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HEADQUARTERS EIGHTH ARMY
Civil Affairs Section
Public Health Branch
APO 343

10 October 1949

MEMORANDUM TO: Public Health Section
Kyushu Civil Affairs Region
APO 24-5

SUBJECT: Health Center Construction

Transmitted herewith is blue print of health center plans and Yohatsu 1254 containing information on planning and construction of health centers as furnished by the Welfare Ministry to prefectural governors and mayors, and which are to be retained in the regional office.

It is expected that the Civil Affairs public health officer will render any assistance possible in planning new health centers or alterations to old ones. It will be noted in the transmitted plans that facilities for toilets, heating and etc., are far below American standards, but it represents a level of economy that can be afforded by the Japanese. Health centers should be as functionally perfect as to space utilization, avoidance of cross traffic, and accessibility of site so as to reflect greatest utility within economic limitations.

L.C. SHELLENBERGER
Lt Colonel, MC
Chief
Public Health Branch

Kyushu

Preventive Bureau, Ministry of Welfare.

September 21, 1948

YOHATSU No. 1254

Prefectural governors and Mayors respectively

Planning on Construction of a Health Center

Sir,

As the planning on construction of a health center gives no small effect on the operation of a health center, the relative committee has been formed to investigate a basic plan and to take into consideration the opinions of Public Health and Welfare Section G.H.Q., SCAP. The basic plan has lately been worked out as shown on the affixed papers, which will be referred to when a new construction, extension or any alteration of a health center is necessary in future.

This basic plan was drafted with a view of an actual circumstance in fund and materials, and an extension of structure must be necessitated in the near future. Accordingly, a full attention will be paid to the necessary points of an area and others.

Your obedient servant,

Director of
Preventive Bureau.

BASIC PLAN FOR A HEALTH CENTER CONSTRUCTION

Basic points of construction.

(1) It is desirable that for the operation of its functions, a health center will be set up at the central quarters of a city (or a town) and a convenient place of traffic and communication. The buildings shall be two-storied to economize the site, if possible.

(2) The buildings shall be situated in the site so as to be left room for future extention.

(3) As the chief functions of a health center are health guidance and samitary administration, the whole structure of the buildings shall not have a character like a clinic, if this can be done.

(4) The walls not requiring to be fixed permanently shall be made as they may be easily removed or shifted. It is a plan to make the buildings easily adapted for future changes of equipments.

(1) It seems economical of site to build a two-storied buildings, and yet the expenses for construction will not always be economical owing to the present post-war situation. It may be incovenient for the staff and personnel to keep a close relations as the rooms of them are upstairs and downstairs, and sometimes expenses will increase for equipments upstairs such as those of water supply or drainage. It is important to set up a health center at a proper site and necessary to take into consideration the facilities of future extension, so it is

hoped that the buildings will have the same floor spaces on the 1st and 2nd stories, and accordingly the allocation and arrangement of each room will be considered for the staff members' connections and visitors' conveniences.

(2) The future extension will require an additional area of 150 to 200 tsubo. As to the disposition of buildings at a small area, special devices will be made for future extension of buildings.

(3) When a largebspace is taken up by a clinical section, a space for sanitary administration will be cut as much, and the whole aspect of the buildings will be apt to take that of a clinic.

(4) The walls shall be simple so far as they do not make the buildings weak so that the rooms may be adaptable for future extension or any changes of their use, The walls may be substituted by curtains or screens, if there is no need for prevention of noises or shutting out the air from outsides as the dotted lines on the sketch show those simple walls. When a wall on the 1st floor and one on the 2nd floor are fixed at the position, they will be made as strong as possible. If such a couple of strongly built walls is situated closely to another couple, neither of them may be so strong.

(a) This plan concerning a shape of area, roads and a position has been worked out as a tentative project, and its alterations will be necessary according to actual conditions. (Plan 1 has road on the north of the area, and Plan 2 has a road on the east, and Plan 3 has one along the south side. If a road runs on the west side, the arrangements of Plan 2 will accordingly be changed. As to the direction of position on the sketch, the north does not matter to decline to the east or west

within 30 degrees.

This Plan cannot be adapted as it is, because it only shows the fundamental points for the arrangement of rooms within the whole area of 300 tsubo. Proper alterations will be desirable to make according to local circumstances.

(b) As regards the arrangement of rooms, special attention will be paid to the following points.

(1) General affairs section will be placed at the most convenient, central part of the 1st floor for the staff members' close connections and visitors conveniences, this section handles filings of applications and documents, supplies and deliveries, and general matters of business.

(2) The card room where visitors are received for medical guidance or treatment, a medical examination and preventive inoculation room, a pharmaceutical room and a social works room etc. will be arranged downstaire for visitors. The room for public health nurses will be fixed next to the card room to keep a close connections with the latter.

(3) Availing itself of X-ray apparatus, a clinic for tuberculosis will be hoped to set up near an entrance downstairs where the visitors come in and go out, for many people visit this section for a group inspection. An arrangement of clinic for tuberculosis and other rooms will carefully be made so that patients of tuberculosis, other patients and ordinary visitors may not use the same passages.

(4) It is desirable that a clinic for veneral diseases will be placed downstairs where the patient come across few people, and he is hardly seen by passers-by when he comes in and goes out.

(5) For the buildings will be constructed in the same floor-space both upstairs and downstairs or the like structure, the mothers and children's sanitary section will be placed upstairs and the plan for its staircases will be worked out specially.

(6) The location of the test room will preferably set upstairs from a view point of the structure. In case of this scheme, a special attention will be paid to an equipment of water supply and drainage and against leakage etc. (Plan 1 & 2). For the operation of work a quiet place upstairs will be desirable.

(7) As a rule, the sanitary section will be set downstairs and its room will be better a little larger than what accommodates the fixed number of the staff for whom the part of the room will be used as a recess place or the like. (Plan 1 to be referred).

The lobby for visitors will also be applicable to that purpose. (Plan 2 to be referred).

(8) The medical section will concurrently be used for the preventive section and to organized in order to give a continuous guidance on preventive administration. The prevention section, the statistics room and a room for sanitary education will be kept in a close touch one another. Above all, the statistics room will be closely connected with any other administrative sections.

(9) This plan has little space for a show room, though it is of very importance. The utilization of the lobby or lecture hall is taken into consideration for that purpose (Plan 1, 2 & 3). Correlation between walls and windows will be thought much of for that utilization.

(10) An entrance for patients and that for visitors on business of administration will separately be set up. The location and structure of rooms will be specially planned to the effect that patients will, as a rule, put off their shoes at the entrance, but other visitors on business will enter rooms with shoes on.

(11) Store-rooms of the main building will have a small space, and those of other buildings and the spaces of attic rooms and those under staircases will be used.

(12) As a lavatory, a European style with three pools designed by Ministry of Welfare will be recommended.

(13) A full attention will be paid to shapes of roofs and arrangement of windows under planning from the sanitary and aesthetic points of view.

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Ho No. 14 September 30, 1948.

TO : Chief of prefectural sanitary division and Mayors.

FROM : The Public Health Section, Preventive Bureau,
Ministry of Welfare.

Planning on Construction of a Health Center

Sir,

Regarding the heading, a notification by YOHATSU No. 1254 of September 21, 1948 was issued, but the planning for specified points will be referred to the following:

1. The nutrition room will be situated keeping a close relations with those for mothers and children's sanitation and a clinic for tuberculosis. And its structure will necessarily be equipped with good arrangements for water supply, drainage and leakproof as well as disposal of trash. The nutrition room will be divided into two rooms, namely, a guidance room and a cooking room with a partition.

2. The said room will be devised to take some more space than that of the sketched plan.

Your obedient servant,

Chief of
Public Health Section.

Indexes

Sign	Room	Sign	Room
B	Bath-room	L	Library
BL	Bacteriological test room	LH	Lecture-hall
C	Card room	MS	Room for medical treatment for social works
CC	Consultation-room for children	MC	Room for examination of mothers
CL	Chemical test room	N	Night-duty room
CM	Children weiging room	NS	Health nurses' room
CN	Room for preparatory examination & preventive vaccination	NT	Room for dietetic affairs
D	Head's room	OC	Open passages
DA	Dark studio	OE	Office for testing personnel
DE	Walls for showing or exhibition room	P	Dispensary
DN	Room for dental sanitation	PA	Disinfecting room
DR	Physicians' room	PJ	Projection room
DS	Cloak room	PN	Room for artificial lung breathing
ED	Entrance for reporters & administrative personnel	PR	Prevention Section
EP	Entrance for patients	S	Statistics room
ES	Emergency door	SA	Hygiene Section
EV	Entrance for veneral patients coming again	SE	Emergency Door
EX	Future extention expected	SF	Store-room; closet
G	General Affairs Section	TB	Room for examination of tuberculosis patients
GE	Room where visitor foot-gear is taken care of	TM	Lavatory for men
H	Entrance hall	TW	Lavatory for women
HE	Room for sanitary education	V	Porch
IN	Inquiry office	VD	Examination room for tuberculosis
IS	Isolation room for medical examination	W	Waiting-room
IX	Studio for indirect photographing	X	X-ray room
IX(g)	" (for collective medical examination		
J	Servants' room		
K	Water boiling room		

(I) Floor Spacd	
Ground-plan for the first floor	145.4 tsubo
Ground-plan for the second floor	140.4 "
Total	285.8 "
(Half the space is added to OC)	
Others spaces for the separate building	
Garage	4.5 tsubo
Bicycle-shed	3.0 "
Ware-house	6.7 "
Sum-total	300 "

(II) Floor Space	
Ground-plan for the first floor	143.7 tsubo
Ground-plan for the second floor	143.8 "
Total	287.5 "
(Half the space is added to OC)	
Others spaces for the separate building	
Garage	4.5 tsubo
Bicycle-shed	3.0 "
Ware-house	5.0 "
Sum-total	300 "

(III) Floor Space

Ground-plan for the first floor	164.2	tsubo
Ground-plan for the second floor	116.0	"
Total	280.2	"
(Half the space is added to CC)		
Others spaces for the separate building		
Garage	4.5	tsubo
Bicycle-shed	5.0	"
Ware-house	10.3	"
Sum-total	300	"

