanitary structures.
- b. An advanced course in sewerage engineering with a design

period.

c. A course in the sanitary examination of water and sewage with laboratory exercises and lectures.

d. A course in public health engineering or environmental sanitation concerned with epidemiology, air conditioning, the pasteurization of milk, shellfish control, insect and rodent control, public health administration, etc.

e. A course in advanced hydraulics.

f. Research and thesis.

The graduate course might also include certain courses in the proposed school of public health or the medical school which would supplant item 2,d above.

- a. Public Health administration
- b. Epidemiology and control of communicable diseases.
- c. Environmental hygiene.

I hope this will be of some assistance to you.

Very truly yours,

WARREN J. KAUFMAN
Sanitary Engineer

Inst of Arch. Yokoyama

Tsuchiya - Chief of Health Dept (Pref. Govt.)
Dean of School of Edu. Nishimura ✓

Nonda Dir of Admin Bureau of Univ Prof of Hygiene Miura ✓

Takagi Prof of Analyt Toxicology Hygiene - Ogata (Pref. Govt)

Kasuya pref. - Yamamoto ✓

Hygiene Nishio ✓

Yamanuma (City)
Hattori Clean Chemist (Govt)
Minori Hygiene in Pharm.
Ogino Pharmacology ✓

HARVARD SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF BIOSTATISTICS

- Biostatistics 1a, b. Principles of Biostatistics
 Biostatistics 2c, d. Statistical Analysis
 Biostatistics 3b and Maternal and Child Health 3b. Mortality and Morbidity
 in Infancy and Childhood
 Biostatistics 4c. Statistical Analysis
 Biostatistics 5d. Statistical Analysis
 Biostatistics 20. Biostatistical Research

DEPARTMENT OF EPIDEMIOLOGY

- Epidemiology 1b. Principles and Practice of Epidemiology
 Epidemiology 2c. Epidemiology of Acute Communicable Disease of Temperate
 Climates
 Epidemiology 3d. Epidemiology of Tropical and Exotic Diseases
 Epidemiology 4c. Clinical Aspects of Infectious Diseases
 Epidemiology 5b, 5c, 5d. Special Problems in Infectious Diseases
 Epidemiology 6c. Diseases Caused by Animal Parasites
 Epidemiology 7d. Military Preventive Medicine
 Epidemiology 20. Research in Epidemiology

DEPARTMENT OF INDUSTRIAL HYGIENE

- Industrial Hygiene 1c, d. Basic Problems in Industrial Hygiene
 Industrial Hygiene 2a, b, and 2c, d. Industrial Air Analysis
 Industrial Hygiene 3d. Industrial Medical Care
 Engineering 44a. Heating and Ventilation
 Engineering 44b. Air Conditioning
 Industrial Hygiene 4d. Industrial Ventilation
 Industrial Hygiene 20. Research

DEPARTMENT OF MATERNAL AND CHILD HEALTH

- Maternal and Child Health 1a, b. Basic Problems
 Maternal and Child Health 1c. Administration of Maternal and Child Health Services
 Maternal and Child Health 2a. Growth and Development
 Maternal and Child Health 3b and Biostatistics 3b. Mortality and Morbidity in
 Infancy and Childhood
 Maternal and Child Health 4a. Obstetrical Problems
 Maternal and Child Health 5b. Nutritional Problems
 Maternal and Child Health 7c. School Health Problems
 Maternal and Child Health 8c. Problems of Crippled and Handicapped Children
 Maternal and Child Health 9c and 9d. Demonstrations of Maternal Health Services
 Maternal and Child Health 10c and 10d. Demonstrations of Child Health Services

-2-

Maternal and Child Health 11d. Administration of Maternal and New-born Health Services
 Maternal and Child Health 12d. Administration of Infant and Child Health Service
 Maternal and Child Health 13b, 14c, and 15d.
 Maternal and Child Health 20

DEPARTMENT OF NUTRITION

Nutrition 1a. Basic Nutrition
 Nutrition 2b. Public Health Nutrition
 Nutrition 3c, 3d. Techniques of Public Health Nutrition
 Nutrition 4a, 4b, 4c, 4d. Journal Club
 Nutrition 20. Advanced Nutrition

DEPARTMENT OF PHYSIOLOGY

Physiology 1a, b. Human Physiology and Its Application to Public Health
 Physiology 2d. Environmental Physiology
 Physiology 20. Research in Physiology

DEPARTMENT OF PUBLIC HEALTH BACTERIOLOGY

Public Health Bacteriology 1c. Principles of Public Health Bacteriology and Immunology
 Public Health Bacteriology 2d. Applied Immunology
 Public Health Bacteriology 3c, 3d. Laboratory Tests for Syphilis
 Public Health Bacteriology 11c. Standard Public Health Laboratory Procedures
 Public Health Bacteriology 20. Research
 Public Health Bacteriology 30. Field Training

DEPARTMENT OF PUBLIC HEALTH PRACTICE

Public Health Practice 1a. Principles of Public Health Practice
 Public Health Practice 2b. Public Health Practice
 Public Health Practice 3d. Problems in Public Health Practice
 Public Health Practice 4c. Voluntary Health Agencies
 Public Health Practice 5a. Organization of Medical Care
 Public Health Practice 5c, d. Seminars in Medical Care.
 Public Health Practice 8d. Hospital Administration
 Public Health Practice 9a. Control of Cancer
 Public Health Practice 10b. Psychosocial Problems
 Public Health Practice 11b. Public Health History
 Public Health Practice 12c. Control of Tuberculosis
 Public Health Practice 13c. Administrative Problems
 Public Health Practice 14d. Venereal Disease Control Clinics
 Public Health Practice 15d. Health Education problems
 Public Health Practice 16d. Conferences in Hospital Administration
 Public Health Practice 17c and 17d. Dental Public Health Practice

Public Health Practice 15. Public Health Nursing
 Public Health Practice 20. Research
 Public Health Practice 30b and 30c.
 Public Health Practice 31b
 Public Health Practice 32c.
 Public Health Practice 33b, c, d.
 Public Health Practice 34d

DEPARTMENT OF SANITARY ENGINEERING

Sanitary Engineering 1a, b. Principles of Sanitation
 Sanitary Engineering 2a, b. Sanitary Bacteriology
 Sanitary Engineering 2c, d. Advanced Sanitary Bacteriology
 Sanitary Engineering 3c, d. Sanitary Parasitology

Engineering 400a. Water Supply, Sewerage, and Waste Disposal
 Engineering 400b. Water and Sewage Treatment Works
 Engineering 410a. Examination of Water and Sewage
 Engineering 412a, 412b, and 414a. Engineering Chemistry
 Engineering 430b. Theory of Water and Sewage Treatment
 Engineering 431b. Experiments in Water and Sewage Treatment
 Engineering 432a. Industrial Wastes and Municipal Refuse
 Engineering 433b. Stream Sanitation
 Engineering 434a. Industrial Water Supplies

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

WJK:d
18 December 1947

MEMORANDUM TO: Lt. N. L. Neller, Public Health Officer, Osaka Military
Government Team, APO 25

SUBJECT: Municipal Water Chlorination, Osaka City

1. A conference was held with Dr. Kawabata, Preventive Medicine Bureau of the Welfare Ministry on 15 December 1947 relative to obtaining additional chlorine for the waterworks of Osaka City. The present chlorine consumption is seven tons per month which provides a dosage of 0.3 ppm. It is desirable that approximately twenty tons a month be made available. Dr. Kawabata stated the following action would be taken by the Welfare Ministry.

a. The Welfare Ministry will approve an allocation of twenty tons of liquid chlorine per month for Osaka City. The city will be notified that they may purchase this quantity from the Toa Gosei Company providing it is available.

b. National subsidies will be made available to Osaka City in the 1948 budget similar to these now given to Tokyo, Yokahama, and others.

c. The Welfare Ministry will recommend by letter that the chlorine dosage used in Osaka be increased to approximately 0.7 ppm.

2. A conference relative to water chlorination was held in Osaka on 16 December 1947 and the information in para 1 given to the Japanese present. These included:

Dr. T. Takemi, Prefectural Health Department
Mr. S. Kawamura, Head of Waterworks Bureau, Osaka City
Mr. K. Hasegawa, Head of Planning Division, Waterworks Bureau
Mr. H. Inokami, of the Toa Gosei Chemical Company

3. Mr. Inokami stated that reallocations of electrical power in Shikaku during the months of December and January and February of 1948 will not permit the November 1947 chlorine production rate to be continued. In order to produce forty-five tons of liquid chlorine per month, Mr. Inokami states that 300,000 Kwh. are needed each month. In addition, 250 tons of HCl and 100 tons of bleaching powder are produced. Of the chlorine manufactured, 10 tons per month must go to the Shikoku region, 5 tons to Chugaku and 5 tons per month to other consumers due to arrangements made by local Military Government Units. Such arrangements have been made by the Kagawa and Kure Military Government Teams. It is not desirable that the Osaka Team make such an agreement without coordinating this action with higher headquarters.

Hiroshima

4. The following recommendations were made to the Japanese present at the conference:

a. That every effort be made to increase their chlorine allocation through Japanese channels. The approval of the Welfare Ministry should be of some assistance.

b. That a letter be submitted to the Eighth Army Engineers through the Osaka Military Government Team requesting that twenty-five tons of chlorine be allocated to Osaka Prefecture each month. Such a letter should pass through Military Government channels to the Public Health Section of Eighth Army. It is hoped that a plan for the equitable allocation of liquid chlorine to all of southern Japan will be devised.

Warren J. Kaufman
WARREN J. KAUFMAN
Sanitary Engineer

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

MSA
Public Health
MCC

3 December 1947

SUBJECT: Visit of Narcotic Control Officer to Osaka

TO: Commanding Officer, Osaka Military Government Team, APO 660

1. The Narcotic Control Officer, Public Health and Welfare Section, General Headquarters, Supreme Commander for the Allied Powers, will arrive in Osaka the evening of 10 December 1947, for inspection of narcotic control activities and instruction of narcotic agents.

2. Inspections of narcotic dealers will be made 11 December 1947.

3. The Narcotic Control Officer will meet with Japanese prefectural narcotic agents 0900, 12 December, at the prefectural office for purposes of instruction on narcotic control activities.

Wayland L. Speer
WAYLAND L. SPEER,
Narcotic Control Officer.



C O P YGENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

MEMORANDUM

APO 500
24 November 1947

SUBJECT: Information of General Application Pertaining to memorandum to Ministry of Welfare, Japanese Government (PHMJG-45) 5 November 1947, subject: Essentials of the Counterplan for Prevention of Venereal Diseases

1. With reference to the subject memorandum the following is published for the information of all concerned.
2. Subject memorandum refers to a plan submitted by the Ministry of Welfare on 27 October 1947, subject: Essentials of the Counterplan for the Prevention of Venereal Diseases.
3. Essential points of the plan include:
 - a. Estimation of existing venereal cases in Japan.
 - b. Compulsory treatment of every reported case to be the responsibility of each prefecture.
 - c. Reporting of cases and issuance of final report on completion of treatment will be the responsibility of medical practitioners.
 - d. Expenses for treatment will be imposed on the patient.
 - e. One half the amount in exempted or reduced expenses for treatment will be subject to compensation by Governmental subsidy.
 - f. Strict control of distribution and use of necessary medications will be made.
4. Subject memorandum offers no objection to the overall plan as submitted, provided that:
 - a. "All venereal disease patients, will be recognized as cases of infectious disease endangering the public health, will be accepted and given prompt and complete treatment accordingly, without reference to their ability or willingness to pay.
 - b. The governmental subsidies referred to in subject plan will be supplemented, if necessary, to provide the treatment outlined in subject plan.

- c. Subsidies are made available in such a manner as to permit the purchase of necessary drugs at a reasonable price as required by clinics and physicians to provide for uninterrupted treatment of all patients.
- d. In case subject plan is found ineffective, the Ministry of Welfare will act promptly to make necessary corrections in the plan and will endeavor to obtain the necessary funds to carry out the program."

5. Subject memorandum further implies that none of the provisions outlined in paragraph 4 above shall be construed to prevent a subsequent recovery of the cost of treatment from the patient when it has been determined that he or she is in fact able to pay.

6. Command instructions will follow through Command Channels pertaining to the execution of surveillance. The following procedure is suggested:

- a. Maintain periodic surveillance to be certain that provisions made in subject memorandum are being accomplished.
- b. Advise General Headquarters, Supreme Commander for the Allied Powers of any corrective action that should be taken at the national level.

/s/ Crawford F. Sams
/t/ CRAWFORD F. SAMS
Colonel M.C.
Chief

DIST. "A"

C O P Y
2

C O P YGENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERSAPO 500
18 November 1947

MEMORANDUM

SUBJECT: Information of General Application Pertaining to Ministry of Welfare, Japanese Government, (PHMJG 44) 20 October 1947, Subject: Preventive Measures against Eruptive Typhus.

1. With reference to the subject memorandum, the following is published for the information of all concerned.
2. Subject memorandum refers to a letter directed to General Headquarters, Supreme Commander for the Allied Powers, (CLO No. 7955 EWL) from Japanese Government, Central Liaison Office, dated 13 October 1947, subject, "Preventive Measures against Eruptive Typhus", by Y. Katsumo, Chief, Liaison Section, Central Liaison Office.
 - a. Letter (CLO No. 7955) refers to a detailed plan submitted by the Ministry of Welfare, Japanese Government to PH&W Section, GHQ, SCAP, through the Central Liaison Office.
 - b. The plan is based on experiences gained from former typhus control activities in Japan during the past two years and upon previously issued directives to the Japanese Government.
3. Subject memorandum further offers no objection to the plan of preventive measures against eruptive typhus.
4. Essential points of the plan include:
 - a. Close physical check of repatriates.
 - b. Early case discovery.
 - c. Early reporting of suspect cases.
 - d. Early hospitalization of all cases
 - e. Laboratory diagnostic procedures, using the complement fixation test on sera of all suspect cases.
 - f. Control of lice, fleas and rat mites by use of DDT (10) insecticide power, and DDT (5%) residual effect spray.
 - g. Preventive inoculation with Cox-type typhus vaccine.
 - h. Publicity and educational programs.

BASIC: Memo, dated 18 Nov 1947, subject: "Information of General Application Pertaining to Ministry of Welfare, Japanese Government, (PHMJG 44) 20 Oct 47, subj: Preventive Measures against Eruptive Typhus

i. Training coursed for public health officers, physicians, nurses, and sanitary team personnel.

5. Reference list of material pertaining to typhus control procedures:

a. SCAPIN 1523 - Memorandum for Ministry of Welfare, Japanese Government, dated 12 February 1947, subject: Prevention and Control of Typhus Fever in Japan.

b. Public Health and Welfare Technical Bulletin #3 - Rickettsial Diseases in Japan and Korea, February 1947.