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EX

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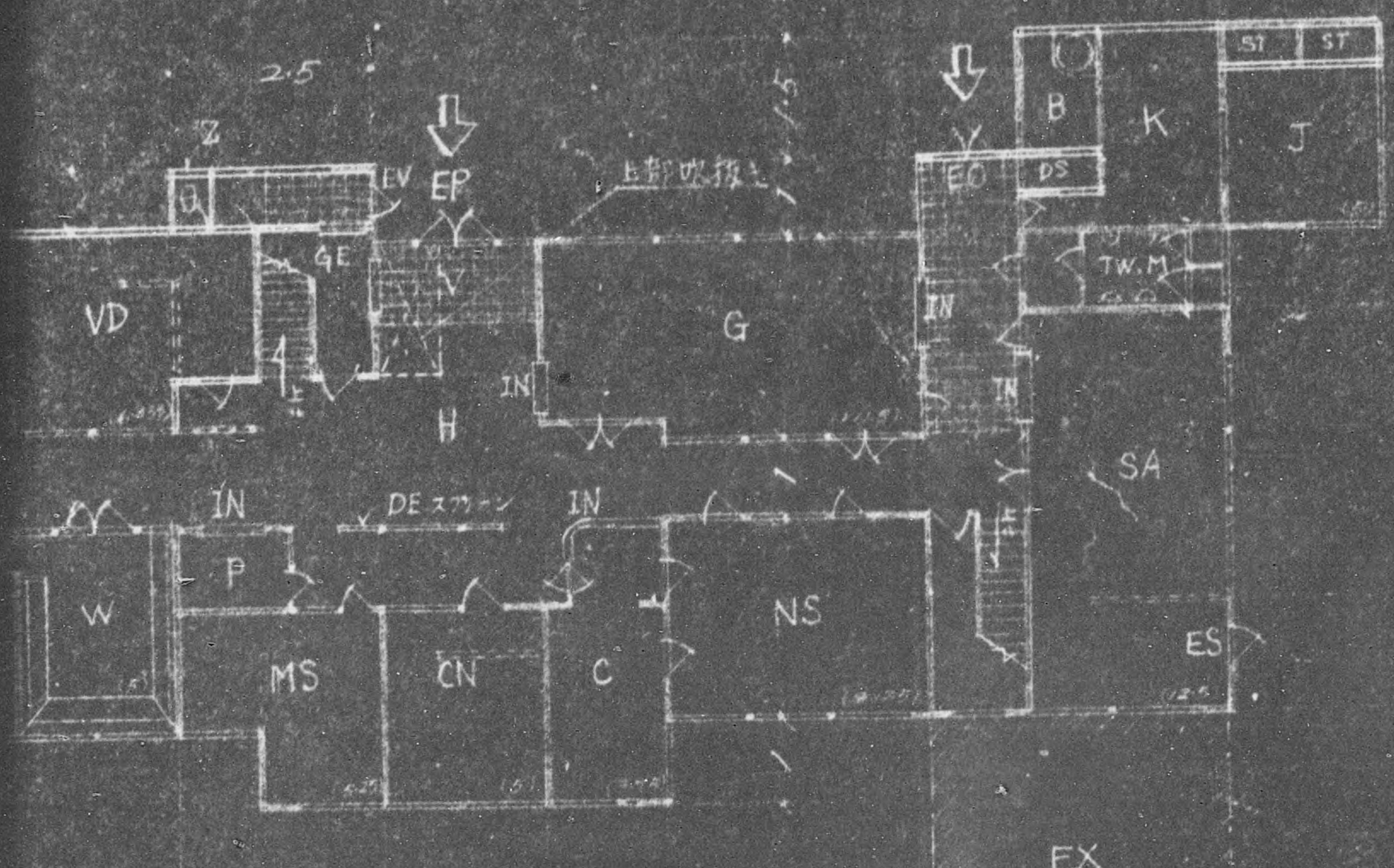

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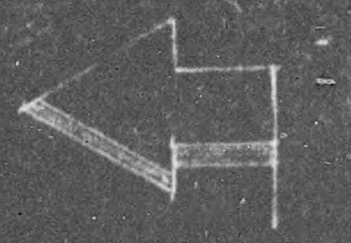
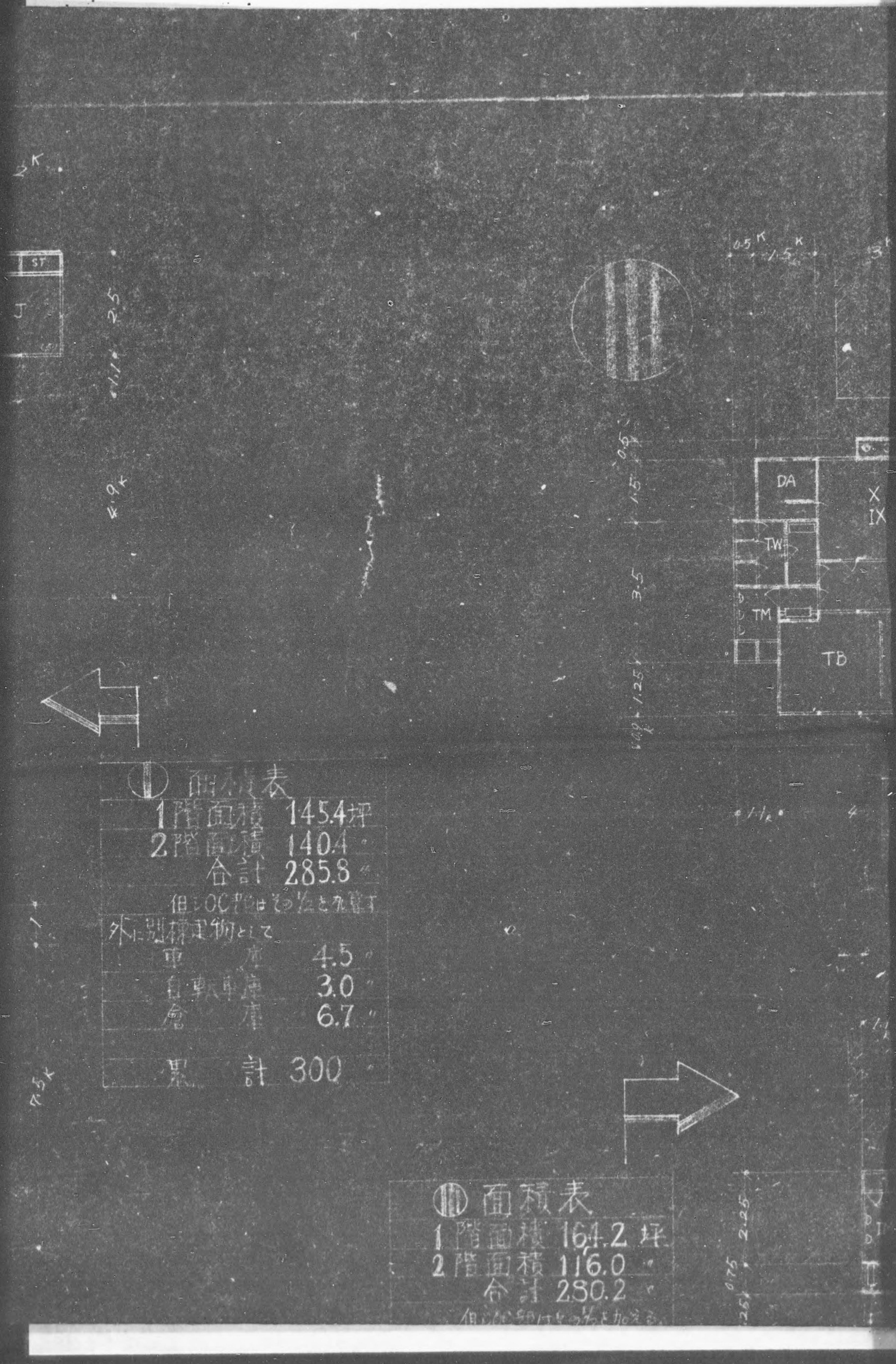
第一階平面図