6. Command instructions will follow through Command Channels pertaining to the execution of surveillance. The following procedure is suggested.

a. Maintain periodic surveillance to be certain that proper control measures are being accomplished.

b. Advise General Headquarters, Supreme Commander for the Allied Powers, of any corrective action that should be taken at the national level.

/s/ Crawford F. Sams
/t/ CRAWFORD F. SAMS
Colonel M.C.
Chief
Public Health & Welfare

DIST "A"

C-O-P-Y

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

(PHMJG 46)

APO 500
4 November 1947MEMORANDUM FOR: Ministry of Transportation,
Japanese Government

THROUGH: Central Liaison Office

SUBJECT: Disinfestation of Railway Cars and Vessels

1. Reference is made to paragraph 3 of letter to General Headquarters of the Supreme Commander for the Allied Powers, (CLO No. 7388 CL) from Central Liaison Office, Tokyo, dated 20 September 1947, subject: "Railway Officials in charge of Affairs Concerning Disinfestation of Railway Cars and Vessels," by Y. Katsumo, Chief, Liaison Section, Central Liaison Office.

2. Local Japanese Transportation Officials should be advised to contact the Military Government Team in their respective localities concerning disinfestation procedures of railway cars and vessels.

/s/ Crawford F. Sams
CRAWFORD F. SAMS
Colonel, M.C.
Chief

DIST "A"

Incl 2 to OD 27/1, Hq 8th Army, 18 Dec 47.

C-O-P-Y

C-O-P-Y

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare SectionAPO 500
20 October 1947

(PHMJG 44)PH

MEMORANDUM FOR: Ministry of Welfare, Japanese Government

THROUGH: Central Liaison Office, Tokyo

SUBJECT: Preventive Measures Against Eruptive Typhus

1. Reference is made to letter to General Headquarters, Supreme Commander for the Allied Powers, (CLO No. 7955 EWL) from Japanese Government, Central Liaison Office, dated 13 October 1947, subject: "Preventive Measures Against Eruptive Typhus", by Y. Katsumo, Chief, Liaison Section, Central Liaison Office.

2. There is no objection to the plan of preventive measures against eruptive typhus as submitted.

/s/ Crawford F. Sams
CRAWFORD F. SAMS
Colonel, Medical Corps
Chief.

Dist "A"

Incl 1 to OD 27/1, Hq 8th Army, 18 Dec 47.

C-O-P-Y

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

AF0 500
8 October 1947

MEMORANDUM:

SUBJECT: Information of General Application Pertaining to PHMJG-42, Dated 8 October 1947, Subject: "Distribution of American Jr. Red Cross Supplies to School Children of Japan".

1. Reference is made to PHMJG-42, dated 8 October 1947, subject: "Distribution of American Jr. Red Cross Supplies to School Children of Japan".

2. Reference memorandum advises the Ministry of Welfare, Japanese Government, that with certain exceptions, no objection is imposed to the plan of distribution submitted covering American Jr. Red Cross supplies. These supplies have been donated by the American Red Cross and are now stored in the Yokohama Red Cross warehouse.

3. Following are the pertinent features of the distribution plan:

a. The supplies will be furnished to grammar school children in Japan without charge.

b. The Ministry of Welfare will receive the supplies from the American Red Cross and arrange for transportation to prefectures in coordination with the Japanese Red Cross and the Ministry of Transportation.

c. Local Japanese welfare authorities will, in coordination with local Japanese Red Cross chapters, receive, store and safeguard the supplies until delivery to schools.

d. Selection of schools to receive the supplies will be a joint responsibility of prefectural welfare and education sections and local Japanese Red Cross chapters.

e. The basis of distribution will be as follows:

(1) Stationery (1 pencil, 1 eraser and 1 tablet); one set to each 5th and 6th grade pupil of grammar schools selected to receive a distribution.

(2) Gift Box (soap, tooth paste, tooth brush, thread, needle and other goods; one box to each of three (3) children of 1st through 4th grade of grammar schools selected to receive a distribution.

f. Transportation within prefectures will be arranged by local Japanese Red Cross officials with the assistance of prefectural authorities.

g. Local governors will submit reports of distribution to the Ministry of Welfare and the Japanese Red Cross.

4. List ~~is~~ inclosed showing the proposed allocation of materials to the various prefectures.

5. General surveillance is desired to insure compliance with the distribution plan.

Crawford F. Sams

CRAWFORD F. SAMS
Colonel, Medical Corps
Chief

1 Incl: a/s

DISTRIBUTION PLAN OF STATIONERY, PENCILS, AND ERASERS

Distribution Detail

<u>NAME OF CHAPTER</u>	<u>CITY</u>	<u>NO. OF PUPILS</u>	<u>UNIT</u> (Consisting of 1 tablet, 1 pencil and 1 eraser)
Hokkaido	Hakodate	2,500	3,000
	Muroran	1,500	1,800
	Kushiro	800	960
	Total	4,800	5,760
Tokyo	Tokyo	143,000	161,600
	Hachioji	2,000	2,400
	Total	145,000	164,000
Osaka	Osaka	40,000	48,000
	Kishiwada	2,800	3,360
	Suita	2,800	3,360
	Ikeda	2,800	3,360
	Moriguchi	2,800	3,360
	Takatsuki	2,700	3,240
	Sakai	2,800	3,360
	Toyonaka	2,800	3,360
	Fuse	2,800	3,360
	Izumi-Otsu	2,800	3,360
	Kaizuka	2,700	3,240
	Total	67,800	81,360
Kanagawa	Yokohama	8,750	10,500
	Kawasaki	2,500	3,000
	Odawara	900	1,080
	Hiratsuka	800	960
	Total	12,950	15,540
Hyogo	Kobe	20,000	24,000
	Amagasaki	3,000	3,600
	Himeji	3,000	3,600
	Nishinomiya	3,000	3,600
	Akashi	3,000	3,600
	Ashiya	3,000	3,600
	Sumoto	2,500	3,000
	Total	37,500	45,000
Nagasaki	Nagasaki	2,500	3,000
	Sasebo	2,000	2,400
	Omura	1,500	1,800
	Total	6,000	7,200
Niigata	Nagaoka	3,000	3,600
	Total	3,000	3,600
Saitama	Kumagaya	1,000	1,200
	in Prefecture	1,000	1,000
	Total	2,000	2,200

*Billings
after: Fred Lester*

<u>NAME OF CHAPTER</u>	<u>CITY</u>	<u>NO. OF PUPILS</u>	<u>UNIT</u> (Consisting of 1 tablet, 1 pencil and 1 eraser)
Gumma	Maebashi	1,250	1,500
	Takasaki	625	750
	Isezaki	625	750
	in Prefecture	1,000	1,000
	Total	3,500	4,000
Chiba	Chiba	1,200	1,440
	Choshi	800	960
	Total	2,000	2,400
Ibaraki	Mito	1,250	1,500
	Hitachi	450	540
	Tsuchiura	800	960
	in Prefecture	1,000	1,000
	Total	3,500	4,000
Tochigi	Utsunomiya	2,000	2,400
	in Prefecture	1,000	1,000
	Total	3,000	3,400
Mie	Yokkaichi	1,800	2,160
	Tsu	1,200	1,440
	Total	3,000	3,600
Aichi	Nagoya	15,000	18,000
	Okazaki	5,000	6,000
	Toyohashi	5,000	6,000
	Ichinomiya	2,500	3,000
	Total	27,500	33,000
Shizuoka	Shizuoka	7,000	8,400
	Hamamatsu	4,000	4,800
	Shimizu	1,800	2,160
	Numazu	1,200	1,440
	Fujimiya	500	600
	Total	14,500	17,400
Yamanashi	Kofu	3,000	3,600
	Total	3,000	3,600
Gifu	Gifu	2,500	3,000
	Ogaki	1,500	1,800
	Total	4,000	4,800
Fukushima	Koriyama	1,000	1,200
	Taira	1,000	1,200
	Total	2,000	2,400
Miyagi	Sendai	5,000	6,000
	Shiogama	1,000	1,200
	Total	6,000	7,200