1.5 , 1.5 , 2 , 2 , 3.5 , 2.5 ,



1階面積
2階面積
合計
但しOC部
外に別棟建物と
東
倉庫



Ⅱ 面積表

1階面積	145.4坪
2階面積	140.4 〃
合計	285.8 〃

但しOC部はその1/2を加算す

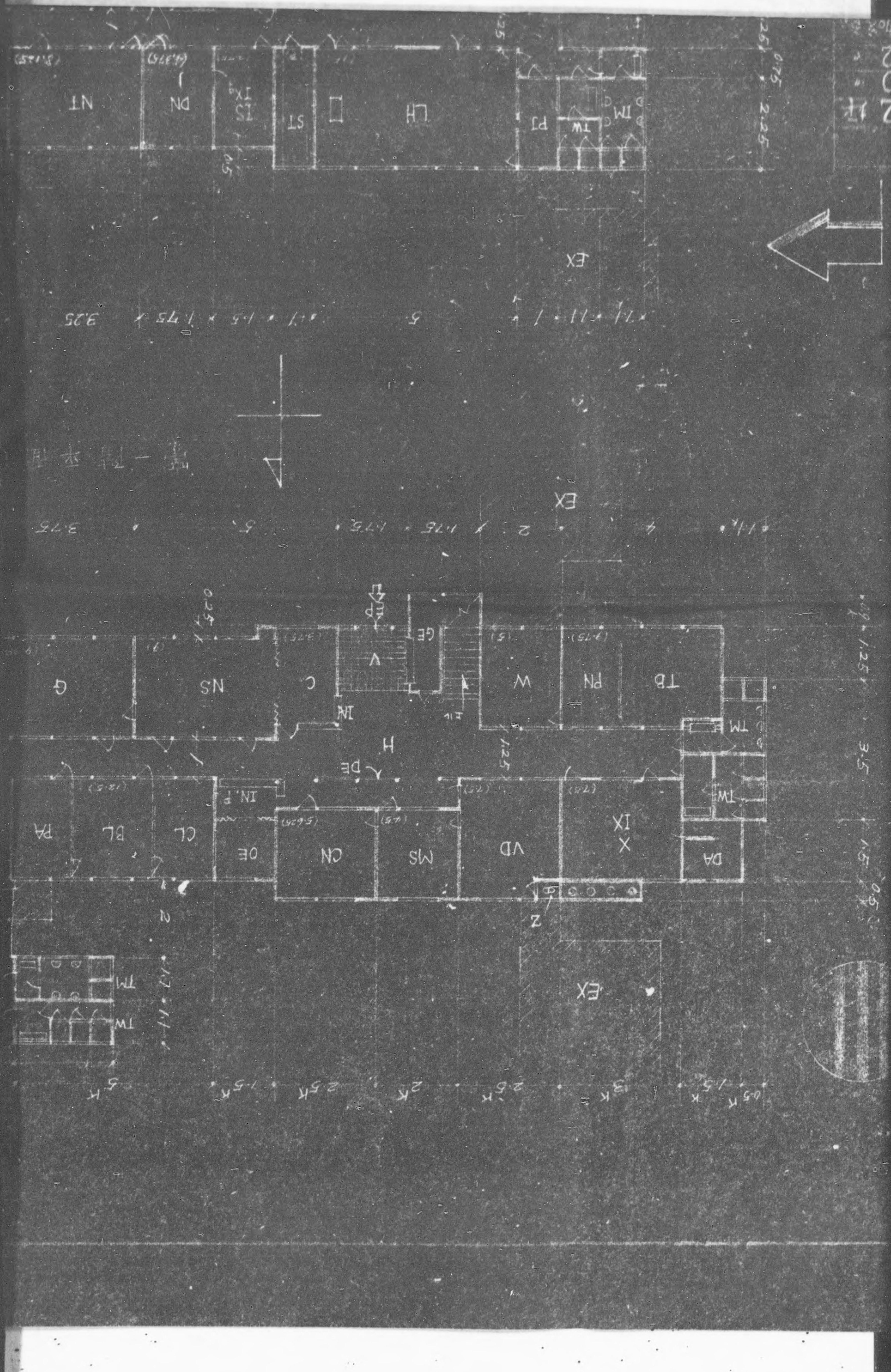
外に別棟建物として

車庫	4.5 〃
自転車庫	3.0 〃
倉庫	6.7 〃
累計	300

Ⅲ 面積表

1階面積	164.2 坪
2階面積	116.0 〃
合計	280.2 〃

但しOC部はその1/2を加算す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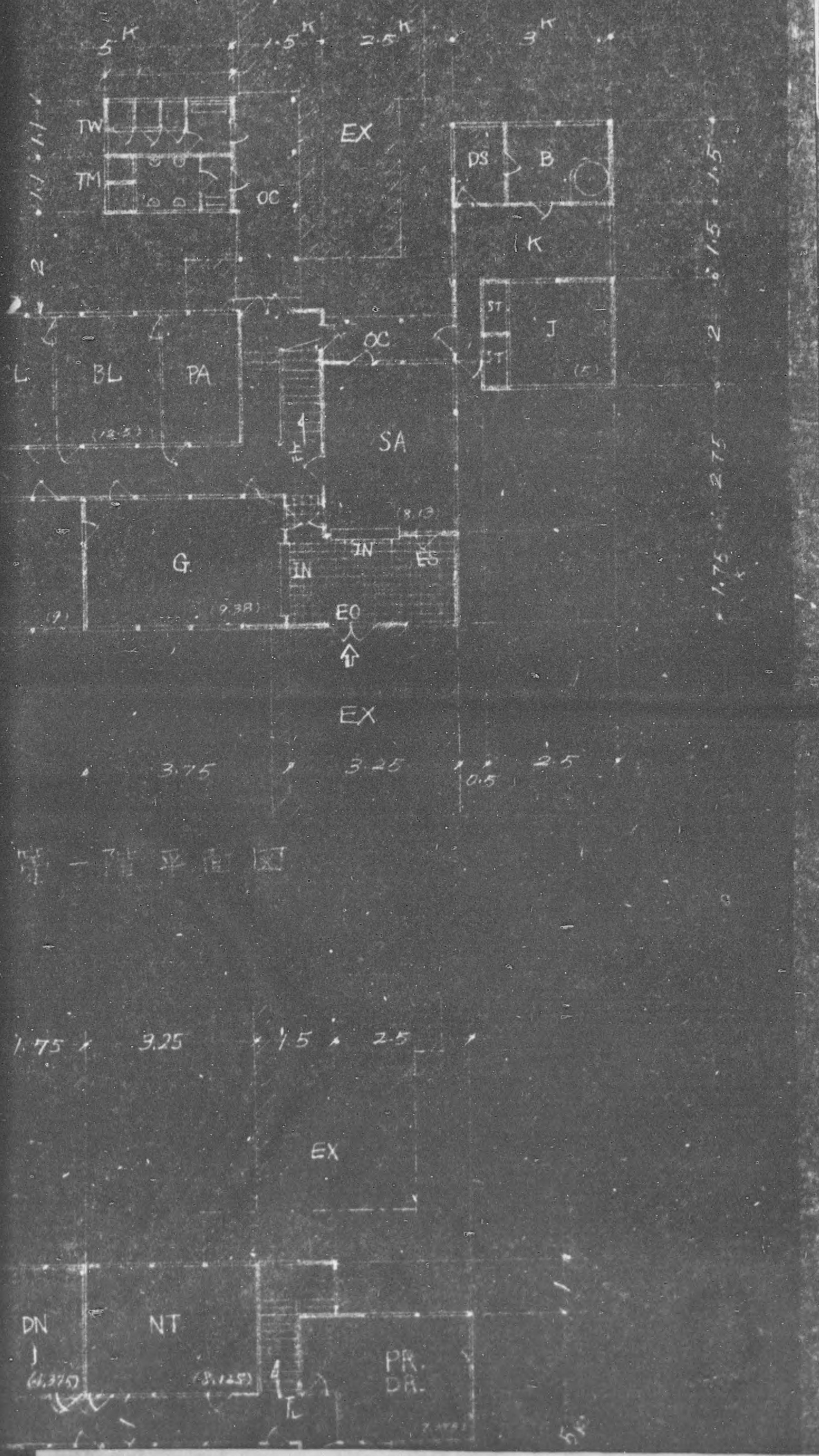

第一階平面図

1

設計

(1) 保健所はその機
望ましい。従って
(2) 敷地内での建物
保しておくこと。
(3) 保健所は保健
が診療所的性
(4) 将来の拡張に備
定の必要のない間

説

(1) 二階建とすることは敷
必ずしも節約できる
もあり、また部屋の性
場合もある。しかし、
便を考慮に入れてお
従って各室の階上
相互連絡を充分考慮
(2) 増築予定について
る建物の配置につい
する必要がある。
(3) 臨床部面の部屋を
が診療所的性格
(4) 建物構造の強度を
張、縮少及び用途
又はカーテンによるも
簡易な間仕切とす
を保つものとして、可及

設計

保健所標準設計

設計上の基本原則

1) 保健所はその機能上、市（又は町）の中心部で交通に便利な場所に設置を望ましい。従って敷地の節約をはかるために建物はなるべく二階建とする。
2) 敷地内での建物の配置は将来の増築を考慮に入れ、そのため適当の空地を保しておくこと。
3) 保健所は保健指導衛生行政等がその主たる要務であるから、建物全体の感が診療所的性格となることを極力避けること。
4) 将来の拡張に備へ、必要に應じて各室の大いさを変更しうるように、構造上必要の必要のない間仕切はこれを簡易なものとし容易にとりはずし移動しうるようにして。

説　明

1) 二階建とすることは敷地の節約をはかる上からは合理的であるが、工費については、今日必ずしも節約できるとは云へない。又諸室が階上と階下とに分れるため、相互の連絡上不もあり、また部屋の性質上階上においたために、その施設工費（給水排水施設等）が特場合もある。しかし保健所を適当な位置に設けることが重要であり、増築の場合も便を考慮に入れておくことが必要であるから、総二階又はこれに近いものとすることが望従って各室の階上階下への分配及びその配置にあたっては、外来者の便宜、各室の特質な相互連絡を充分考慮する必要がある。
(2) 増築予定については少くとも150~200坪（延坪）を見込むことが適当と考へられる。敷地る建物の配置については敷地の比較的狭い場合には、将来の増築を考慮にいれて特にする必要がある。
(3) 臨床部面の部屋をあまり充分にとるときは、衛生行政部面の部屋がそれだけ狭められてが診療所的性格となり易いから注意を要する。
(4) 建物構造の強度を弱めない程度において、間仕切壁はなるべく簡易なものとし、将来にお張、縮少及び用途変更に適應しうるようにしたい。音響防止空気遮断の必要のない場合又はカーテンによるも支障はない。この各案において破線で示してある壁体は、このような意簡易な間仕切とするものを現はしたものである。一階と二階との同一の位置に設けられた壁はを保つものとして、可及的に堅固にする。但しあまり接近して斯様な堅固なものを設ける必

設計上の具体的注意

保健所標準設計

設計上の基本原則

その機能上、市（又は町）の中心部で交通に便利な場所に設けること。
従って敷地の節約をはかるために建物はなるべく二階建とすること。
建物の配置は将来の増築を考慮に入れ、そのため適当の空地を確保すること。
保健指導衛生行政等がその主たる要務であるから、建物全体の機構が官庁的性格となることを極力避けること。
将来に備へ、必要に応じて各室の大いさを変更しうるように、構造上必ずしも固定的間仕切はこれを簡易なものとし容易にとりはずし移動しうるようにしておくこと。

説　明

とは敷地の節約をはかる上からは合理的であるが、工費については、今日の事情ではできるとは云へない。又諸室が階上と階下とに分れるため、相互の連絡上不便な場合、室の性質上階上においたために、その施設工費（給水排水施設等）が特に増加するしかし、保健所を適当な位置に設けることが重要であり、増築の場合における利れておくことが必要であるから、総二階又はこれに近いものとすることが望ましい。
階上階下への分配及びその配置にあたっては、外来者の便宜、各室の特質ならびにその考慮する必要がある。
ついては少くとも150～200坪（延坪）を見込むことが適当と考へられる。敷地内における置については敷地の比較的狭い場合には、将来の増築を考慮にいれて特に充分工夫る。
部屋をあまり充分にとるときは、衛生行政部面の部屋がそれだけ狭められて、建物全体官庁的性格となり易いから注意を要する。
強度を弱めない程度において、間仕切壁はなるべく簡易なものとし、将来における室の拡用途変更に適応しうるようにしたい。音響防止空気遮断の必要のない場合にはスクリーンによるも支障はない。この各案において破線で示してある壁体は、このような意味において切とするものを現はしたものである。一階と二階との同一の位置に設けられた壁は構造上の強度て、可及的に堅固にする。但しあまり接近して斯様な堅固なものを設ける必要はない。

設計上の具体的注意

ST
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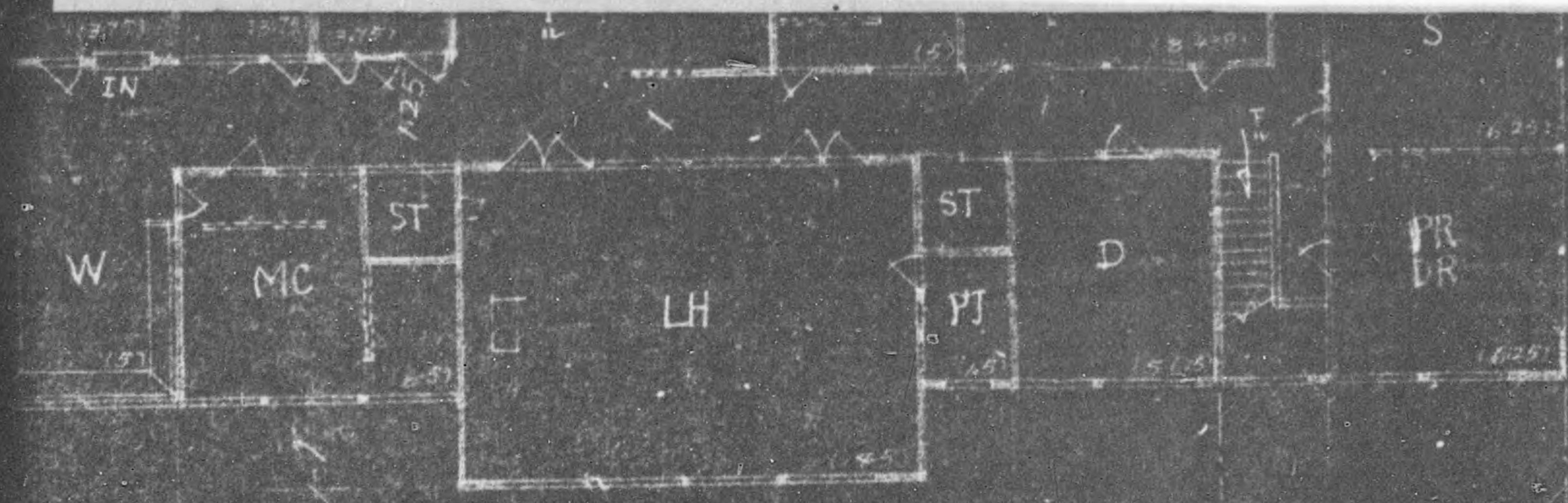
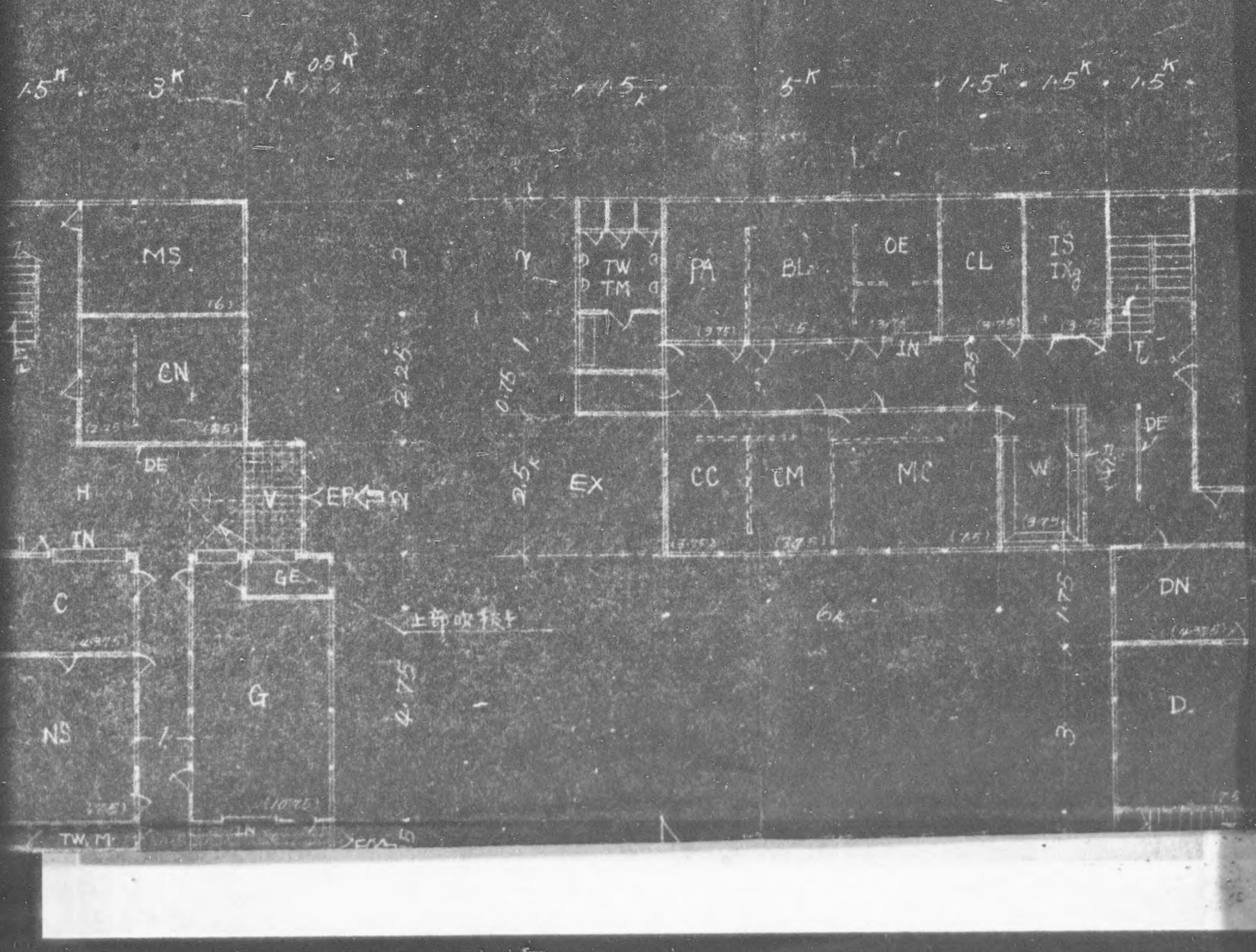
1.5 1.1 2.9 1 3 1.5 3 1 0.5
0.5 2 1.25 2.5
3.9 2 1 2.75 4.75