<u>NAME OF CHAPTER</u>	<u>CITY</u>	<u>NO. OF PUPILS</u>	<u>UNIT</u> (Consisting of 1 tablet, 1 pencil and 1 eraser)
Iwate	Kamaishi	1,000	1,200
	Miyako	1,000	1,200
	Total	2,000	2,400
Aomori	Aomori	2,000	2,400
	Hachinoe	800	960
	Total	2,800	3,360
Fukui	Fukui	3,000	3,600
	Tsuruga	1,500	1,800
	Total	4,500	5,400
Toyama	Toyama	2,500	3,000
	Total	2,500	3,000
Tottori	Tottori	2,000	2,400
	Total	2,000	2,400
Okayama	Okayama	3,000	3,600
	Total	3,000	3,600
Hiroshima	Hiroshima	3,000	3,600
	Kure	1,000	1,200
	Fukuyama	500	600
	Total	4,500	5,400
Wakayama	Wakayama	2,000	2,400
	Shingu	1,000	1,200
	Total	3,000	3,600
Oita	Oita	2,000	2,400
	Sacki	1,000	1,200
	Total	3,000	3,600
Saga	Saga	1,000	1,200
	Total	1,000	1,200
Kumamoto	Kumamoto	2,500	3,000
	Total	2,500	3,000
Yamaguchi	Tokuyama	1,000	1,200
	Shimonoseki	1,000	1,200
	Ube	1,000	1,200
	Onoda	700	840
	Iwakuni	700	840
	Hikari	700	840
	Kudamatsu	650	780
	Total	5,750	6,900

<u>NAME OF CHAPTER</u>	<u>CITY</u>	<u>NO. OF PUPILS</u>	<u>UNIT</u> (Consisting of 1 tablet, 1 pencil and 1 eraser)
Fukuoka	Fukuoka	3,500	4,200
	Yawata	1,500	1,800
	Wakamatsu	1,300	1,560
	Kokura	1,200	1,440
	Tobata	1,200	1,440
	Moji	1,200	1,440
	Iizuka	1,200	1,440
	Omuta	1,000	1,200
	Kurume	900	1,080
	Total	13,000	15,600
Kagoshima	Kagoshima	3,000	3,600
	Sendai	1,000	1,200
	Kanoya	600	720
	Total	4,600	5,520
Miyazaki	Miyazaki	1,200	1,440
	Miyakononojo	700	840
	Nobeoka	600	720
	Total	2,500	3,000
Tokushima	Tokushima	2,000	2,400
	Total	2,000	2,400
Kagawa	Takamatsu	2,000	2,400
	Total	2,000	2,400
Ehime	Matsuyama	1,800	2,160
	Imabari	800	960
	Uwajima	700	840
	Total	3,300	3,960
Kochi	Kochi	2,500	3,000
	Total	2,500	3,000
Akita	in Prefecture	3,000	3,000
	Total	3,000	3,000
Yamagata	in Prefecture	3,000	3,000
	Total	3,000	3,000
Expected Loss			3,800
GRAND TOTAL		423,500	500,000

DISTRIBUTION PLAN OF GIFT BOXES

<u>BENEFICIAL CHAPTER</u>	<u>NAME OF PLACE</u>	<u>NUMBER OF PUPILS</u>	<u>NUMBER OF GIFT BOXES</u>
Hyogo	Sumoto	2,400	800
	25 towns & villages	4,806	1,602
	Total	7,206	2,402
Wakayama	Shingu	4,500	1,500
	Kainan	4,500	1,500
	Tanabe	4,500	1,500
	20 towns & villages	5,010	1,670
	Reserve	4,500	1,500
Total	23,010	7,670	
Okayama	42 towns & villages	10,500	3,500
	Reserve	498	166
	Total	10,998	3,666
Kagawa	Takamatsu	4,500	1,500
	Marugame	3,600	1,200
	Sakaide	2,700	900
	15 towns & villages	2,694	898
	Total	13,494	4,498
Tokushima	Tokushima	4,500	1,500
	Narumi	3,600	1,200
	19 towns & villages	4,752	1,584
	Reserve	609	203
	Total	13,461	4,584
Kochi	Kochi	9,000	3,000
	15 towns & villages	3,750	1,250
	Reserve	5,667	1,889
	Total	18,417	6,139

<u>BENEFICIAL CHAPTER</u>	<u>NAME OF PLACE</u>	<u>NUMBER OF PUPILS</u>	<u>NUMBER OF GIFT BOXES</u>
Hiroshima	Hiroshima	13,500	4,500
	Total	13,500	4,500
Nagasaki	Nagasaki	10,500	3,500
	Reserve	1,944	648
	Total	12,444	4,148
Nagano	Iida	3,000	1,000
	Reserve	777	259
	Total	3,777	1,259
Orphanages in Tokyo	6 institu- tions	1,800	600
	Reserve	387	129
	Total	2,187	729
Saitama	in Prefecture	7,500	2,500
Gumma	in Prefecture	7,500	2,500
Tochigi	in Prefecture	7,500	2,500
Ibaraki	in Prefecture	7,500	2,500
Loss to be expected			502
GRAND TOTAL		148,494	50,000

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

MEMORANDUM:

APC 500
6 October 1947

SUBJECT: Information of General Application Pertaining to Memorandum (PHMJG-41), 6 October 1947, subject: "Application for Authorization to Release Former Japanese Military Narcotics."

1. With reference to Memorandum PHMJG-41, 6 October 1947, subject: "Application for Authorization to Release Former Japanese Military Narcotics," the following is published for the information of all concerned.
2. The narcotics being released to regular civilian channels, as established by narcotic control regulations, include all former Japanese military medicinal narcotics now held in the custody of SCAP-approved wholesale firms.
3. No special surveillance is considered necessary.

Crawford F. Sams
CRAWFORD F. SAMS,
Colonel, Medical Corps,
Chief.



CO _____
EX Ph
ADJ Ph
File _____
*Ph*GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare SectionAPO 500
6 October 1947

(PHMJG-41)

MEMORANDUM FOR: Narcotic Section, Ministry of Welfare, Japanese
Government.SUBJECT: Application for Authorization to Release Former
Japanese Military Narcotics.

1. Reference is made to request dated 4 October 1947, subject:
"Application for the Authorization of Release of Japanese Military
Narcotics."
2. There is no objection to the request for release as submitted.

Crawford F. Sams
CRAWFORD F. SAMS,
Colonel, Medical Corps,
Chief.

file

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

P. W. Sams

APO 500
13 June 1947

MEMORANDUM:

SUBJECT: Information of General Application Pertaining to Memorandum (PHMJG-27), 13 June 1947, subject: "Application for Release of Certain Former Japanese Military Narcotics."

1. With reference to Memorandum PHMJG-27, 13 June 1947, subject: "Application for Release of Certain Former Japanese Military Narcotics," the following is published for the information of all concerned.

2. The narcotics being released to regular civilian channels, as established by narcotic control regulations, include all narcotics among former Japanese military medicinal narcotics now held in the custody of SCAP-approved wholesale firms, with the exception of powdered morphine, cocaine, medicinal opium and narcocon.