第二階平面図

①	面
1	階面
2	階面
	合
但し	
外に別棟	
	車
	自転車
	倉
	累計





① 面積表

1階面積	164.2 坪
2階面積	116.0 〃
合計	280.2 〃

但しOC印はその½を加える。

外に別棟建物として

車庫	4.5 〃
自転車庫	5.0 〃
倉庫	10.3 〃
累計	300 〃

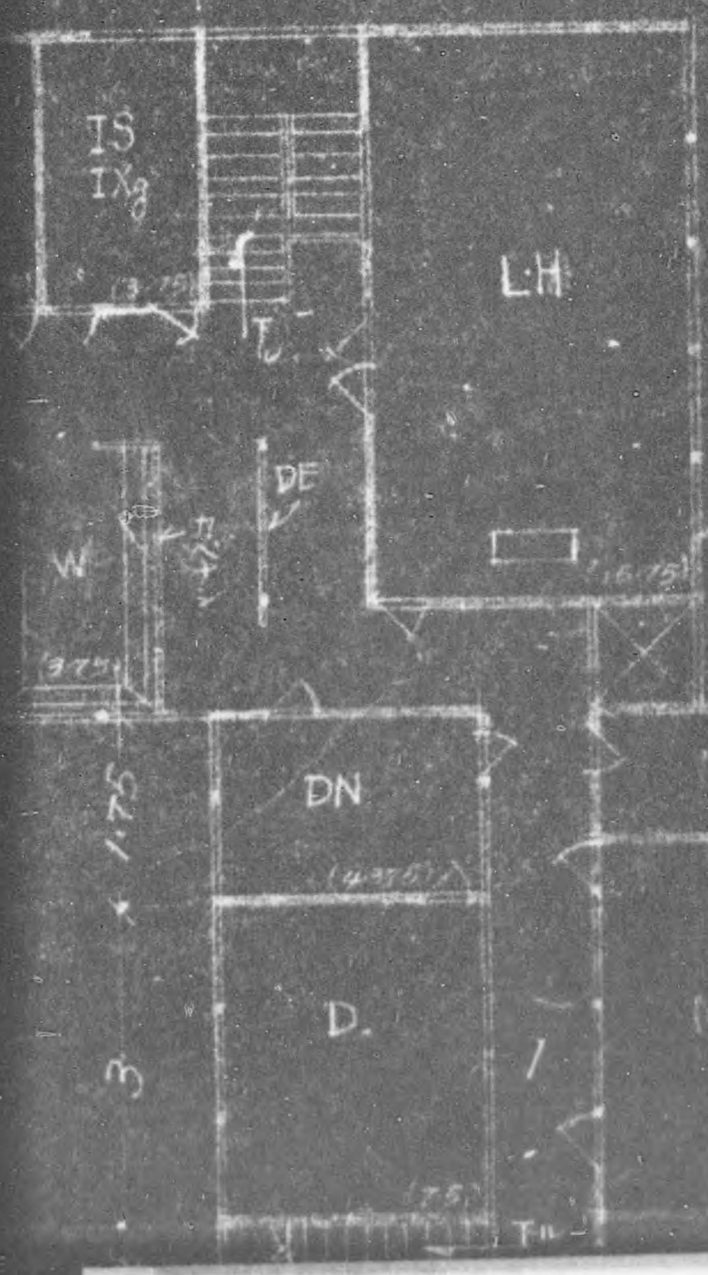
⑪ 面積表

1階面積	143.7 坪
2階面積	143.8 〃
合計	287.5 〃

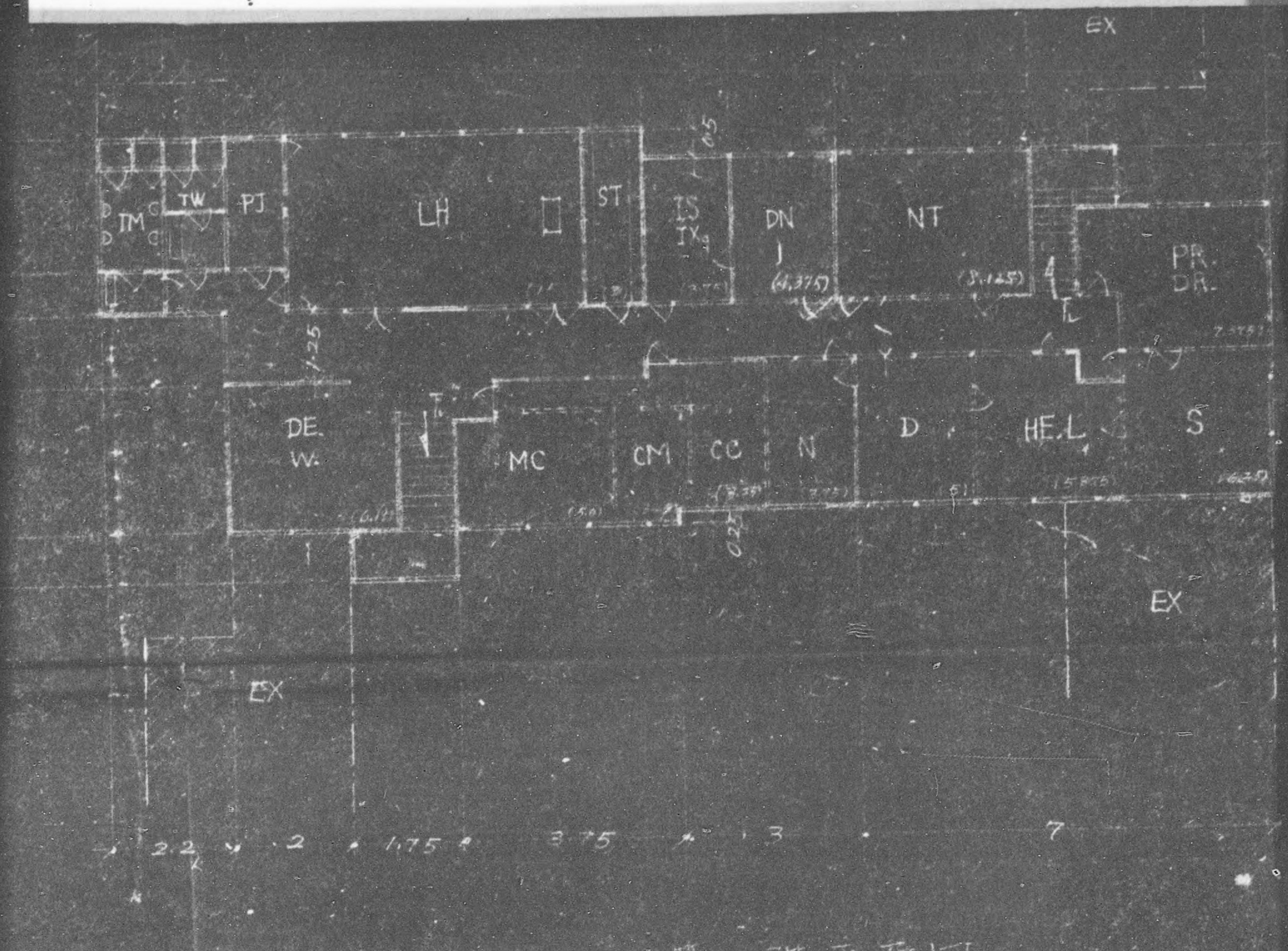
但しOC印はその½を加える

外に別棟建物として

車庫	4.5 〃
自転車庫	3.0 〃
倉庫	5.0 〃
累計	300 〃



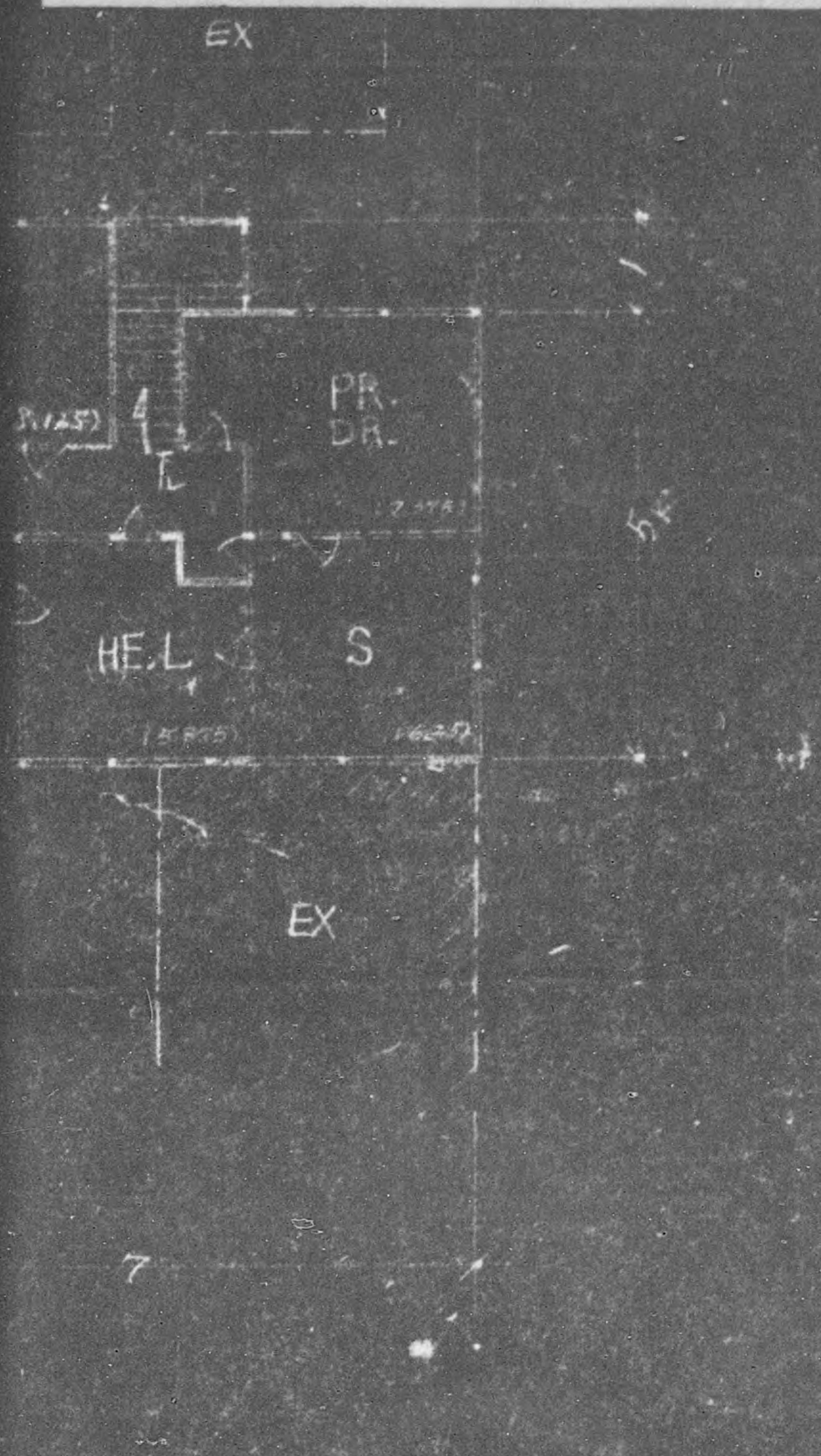
記号	名称
B	浴
BL	洗
C	カ
CC	小
CL	水
CM	小
CN	手
D	戸
DA	引



第二階平面図

室名索引

記号	室名	記号	室名
B	浴室	L	図書室
BL	細菌試験室	LH	講堂
C	カード室	MS	医療社会事業室
CC	小児診察室	MC	母性診察室
CL	化学試験室	N	宿直室
CM	小児計測室	NS	保健婦室
CN	予診及予防接種室	NT	栄養室
D	所長室	OC	開放式廊下
DA	暗室	OE	[illegible]



(4) 建物構造の強度を弱めない程度に
張、縮少及び用途変更に適應し
又はカーテンによるも支障はない。この
簡易な間仕切とするものを現はしたも
を保つものとして、可及的に堅固にする

設計上の具体的

(a) 本案は敷地の形及び敷地と道路
應じて多少の修正をする必要がある。(I案
では敷地の南側に道路があるものとし
ける東西の関係を交互に変更すれば
も支障はない。) 又間取りは建物
に示したものであるから、実施にあたって
入ることが望ましい。

(b) 間取り等については概ね次に示す

(1) 総務課は諸願届及び一般文書
外来者の便宜と所内各室との連絡

(2) 健康相談又は治療のため来所
及び医療社会事業室等は来所者の
又、保健婦室はカード室との連絡のよ

(3) 結核クリニックは、X線装置の据付けの
階下でしかも外部と直接出入のできる
患者及び一般人との歩行径路が混合
考慮する必要がある。

(4) 性病患者は所内であまり他の人々
は階下でしかも単独に出入できるよう

(5) 総二階又はこれに近いものとするために、母子
を要する

(6) 試験検査室はその構造上からは階
設ける場合には(I案及II案)給排水及び漏
較的静かな階上の方がむしろ望ましい

(7) 栄養室は母子衛生、結核クリニックとの
防止、清掃、厨芥処理に遺憾のない
ける方が適当である。

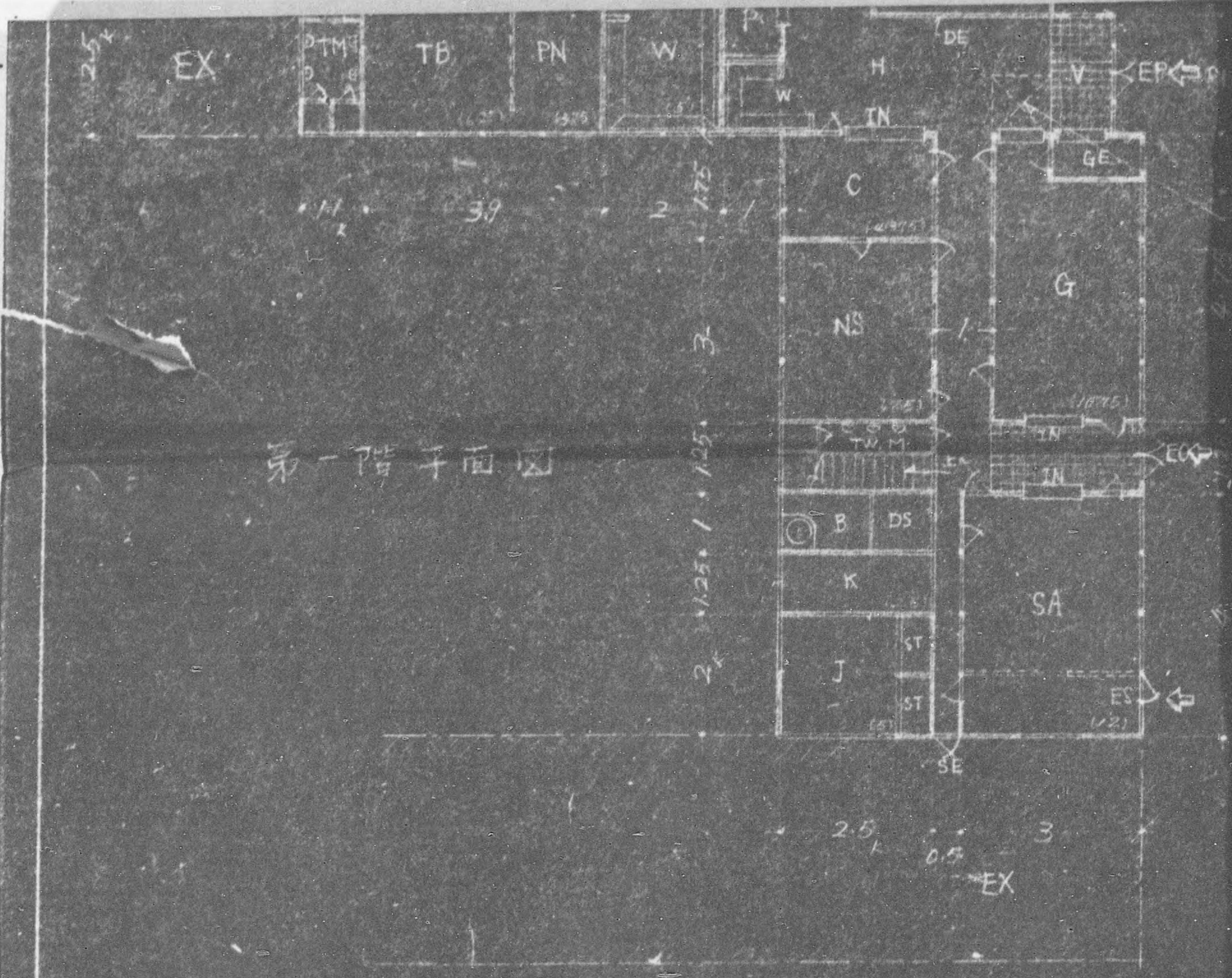
を勘めない程度において、間仕切壁はなるべく簡易なものとし、[illegible]
変更に適應しうるようにしたい。音響防止空気遮断の必要のない場合にはスクリーン
支障はない。この各案において破線で示してある壁体は、このような意味において、
るものを現はしたものである。一階と二階との同一の位置に設けられた壁は構造上の強度
及的に堅固にする。但しあまり接近して斯様な堅固なものを設ける必要はない。