3. No special surveillance is considered necessary.

Crawford F. Sams
CRAWFORD F. SAMS,
Colonel, Medical Corps,
Chief.

fw

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare SectionFrom: SCAP.
To: OMBT.
MEMORANDUM:APO 500
28 May 1947SUBJECT: Information of General Application Pertaining to
Memorandum (PHMJG-24), 28 May 1947, subject:
Application for Release of Certain Former Japanese
Military Narcotics.

1. With reference to Memorandum PHMJG-24, 28 May 1947, subject, Application for Release of Certain Former Japanese Military Narcotics, the following is published for the information of all concerned.
2. The narcotics being released to regular civilian channels, as established by Narcotic Control regulations, are the balance of codeine and tincture of opium among the former Japanese Military medicinal narcotics now held in the custody of SCAP approved wholesale firms.
3. No special surveillance is considered necessary.

Crawford F. Sams
CRAWFORD F. SAMS,
Colonel, MC,
Chief.



file

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

(PHMJG-24)

APC 500
28 May 1947

MEMORANDUM FOR: Narcotic Section, Ministry of Welfare, Japanese
Government.

SUBJECT: Application for Release of Certain Former Japanese
Military Narcotics.

1. Reference is made to request dated 28 May 1947, subject:
"Application for the Authorization of Release of Japanese Military
Narcotics".
2. There is no objection to the request for release as submitted.

Crawford F. Sams
CRAWFORD F. SAMS,
Colonel, Medical Corps,
Chief.

GENERAL HEADQUARTERS
 SUPREME COMMANDER FOR THE ALLIED POWERS
 Public Health & Welfare Section

GO	
EXEC	
ADM. O	
ADM. ASST.	
ASST ADM. Q	
SUPPLY	
G. AFF	1
G. & I	
RES & INL	
PROC	
CTRE	
Pub Welfare	2
Dated	
Property	

APO 500
 27 May 1947

MEMORANDUM:

SUBJECT: Information of General Application Pertaining to PHMJG-23
 27 May 1947, Subject: "Surplus United States Government Property
 to be Purchased by the Japanese Government"

1. Reference is made to memorandum for the Japanese Government, AG 460.730 (9 Dec 46)ESS/FT (SCAPIN 1384), date 9 December 1946, subject: "Surplus United States Government Property to be Purchased by the Imperial Japanese Government".

2. The above mentioned memorandum outlines certain general policies that will be followed in the distribution of surplus United States medical supplies and equipment purchased by the Japanese Government and directs the Japanese Government to submit a detailed plan covering the distribution of these supplies. As a result of this directive, a distribution plan has been submitted to the Supreme Commander of the Allied Powers and subject memorandum advises there is no objection to the plan as submitted.

3. These surplus supplies will be distributed by a group of wholesale agencies licensed by the Ministry of Health and Welfare. The Ministry of Health & Welfare will notify each wholesale agency as to the amounts to be shipped to various prefectures. At the prefectural level the supplies will be received by the prefectural Medicine Distributing Company and distributed to using agencies on a ration basis. Prefectural governors will be responsible for issuance of ration certificates to physicians, dentists, veterinarians, hospitals, clinics and other using agencies.

4. It is desired that surveillance be exercised to insure that subject materials are distributed expeditiously and on an equitable basis.

Crawford F. Sams
 CRAWFORD F. SAMS,
 Colonel, Medical Corps,
 Chief.

50013

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

From: S.C.A.P.
To: O.M.G.T.

9 May 1947

MEMORANDUM FOR RECORD:

SUBJECT: Inspection Report: Biological and Medical Diagnostic Laboratories in Osaka, Kobe, Kyoto, Kanonji (Kagawa Ken, Shikoku), Tsu (Mie Ken), Nagoya.

1. General Considerations
(Refs: Memos for Record dated March 10 and April 2, 1947.)
 - a. This inspection trip was very discouraging. Each laboratory which was visited has failed to produce any significant quantities of triple Typhoid vaccine. Despite the apparent understanding of the instructions which were given them one month ago, specifically to initiate full scale mass production, (see par 2, g, of 4/2/47 Memo for Record), only small trial production runs were carried out.
 - b. The manufacturers all stated that they understood the instructions, but that they had withheld initiating mass production until official notification had been received from the Welfare Ministry. The undersigned approved the production schedule which had been submitted to this section's Supply Division almost one month ago.
 - c. Instructions were reiterated and the manufacturers stated they would promptly initiate mass production.
 - d. Unfortunately much time was wasted during this inspection trip due to lack of transportation in the local Military Government Teams because of the concurrent election. In virtually each team the medical officer was unable to attend to his public health duties due to assignments to carry out surveillance in the current elections.
 - e. The following figures were submitted by each laboratory as their estimated production of the finished T.A.B. vaccine during the month of May:

Osaka Microbiological Institute (Imp. Univ.)	1500 Liters
Osaka Red Cross	2000 "
Osaka Kessei Yakuin	1000 "
Tetzukayama	5000 "
Nitto Hoken	1500 "
Kyoto Biseibutsu	2000 "
Kobe Essei	2000 "
Aichi Kessei	1000 "

f. The manufacturers were anxious to know what the price would be for the finished vaccine. They were reticent to undertake mass production until this matter was decided since their overhead had increased from the preceding year. They were informed that this section's Supply Division would be informed of this matter and it would receive prompt attention; but in the interim, mass production should be initiated.

g. The undersigned instructed the inspectors to carry out the inspections while he and Dr. Nagai, the representative from the Welfare Ministry listened. Corrections, suggestions and additional comments were made at conferences which were held immediately following each inspection in every laboratory. The inspectors did surprisingly well. They expressed much satisfaction with their course of instruction which they recently received in Tokyo.

h. At each conference, the mounted set of 8" x 10" photographs of the U. S. Army Vaccine Laboratory at Lansing, Michigan was explained in detail. The men appeared very much impressed and it was felt that these pictures were of considerable value.

2. Specific Inspections:

a. Left Tokyo by train 1940, Monday, 21 April. Arrived Osaka 0710, 22 April. Lt. Spencer, Military Government Public Health Officer, attended most of the individual inspections. An initial conference was held with the following:

Dr. T. Tsuchida, Fu Director Public Health
Dr. C. Ito, Chief, Preventive Medicine Section
Dr. S. Ide, Chief, Epidemic Control
Dr. K. Izawa, Fu Health Department
Dr. K. Tsujimoto, Fu Health Department
Dr. M. Hari, Laboratory Inspector
Dr. M. Matsubara, Laboratory Inspector
Dr. K. Yamaguchi, Laboratory Inspector
Dr. S. Nishimura, Laboratory Inspector
Dr. W. Yoshizu, Director, Osaka Division, Assn. of Biol. Mfrs.

Most of the above officials accompanied the inspection party.

(1) Osaka Kessei Yakuin (3rd inspection visit)

Officials:

Dr. Y. Sata, Director
Dr. Y. Miya, Chief Technician

This laboratory was last inspected 2/14/47, at which

time it was found to be very poor and highly unsatisfactory for the production of biologicals. Since then amazing progress has been made and now renovations have been virtually completed. The general facilities are quite acceptable and demonstrate once again that minimum requirements can be met by every biologicals manufacturer when they realize that their products will not be approved for sale unless this is done. The attitude of the staff of this laboratory has improved considerably and everyone appeared proud of their accomplishments.

(2) Osaka Red Cross Laboratory (2nd inspection)

Officials:

Dr. S. Akiyama, Director
Dr. M. Tobata)
Dr. K. Katada) Chief Technicians
Dr. T. Kudo)

Last inspection 2/13/47. At that time only typhus vaccine was being produced here. Since then, facilities for preparing bacterial vaccines have been added. This will be an acceptable laboratory after several relatively minor alterations are made. These should be completed in about one week and the inspectors will check to insure compliance. The attitude of the staff of this institution continues to be good.