上の具体的注意

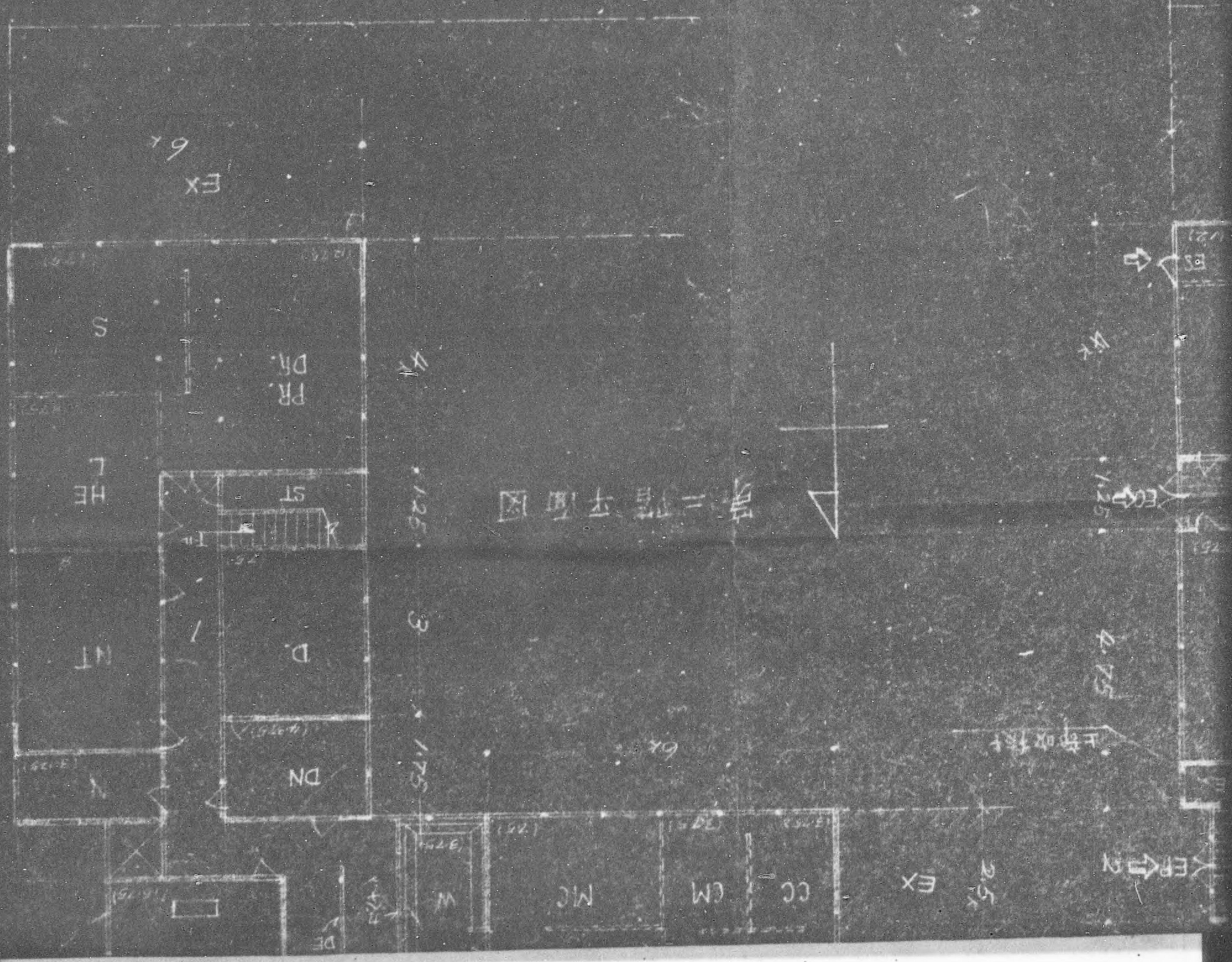
及び敷地と道路との関係及び方位を假定して設計してあるから各地の実情に
る必要がある。(I案では敷地の北側に道路があり、II案では敷地の東側に道路があり、III案
路があるものとして設計してある。また、もし敷地の西側に道路があれば、II案にお
互に変更すればよい。又図中に示した方位は北が30度以内東又は西に傾いて
又間取りは建物の総坪数300坪(附属屋を含む)の範囲内において標準的
う。実施にあたっては本案そのまゝを"うのみ"にせず、よく状況に應じて必要な修正を加

は概ね次に示すような諸点に留意せられたい。
頁届及び一般文書の受付、各種の出納、所内の庶務を取扱ふところであるから、
丁内各室との連絡とを考慮して階下中央部の最も利便な場所に設ける。
台療のため来所するものゝ受付をするカード室、ならびに予診兼予防接種室、薬局
業室等は来所者の便宜を考慮して階下にこれを設ける。
ード室との連絡のよいことが望ましいから、カード室に隣接して階下にこれを設ける。
く線装置の据付けの関係から云っても、集団検診に多数のものが集る関係からいっても、
直接出入のできる建物の一端に設けることが望ましい。また結核患者とその他の
歩行径路が混合しないことを原則として、結核クリニックと他の室との関係を充分に
る。
であまり他の人々に出会はないように出入できることが望ましい。従って性病クリニック
独に出入できるような位置にこれを設ける。
ものとするために、母子衛生が階上に配されてゐるが、この場合階段の設計には特に細心の注意、

の構造上からは階下に設けることが望ましいが、建物を総二階とするために、階上にこれを
及II案)給排水及び漏水防止等について充分に留意する必要がある。(仕事をする上からは此
の方がむしろ望ましい。)
E、結核クリニックとの連絡のよい場所を選ぶべきであり、その構造は給排水、漏水
処理に遺憾のないようにする必要がある。また相談部と調理指導部との二室に分


EX
PTM
TB
PN
W
R
W
H
DE
V
EP
IN
GE
C
NS
G
TW
M
IN
EC
IN
B
DS
K
SA
J
ST
ST
ES
SE
EX
3.9
2
1
2.5
1.25
1.25
3
2.5
0.5
3

第一階平面図


第二階平面図
EX
S
FR.
DR.
HE
L
ST
NT
D.
DN
W
M.C
CM
CC
EX
EPS
EPS
上部吹抜
EX
EX
EX

記号	室名
B	浴室
BL	細菌試驗室
C	カード室
CC	小児診察室
CL	化学試驗室
CM	小児計測室
CN	予診及予防接種室
D	所長室
DA	暗室
DE	表示室 [illegible]
DN	口腔衛生室
DR	医師室
DS	脱衣室
EO	屈出及行政関係出入口
EP	患者用出入口
ES	予備出入口
EV	性病再来患者出入口
EX	増築予定部
G	總務課
GE	下足室
H	玄関ホール
HE	衛生教育室
IN	受付
IS	隔離診察室
IX	間接撮影室
IX(9)	仝(集団検診用)
J	小便室
K	湯沸場

名	記号	室名
	L	図書室
	LH	講堂
	MS	医療社会事業室
	MC	母性診察室
	N	宿直室
	NS	保健婦室
室	NT	業務室
	OC	開放式廊下
	OE	試験関係者事務室
下室	P	薬局
	PA	消毒室
	PJ	プロジェクションルーム
	PN	気胸室
出入口	PR	予防課
	S	統計室
	SA	衛生課
出入口	SE	予備出入口
	ST	倉庫 押入
	TB	結核診察室
	TM	男子用便所
	TW	女子用便所
	V	玄関
	VD	性病診察室
室	W	待合室
室	X	X線室
診断室	Z	採尿室

は階下でしかも單独に出入できるような位置にこ
(5) 総二階又はこれに近いものとするために母子衛生が階上に
を要する
(6) 試験検査室はその構造上からは階下に設けるこ
設ける場合には(I案及II案)給排水及び漏水防止等に
較的静かな階上の方がむしろ望ましい。)
(7) 栄養室は母子衛生、結核クリニックとの連絡のよい
防止、清掃、厨芥処理に遺憾のないようにする心
ける方が適当である。
(8) 衛生課は原則として一階におき、予定定員を収容
に便ならしめる(I案参照)。外来者用の玄関のホールを
(9) 所謂医局は予防課と兼用とし、予防行政に絶
望ましい。而して予防課、統計室、衛生教育室は
更に何れの行政部門とも連絡の容易なことが
(10) 展示用の部屋は極めて重要である。本案では近
関ホールの利用(I案、II案)、待合室の利用(III
このやうな場合には、窓と壁面との関係を重視
(11) 患者出入口と行政関係外来者の出入口とは各
を原則とするが、届出その他のための外来者は脱帽
構造上に留意する必要がある。
(12) 本館内の倉庫が過小であるから、別棟倉庫の活
に充てる。
(13) 便所は三槽式の改良便所を推奨する。
(14) なほ実施設計にあたっては、屋根の形、窓の配
美観の点においても遺憾のないようにすること