(3) Tetzukayama Biological Institute (2nd inspection)

Officials:

Dr. Y. Ozaki, Chief, Technical Staff
Dr. C. Ozaki)
Dr. F. Inada) Technical Staff
Dr. H. Tamagawa)
Dr. T. Okada)

Last inspection 2/14/47. Production of oral vaccine is being curtailed in order to participate in the production program of parenteral triple Typhoid Vaccine. Lyophilized samples have been allocated to this laboratory and trial production has already been initiated. This is a potentially excellent unit.

- (4) Osaka Micro-Biologic Institute (Imp. University)
(3rd inspection)

Officials:

Dr. T. Taniguchi, Director
Dr. Fujino, Chief, Technical Staff
Mr. Tsuji

Since the last inspection 2/13/47 little improvement has occurred. Unless specific renovations are made shortly, this institute will not be approved for biologics production. Plans were discussed and the director stated alterations would be promptly initiated. Surveillance will be entrusted to the Japanese inspectors as previously outlined.

- (5) Arima Institute (1st inspection)

Dr. K. Aoyama, Director

This institute is located in Osaka. The Fu officials recommended that permission be granted to produce triple Typhoid vaccine here. Currently B.C.G. vaccine is produced here and research on human Tuberculosis is being conducted in their laboratories. The physical facilities are quite good. However, because of the lack of separate laboratories for producing bacterial vaccines and the potential danger of contamination with Tubercle bacilli which ordinary sterility tests would not detect, it was decided not to utilize this laboratory.

The caliber of the work appears to be good and eventually when minimum requirements are drawn up for B. C. G. vaccine, Dr. Aoyama should be invited to attend the conferences.

- (6) Meguro Institute (2nd inspection)

Officials:

Dr. Kai, Technical Staff

Last inspection 2/15/47. At that time new units were just being completed and appeared potentially good. However, since then no additional work has been done and the facilities have deteriorated even though they have been in use.

Dr. Meguro, the Director, was absent. He was unaware

of the inspection since this was an unannounced spot check. This laboratory will be checked bi-weekly by the local inspectors, and unless immediate improvements are made, its biologics manufacture license will be revoked by the Welfare Ministry.

b. Kanonji Unit, Osaka Micro-Biologic Institute

Thru the excellent cooperation of S-3 of the 25th Division, Major W. D. Bowden flew the undersigned in an L-5 from Osaka to Takamatsu, Kagawa Ken, Shikoku. Left 0800, 4/24 and returned 1730 the same day.

Conferred with Col. Porter, Commanding Officer, Shikoku Region Military Government and oriented him with the Laboratory Control Program. In addition, Col. Porter requested information about the status of the Semmon Gakko Medical School at Fukushima. Too, he requested that SCAP'S Venereal Disease Control Officer visit this region. These matters have been relayed to Col. Johnson and Dr. Elkins respectively.

Captains Jope and Bullard, Shikoku Region and Kagawa Team Military Government Public Health Officers respectively, accompanied the inspection party to Kanonji where the laboratory is located. This is approximately 1 1/2 hours by jeep from Takamatsu. The Ken laboratory inspectors had not yet returned from Tokyo.

This laboratory had been previously inspected by Dr. Nagai, 3/24/47. (Ref. Inspection Report dated 3/16-26-47). This is a potentially good unit, and though it meets minimum requirements, specific suggestions which had been made by Dr. Nagai have not yet been complied with. These were reiterated and Dr. S. Watanabe, Laboratory Director, stated they would be attended to promptly and completed by 1 June.

Currently only Typhus vaccine is produced. Since there are no other biologics manufacturing laboratories on Shikoku and too, since Shikoku is still relatively isolated, it was suggested that additional units be added for preparing bacterial vaccines. This will be taken under consideration and a meeting of the four Ken directors of Public Health is planned to discuss their joint support for such a project. The location is excellent for such an institution and adequate space is available for additional buildings.

c. While the undersigned went to Shikoku, Dr. Nagai inspected the Kobe Essei Jikkensha and the Hyogo Ken diagnostic laboratory. (See his report which is appended, encl. 1).

d. While in Osaka conferred with the following officials from Takeda Phm. Co.:

Mr. Ch. Takeda, VI, Director
Dr. K. Miki, Chief, Chem. Division
Mr. Horiaga, Technical Staff

- (1) Reiterated the reasons why they had been granted permission to utilize the facilities at the former Hikari Naval Arsenal in Yamaguchi, and that the production of biologicals was to be given priority.
- (2) Experimental production of the dry powder sterility culture medium is in progress. The first lots for laboratory evaluation should be ready about 15 May.
- (3) Three additional 1.0 gm. samples of Sodium Resazurate were taken for re-testing in the Chemistry Division of the 406th Medical General Laboratory. The initial assay tests disagreed with the results which the Takeda technicians reported. A detailed copy of their production and assay procedure was also collected for our evaluation.

e. Brought back copies of the papers presented at the meetings of the Bacteriological Section at the 12th Medical Congress which was held in Osaka. These have been sent over to ATIS for translation and will be critically evaluated when they are returned.

f. Left Osaka 2020, 4/24 and arrived Kyoto 2113. Due to election duties, neither Captains Phillips nor Fogelman could participate in the inspection trip.

- (1) Conference with:

Dr. Tsuchiya, Fu Director Public Health
 Dr. Hiyabayashi, Chief, Epidemic Control Section.
 Dr. Irako) Laboratory Inspectors
 Dr. Yoshido)
 Dr. Goto, Regional Epidemic Control Officer.

Explained in great detail the Laboratory Control Program, especially pointing out that Dr. Nagai represented the Welfare Ministry and his instructions did not have to be confirmed in writing from the central government before they should be carried out.

- (2) Examined the production protocols of the Kyoto Beiseibutsu Institute with the Director, Dr. Kihoin. They were acceptable, but as with all of the other laboratories mass T.A.B. production had not been initiated.
- (3) Nitto Hoken Kagaku Institute (3rd inspection)

Officials:

Dr. Suzuki, Director

Last inspection 2/12/47. The biologics production division has been renovated and is considerably improved and now meets minimum requirements. Instructions were given regarding the redistribution of equipment and the officials stated this would be promptly effected. Production protocols were not being kept properly and corrections were pointed out.

g. Left Kyoto 1346 and arrived at Tsu 1710 travelling by Japanese train. Oriented Maj. K. E. Burns and Lt. P. Weisman with the National Laboratory Control Program.

(1) Inspected the Mie Ken Diagnostic Laboratory

Dr. K. Miyazawa, Ken Director, Public Health
Mr. Mori, Phm. Affairs Section

Dr. Gota, the regional inspector performed the inspections and pointed out all the deficiencies and issued the necessary instructions. Dr. Nagai and the undersigned listened and then we reviewed the pertinent points. Dr. Gota accredited himself well. The laboratory itself was poor and inadequate, but the Ken director of Public Health assured us that corrective measures would be initiated promptly and completed by 1 June.

h. Arrived at Nagoya 2317, 4/26 from Tsu. Sunday morning chatted briefly with Maj. Geiser, Aichi Team Military Government Commanding Officer.

(1) Inspected the Aichi Kessei Laboratory with Capt. J. Interlandi, Military Government Team Public Health Officer, Sunday afternoon.

Dr. S. Tsurumi, Director
Dr. H. Inoue, Chief, T.A.B. Vaccine Production
Dr. T. Ogawa) Technical Staff
Dr. Y. Yokowai)

Last inspection 2/10/47. Blueprint plans for the construction of sterile cubicles were critically reviewed. These will be finished by 15 May. The inspectors will check weekly and assist in the prompt completion of the renovations.

Dr. Gota, Regional Inspector, conducted the inspection and accredited himself well. The sample protocols needed only minor revisions. As with the other laboratories, mass triple Typhoid production had not been initiated, but the Director agreed to start without waiting for the official written instructions and designation of the official price.

(2) Aichi Ken Laboratory

Officials:

Dr. S. Endo, Chief

Once again Dr. Gots conducted the inspection. The original Ken laboratory was destroyed and the present facilities are located in the venereal disease hospital. The conditions were only fair and numerous necessary corrections were pointed out. Plans for a new Ken laboratory were discussed and Dr. Oshima has presented the problem to the Ken government to receive the necessary budget appropriation.

- (3) The attitude of the Aichi Ken Health Officials appears much better than during the last inspection with the personnel more interested in the National Laboratory Control Program and its effect on the local activities.

1. Left Nagoya 1200, 28 April and arrived Tokyo 1900.

HERBERT VOLK, M.D.
Laboratory Consultant
Preventive Medicine Division

GENERAL HEADQUARTERS
 SUPREME COMMANDER FOR THE ALLIED POWERS
 Public Health and Welfare Section

25 April 1947

From : Scap.

SUBJECT: Weekly Bulletin

TO : Public Health Officer, Sanitation Officer, and Civilian
 Feeding Officer, C/o Commanding Officer:

Shimane Mil Govt Team, APO 317
 Okayama Mil Govt Team, APO 317
 Hiroshima Mil Govt Team, APO 317
 Yamaguchi Mil Govt Team, APO 317
 Kagawa Mil Govt Team, APO 317
 Tokushima Mil Govt Team, APO 317
 Ehime Mil Govt Team, APO 317
 Kochi Mil Govt Team, APO 317
 Ishikawa Mil Govt Team, APO 713
 Toyama Mil Govt Team, APO 713
 Fukui Mil Govt Team, APO 713
 Gifu Mil Govt Team, APO 25
 Shiga Mil Govt Team, APO 25
 Aichi Mil Govt Team, APO 710
 Kumamoto Mil Govt Team, APO 929
 Miyazaki Mil Govt Team, APO 929
 Shizuoka Mil Govt Team, APO 710
 Mie Mil Govt Team, APO 25
 Kyoto Mil Govt Team, APO 713
 Nara Mil Govt Team, APO 25
 ✓ Osaka Mil Govt Team, APO ~~660~~ 25
 Wakayama Mil Govt Team, APO 660
 Hyogo Mil Govt Team, APO 317
 Fukuoka Mil Govt Team, APO 929
 Oita Mil Govt Team, APO 929
 Saga Mil Govt Team, APO 929
 Nagasaki Mil Govt Team, APO 929
 Kagoshima Mil Govt Team, APO 929

Transmitted herewith are three ~~copies~~ ^{13 - 19 April 1947} the Weekly Bulletin
 of this Section for the period 13 - 19 April 1947.
 The additional copies are furnished for any distribution by you
 that appears desirable.

Crawford F. Sams

CRAWFORD F. SAMS,
 Colonel, MC,
 Chief.

1 Incl: a/s

COPY

GENERAL HEADQUARTERS
 SUPREME COMMANDER FOR THE ALLIED POWERS
 Public Health and Welfare Section

APO 500
 17 April 1947

MEMORANDUM:

SUBJECT: Information of General Application Pertaining to HMGJG-17 dated 17 April 1947, Subject: "Establishment of a National Laboratory Control Program."

1. With reference to the above subject memorandum, the following is published for the information of all concerned.

2. Subject memorandum has no objection to the request of the Imperial Japanese Government to carry out the following plans:

a. To add a Laboratory Control Section to the Disease Prevention Bureau to attend to the administrative details of this program.

b. To create a National Institute of Health under the jurisdiction of the Minister of Welfare staffed by skilled scientists to perform:

(1) Research on the etiology, pathogenesis, prophylaxis and therapeutics of infectious diseases and other specific diseases.

(2) The highly technical assay procedures on biologicals and anti-biotics.

(3) The production, standardization and distribution of sensitive unstable diagnostic sera and reagents.

(4) The production and distribution of technically difficult items which are infrequently used, such as plague and rabies vaccines.

(5) The production and distribution of various vaccines and sera which are produced for experimental evaluation.

c. To draw up plans to incorporate various national research institutes as units of the parent organization, such as:

(1) National Cancer Research Institute

(2) National Tuberculosis Institute

(3) National Cardio Vascular Disease Institute, etc.

d. To evolve a system of national and local inspectors to maintain surveillance over all biologics manufacturing and eventually all clinical

COPY

COPY

UNCLASSIFIED CASE THE PROTECTED INFORMATION AND CONFIDENTIALITY THE ORIGINAL
TO BE CLASSIFIED AS SECRET OR CONFIDENTIAL AND TO BE DECLASSIFIED AS UNCLASSIFIED

diagnostic laboratories. The inspectors' functions will be to aid and instruct, in addition to checking for compliance with the official minimum requirements.

- (1) Periodic instruction courses shall be held for the local inspectors in Tokyo.

g. To promulgate minimum requirements for all types of biologics: prophylactic, therapeutic and clinical diagnostic.

f. To arrange for the utilization of space, facilities and personnel of the Infectious Disease Institute of the Tokyo Imperial University to affect the foregoing.

g. To allocate ample funds to carry out this program and the delegation of the necessary authority to promptly initiate the foregoing provisions.

3. Because the control of biologics manufacturing the clinical diagnostic laboratories was inadequate previous to the war and deteriorated even further during the war, it is imperative that this program be promptly initiated and carried out along the above lines in order to protect the public health and welfare of the Japanese people.

- (1) ...

Colonel, MC
Crawford F. Sams
CRAWFORD F. SAMS

...
...
...

...
...
...

...

TA 1000
NO 200

...

1958

C O P Y

GENERAL HEADQUARTERS
 SUPREME COMMANDER FOR THE ALLIED POWER
 Public Health and Welfare Section

AFG 500
 27 February 1947

(PDMJC-11)

MEMORANDUM TO: Narcotic Division, Ministry of Welfare, Imperial Japanese Government.

SUBJECT: Estimated Requirements of Dangerous Drugs, 1947, Japan-Supervisory Body, United Nations.

1. The following information concerning Japan has been extracted from the report of the Supervisory Body, United Nations, Geneva, subject: "Estimated World Requirements of Dangerous Drugs in 1947:"

Drug	I Quantity Necessary For Use As Such Including Margin If Any				II Quantity Necessary for Conversion	
	Kg	Gr	Kg	Gr	Kg	Gr
Morphine	1130	800	112	800		
Cocaine	495		45			
Dihydrooxy- codeinone	42	900	3	900		
Methylmorphine	2182	950	196	450		
Ethylmorphine	44	550	4	50		

Drug	III Level of Reserve Stocks which it is desired to main- tain		Amount to be added to (-) or deducted from (-) Government Stocks or re- serve stocks to bring them to the desired level		Total of the Estimates	
	Kg	Gr	Kg	Gr	Kg	Gr
Morphine	257				1130	800
Cocaine	112	500			495	
Dihydrooxy- codeinone	9	750			42	900
Methylmorphine	496	125			2182	950
Ethylmorphine	10	125			44	550

2. The information is furnished for reference and for maintaining permanent records.

CROWFORD F. SAMS
 Colonel, MC
 Chief.