昭和23年9月

（単独に出入できるような位置にこれを設ける。
近いものとするために、母子衛生が階上に配されてゐるが、この場合階段の設計には特に細心の注意、

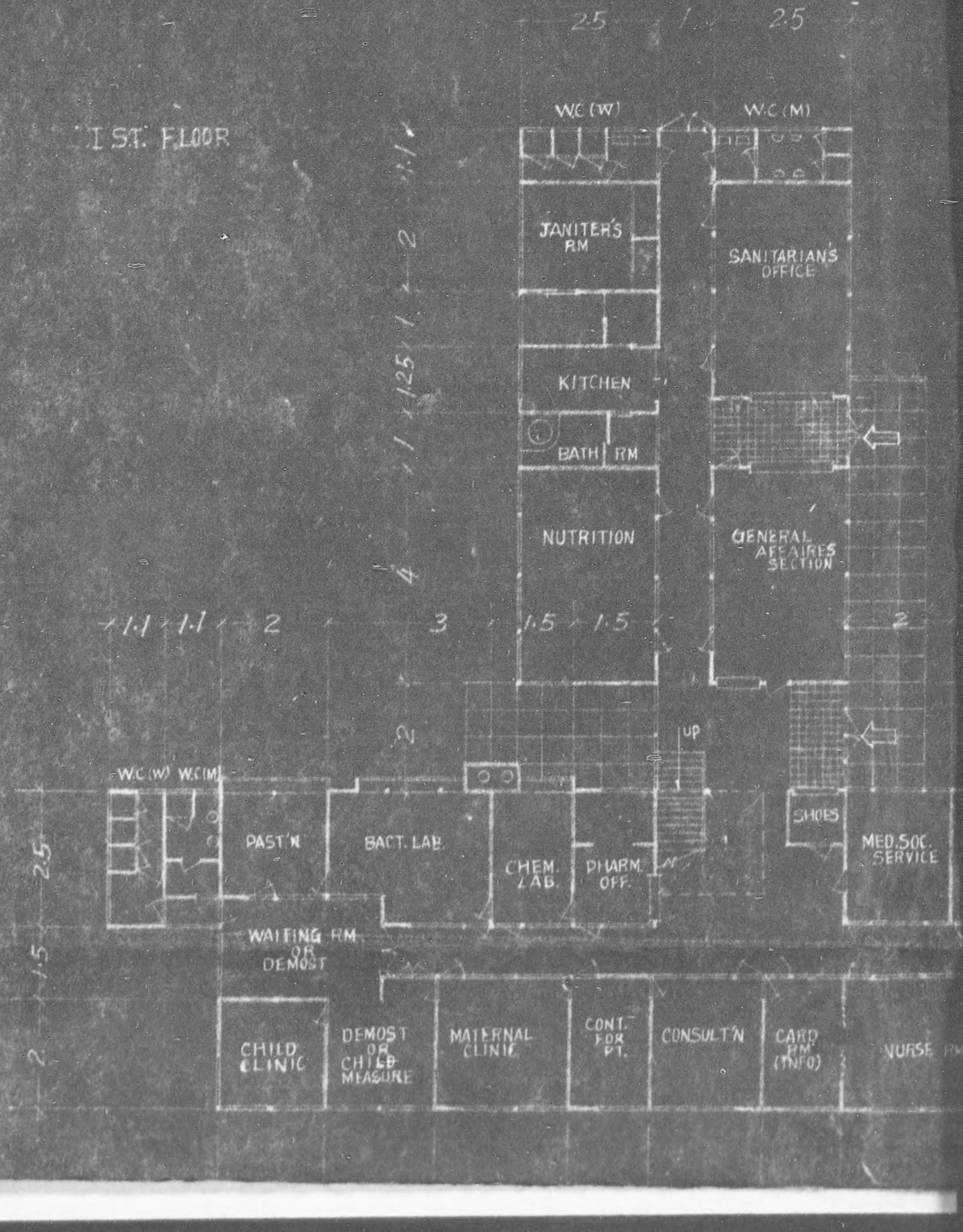
その構造上からは階下に設けることが望ましいが、建物を統一階とするために、階上にこれを
I案及II案）給排水及び漏水防止等について充分に留意する必要がある。（仕事をする上からは七上
上の方がむしろ望ましい。）
衛生、結核クリニックとの連絡のよい場所を選ぶべきであり、その構造は給排水、漏水
等処理に遺憾のないようにする必要がある。また相談部と調理指導部との二室に分
ける。
として一階におき、予定定員を収容する広さよりも大きくとり、サニタリームの休憩、又は控室
案参照）、外来者用の玄関のホールをこれに利用することも考へられる（II案参照）。
防課と兼用とし、予防行政に絶えざる企画と指導とを与えうるような組織とすることが
予防課、統計室、衛生教育室は相互に連絡の密接なことが要件であり、統計室は
政部門とも連絡の容易なことが必要である。
は極めて重要である。本案では遺憾ながら、これを充分に設けるための余裕なく、玄
用（I案、II案）、待合室の利用（III案）講堂の利用（各案）等を考慮においた。
には、窓と壁面との関係を重視する必要がある。
予政関係外来者の出入口とは各別にこれを設けることが望ましい。患者出入口は脱靴
届出その他のための外来者は脱靴することなくそのまゝ受付けられるように室の配置及び
する必要がある。
が過小であるから、別棟倉庫の活用を計る外、屋根裏及び階段下のスペース等をこれ