C O P Y

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 710 (12 Feb 47)FH

APO 500
12 February 1947

MEMORANDUM:

SUBJECT: Information of General Application Pertaining to Directive Number (SCAFIN 1523), file AG 721.6 (12 Feb 47)FH, GHQ, SCAP, 12 Feb 47, subject: Prevention and Control of Typhus Fever in Japan, to the Imperial Japanese Government.

1. With reference to the subject memorandum, the following is published for the information of all concerned.
2. Subject memorandum rescinds two SCAP memoranda to the Imperial Japanese Government as follows: AG 710 (21 Nov 45)FH, (SCAFIN 331), dated 21 November 1945, subject: Prevention and Control of Typhus Fever in Japan; and AG 710 (29 Nov 45)FH, (SCAFIN 368) dated 29 November 1945, subject: Prevention and Control of Typhus Fever in Japan. Subject memorandum further presents a new directive to replace the two rescinded memoranda.
3. The information contained in subject memorandum on typhus fever control deals with the latest control measures designed to inhibit the spread of murine typhus as well as epidemic typhus.
4. Command instructions will follow through Command channels pertaining to the execution of surveillance. The following procedure is suggested:
 - a. Maintain periodic surveillance to be certain that proper typhus control measures are being accomplished.
 - b. Advise General Headquarters, Supreme Commander for the Allied Powers, of any corrective action that should be taken at the national level.

R. G. Hershey
R. G. HERSHEY,
Lt Col, AGD,
Asst Adj Gen

DISTRIBUTION:

Same as (SCAFIN 1523)
less Imperial Japanese Government

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERSAFO 500
4 January 1947

AG 438(4 Jan 47)PH

MEMORANDUM:

SUBJECT: Information of General Application Pertaining to Memorandum Number (PHMJG-3) 13 December 1946, subject: Rickettsicidal Spray Program, to the Ministry of Welfare, Imperial Japanese Government

1. With reference to Memorandum Number (PHMJG-3) 13 December 1946, General Headquarters, Supreme Commander for the Allied Powers, to the Ministry of Welfare, Imperial Japanese Government, the following is published for the information of all concerned.

2. The memorandum outlines a Rickettsicidal spray program designed to aid in the control of louse-borne and murine typhus through destruction of rickettsiae, the causative organisms of typhus, in infective excrement of lice and fleas. The memorandum lists the kinds of supplies and equipment available and outlines a general spray program. The program should be modified to meet each local problem.

3. Command instructions will follow through command channels pertaining to the execution of surveillance. The following procedure is suggested:

a. Determine the seriousness of the typhus problem at hand and organize control procedures accordingly.

b. Maintain periodic surveillance to be certain that proper mixing and application of spray materials is accomplished.

c. Advise General Headquarters, Supreme Commander for the Allied Powers, of any corrective action that should be taken at the national level.

R. G. Hersey

R. G. HERSEY
Lt Col AGD
Asst Adj Gen.

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS*Public
welfare
W*

AG 441.1 (2 Jan 47)PH

APO 500
2 January 1947

MEMORANDUM.

SUBJECT: Information of General Application Pertaining to Memorandum Number (PHMJG - 7), 2 January 1947, subject: "Application for Release of Certain Former Japanese Military Narcotics" to the Narcotic Division, Ministry of Welfare, Imperial Japanese Government.

1. With reference to Memorandum Number (PHMJG - 7), 2 January 1947, the following is published for the information of all concerned.
2. The memorandum authorizes the release of certain amounts of former Japanese military medicinal narcotics to central wholesalers, compounders and producers as requested by the Japanese Government in compliance with SCAPIN 389, 4 December 1945, subject: Custody and Distribution of Japanese Military Medicinal Narcotic Stocks.
3. Release is also directed of all former Japanese military medicinal narcotics now in the custody of approved wholesale firms in Fukuoka, Kagawa, Okayama, Miyagi, Niigata and Hokkaido prefectures. All such narcotics that are in too large packages, unsalable condition or amounts in excess of the requirements of the areas concerned are to be shipped with proper security to central wholesalers, compounders or producers in Tokyo and Osaka areas for secure storage and repackaging as necessary.
4. No special surveillance is required.

P. G. Hensley
for
P. G. HENSEY,
Lt Col AGP,
Asst Adj Gen.

4

D C 1

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS

APD 500
2 November 1946

MEMORANDUM:

SUBJECT: Information of General Application Pertaining to Directive Number (SCAPIN 1309), file AG 311.3 (2 Nov 46)CCS, this headquarters, dated 2 Nov 46 subject: Radiotelephone Service Between the United States and Japan

1. With reference to subject memorandum, the following is published for the information of all concerned.
2. Statistics show that a significant percentage of the radiotelephone calls being made from the Overseas Telephone Office in Tokyo is by personnel of the Eighth Army who are located in Yokohama. Radiotelephone calls to the United States may be made only from the Tokyo office, according to current regulations, therefore, Yokohama personnel must make the trip to Tokyo to use these telephone facilities.
3. In the interest of providing reasonable services of this nature for the Occupation Forces, it has been determined that an extension of the trans-Pacific radiotelephone service may now be made to Yokohama, within certain limitations as to hours and technical practicability. Rates, rules and regulations, as established for this service from the main Overseas Telephone Office in Tokyo, will be applicable to the service rendered from the Yokohama office, operating as a branch office.
4. Surveillance by the Occupation Forces will be similar to that now obtaining at the Overseas Telephone Office in Tokyo.
5. Command instructions pertaining to the execution of surveillance are being released simultaneously with this memorandum.

R. G. HERSLEY
R. G. HERSLEY
Lt. Col. AGD,
Asst. Adj. Gen.

DISTRIBUTION:

Same as (SCAPIN 1309)
less Japanese Government.

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 440 * (11 Oct 46)PH

AGO 500
11 October 1946

MEMORANDUM

SUBJECT: Information of General Application pertaining to Memorandum Number (SCAPIN-1261), 11 October 1946, subject: "Production and Distribution of Supplies and Equipment for Disease Control Purposes", to the Imperial Japanese Government.

1. With reference to Memorandum Number (SCAPIN-1261) GHQ, SCAP, to the Imperial Japanese Government, dated 11 October 1946, the following is published for the information of all concerned.

2. The purpose of the directive mentioned above is to inform the Japanese Government that certain U.S. produced supplies for disease control purposes will be delivered to Japanese agencies under the import program. Supplies include mainly DDT products and medical supplies for venereal disease control. In the past the distribution of such supplies has been handled by Occupation Forces Units. It is considered that Japanese agencies have been developed which can now assume this burden.

3. The directive requires a distribution plan to be submitted to SCAP not later than 25 October. It is anticipated that this plan will provide for shipment of subject supplies to designated wholesalers who will receive and store the materials. Distribution will be made by these wholesalers only upon request of prefectural health authorities. The detailed plan will, after approval by SCAP, be announced to Occupation Forces units.

4. Command instructions pertaining to the execution of surveillance required in connection with Memorandum mentioned in paragraph 1 above have been dispatched through command channels. The following is a general statement regarding surveillance to be exercised by Occupation Forces Units.

a. Frequent inspections should be made of wholesale establishments authorized to handle these supplies with a view to determining that adequate storage facilities are available and that the materials are being distributed in accordance with announced policies.

b. Requests submitted by prefectural health authorities should be screened to determine that quantities requested are actually required for established disease control programs.

c. Any irregularities noted should, if possible, be corrected locally; otherwise immediate report to SCAP, through normal command channels, is desired.