の改良便所を推奨する。
計にあたっては、屋根の形、窓の配置ならびに大さ等はつき充分考慮して、衛生上は勿論
いても遺憾のないようにすることが必要である。

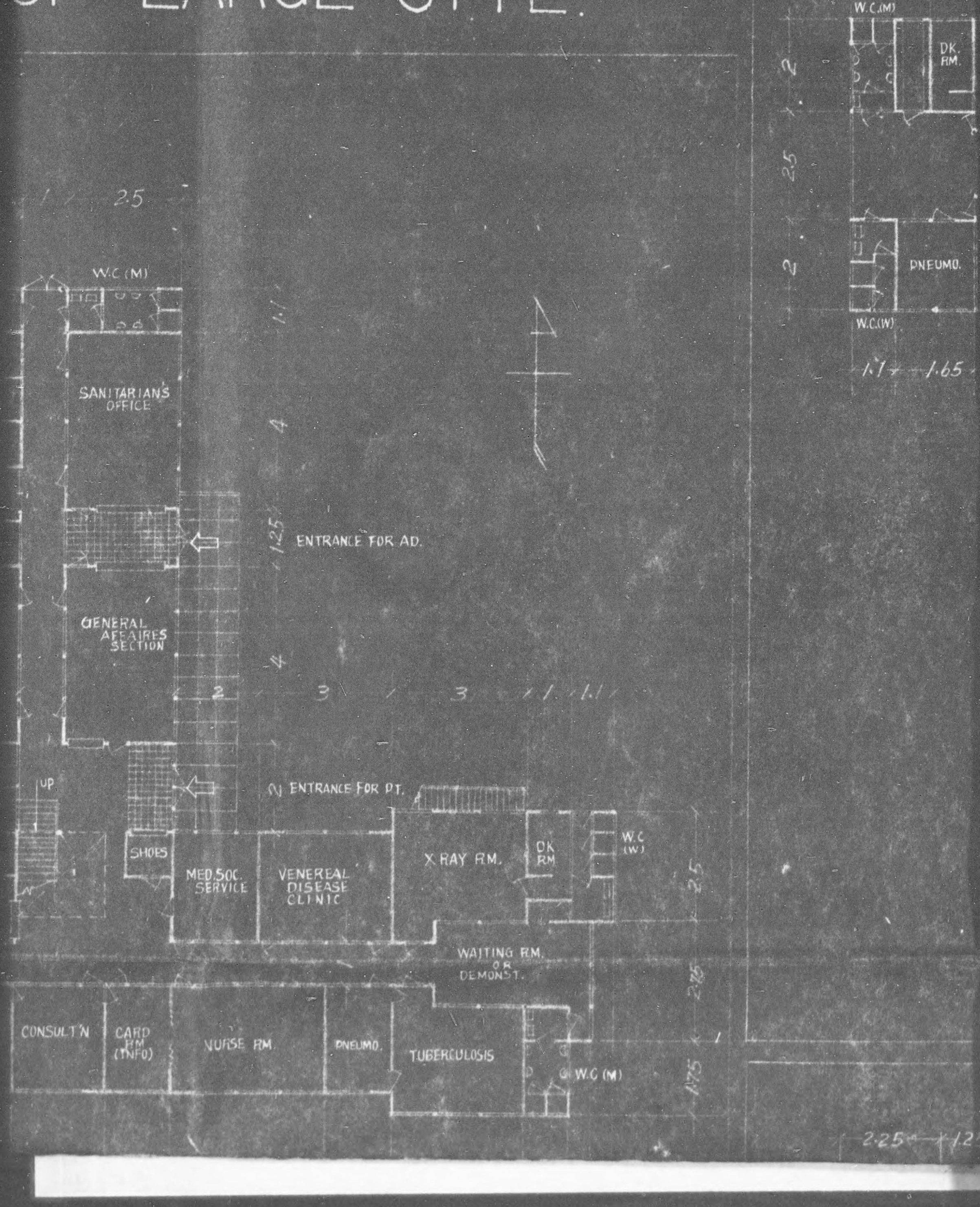
昭和23年9月

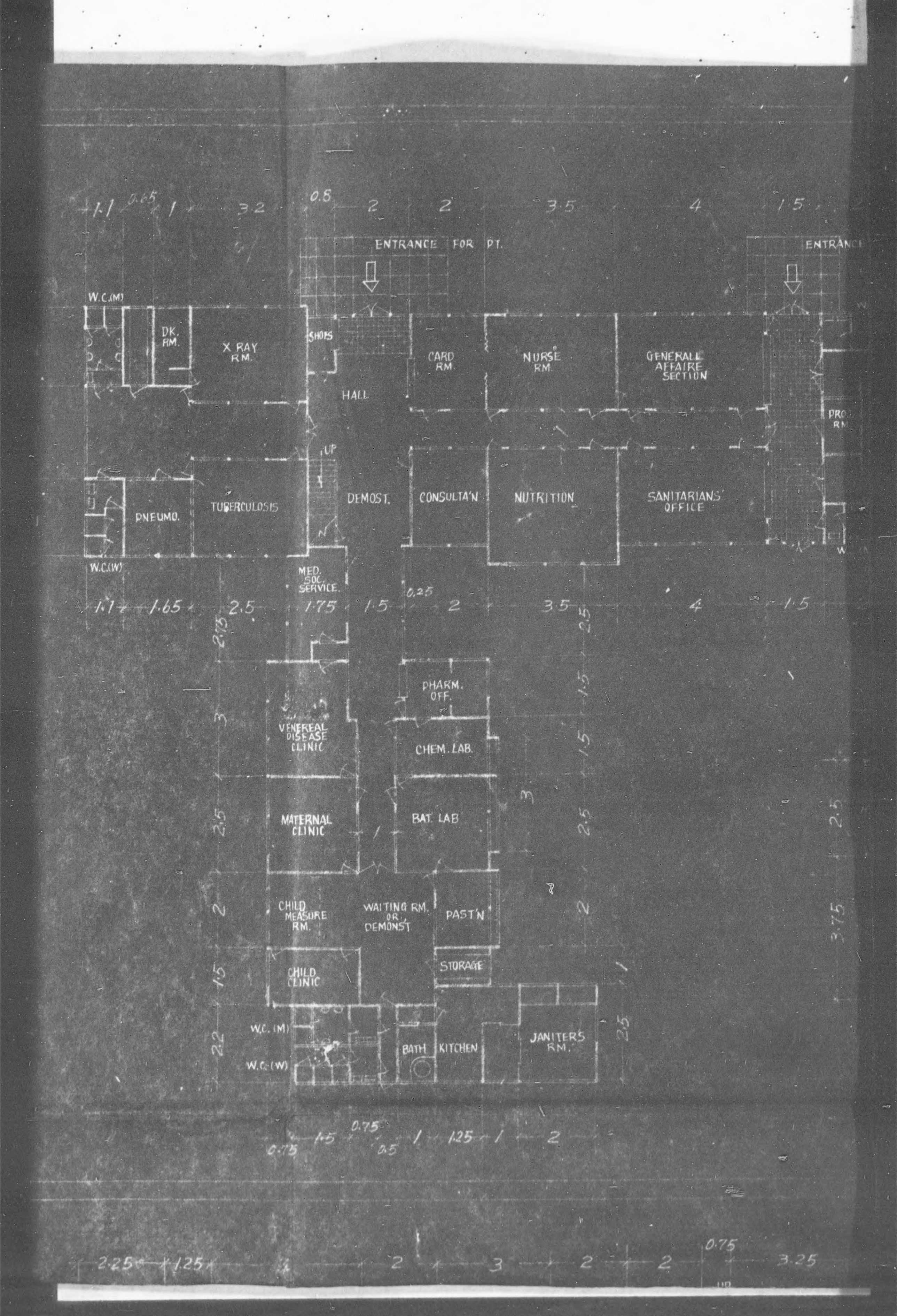
厚生省
公衆衛生院

DISIGN OF MODEL HEAL
IN THE CASE OF LAR



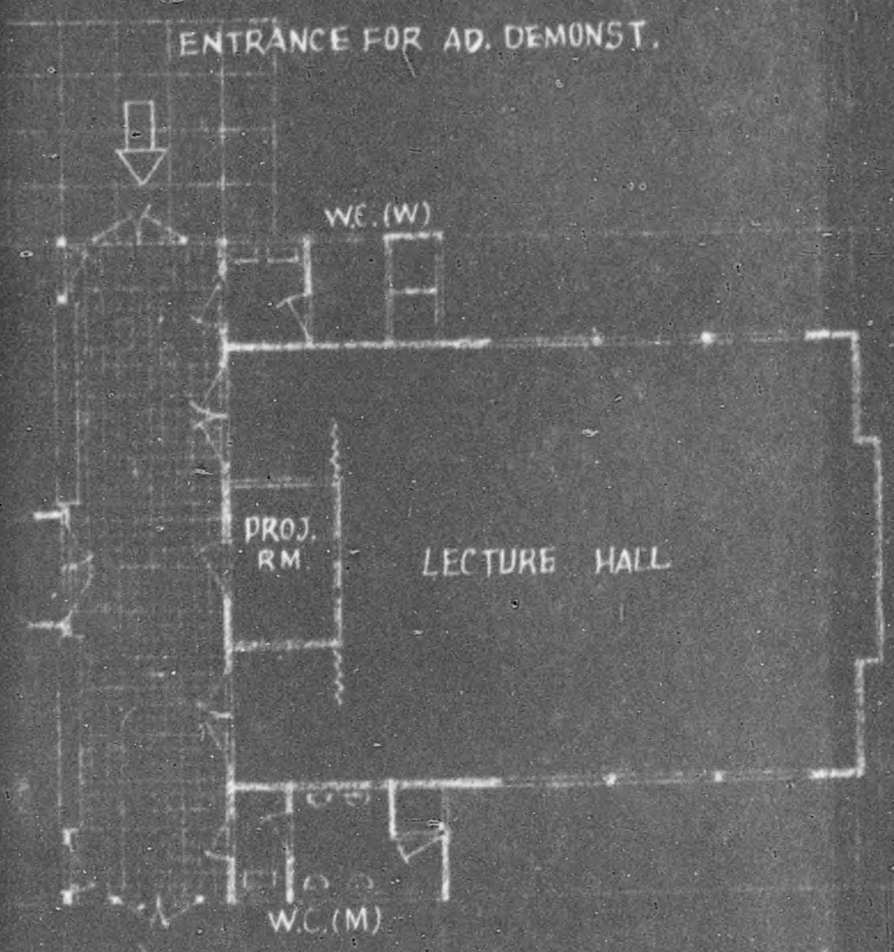
EL HEALTH CENTER
OF LARGE SITE.




ENTRANCE FOR PT.
ENTRANCE
W.C.(M)
DK. RM.
X RAY RM.
SHOES
HALL
CARD RM.
NURSE RM.
GENERALL AFFAIRE SECTION
PRO. RM.
UP
DEMOST.
CONSULTA'N
NUTRITION
SANITARIANS' OFFICE
PNEUMO.
TUBERCULOSIS
W.C.(W)
MED. SOC. SERVICE.
PHARM. OFF.
VENEREAL DISEASE CLINIC
CHEM. LAB.
MATERNAL CLINIC
BAT. LAB
CHILD MEASURE RM.
WAITING RM. OR DEMONST
PAST'N
STORAGE
CHILD CLINIC
W.C. (M)
W.C. (W)
BATH
KITCHEN
JANITER'S RM.

1.5 2 4

I ST. FLOOR

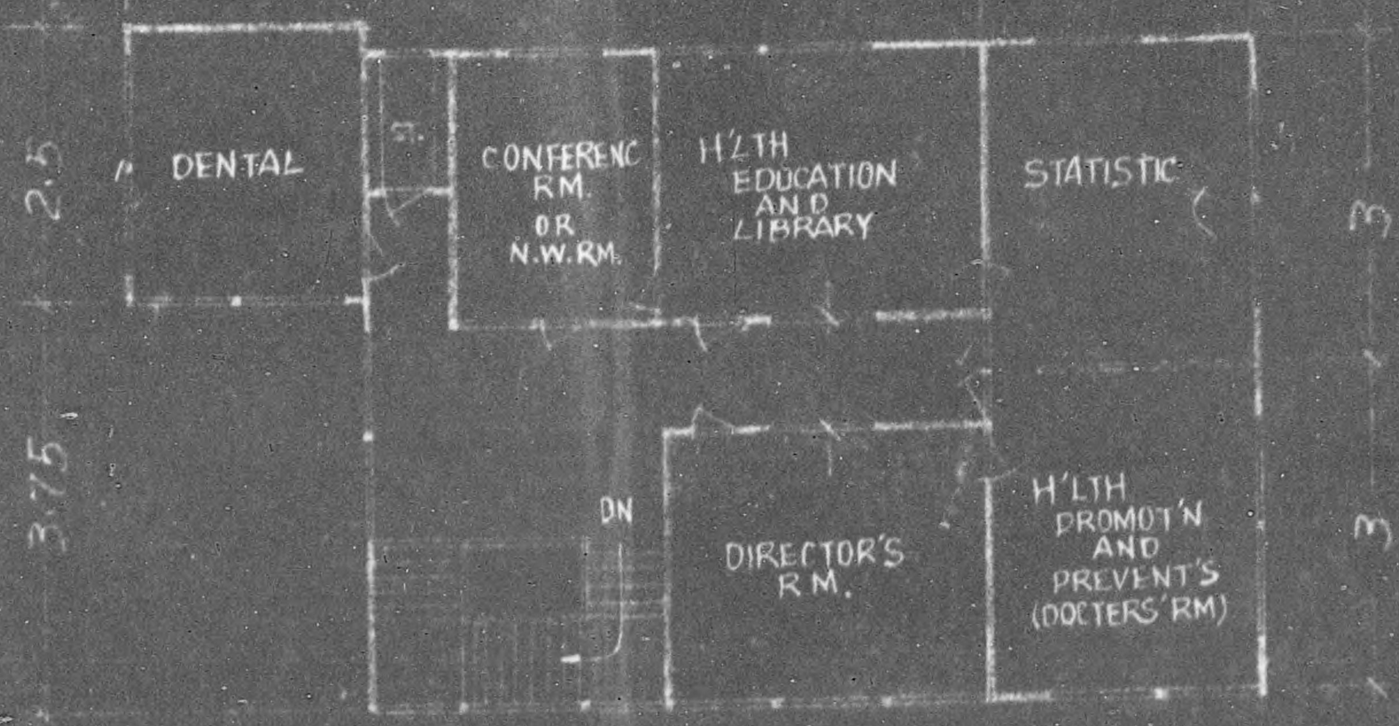


1.5 2 4 C.2

I ST. FLOOR AREA ,
II ND. FLOOR AREA ,
TOTAL
ADDITIONAL BU
Garage
Space For Bycicle Storage
GRAND TOTAL

II ND FLOOR

2.2 0.8 2 3 2.5



3.25 3 1:1.1

I ST. FLOOR

0 1 2 3 KEN

SCALE

I ST. FLOOR AREA ,	232.6 tsubo
II ND. FLOOR AREA ,	55.3
TOTAL	287.9
ADDITIONAL BUILDING	
Garage	4.5
Space For Bycicle	3.0
Storage	4.6
GRAND TOTAL	300.0

II ND FLOOR

2 3 2.5

CONFERENC R.M. OR N.W.RM.

H'LTH EDUCATION AND LIBRARY

STATISTIC

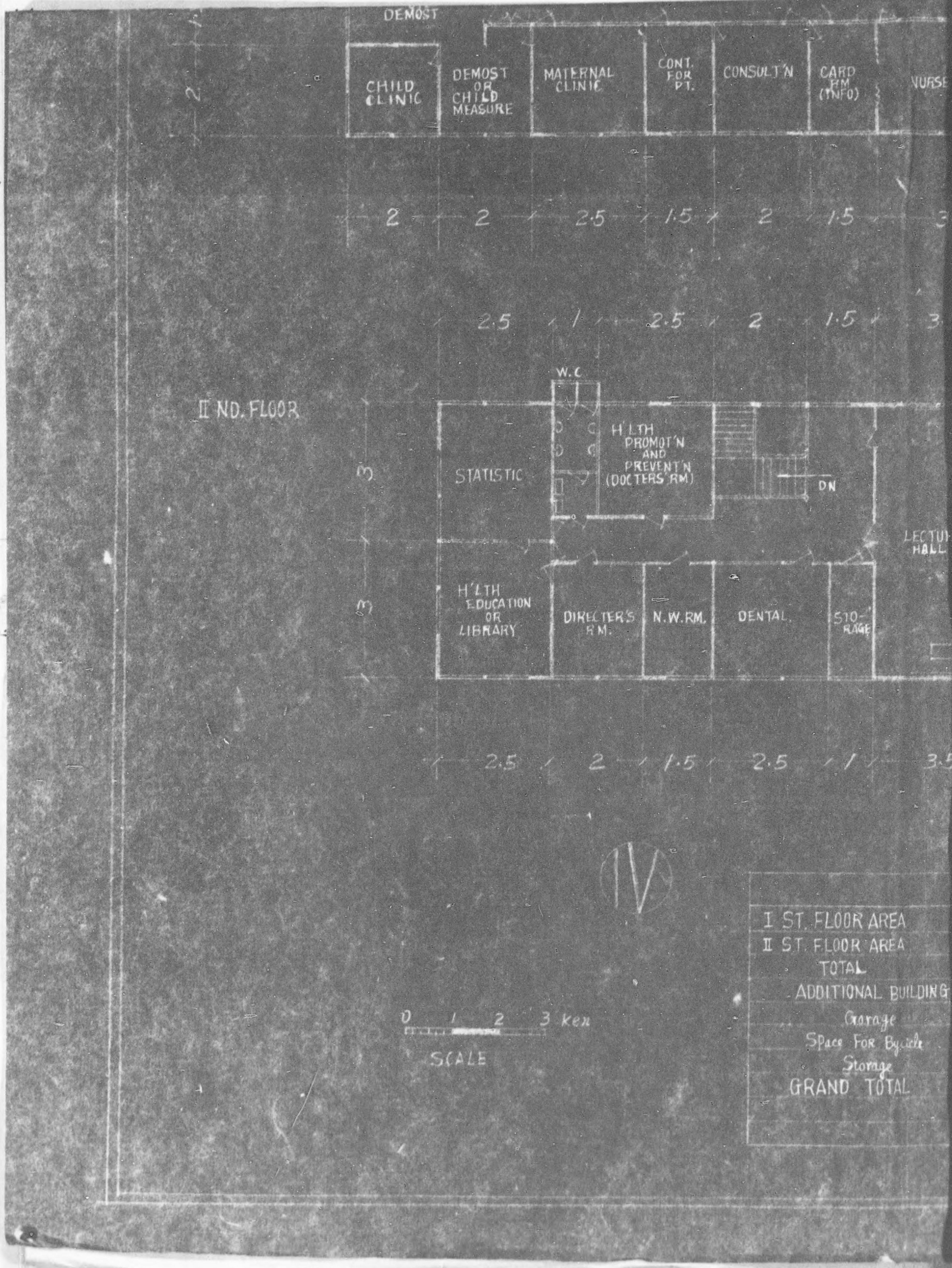
DN

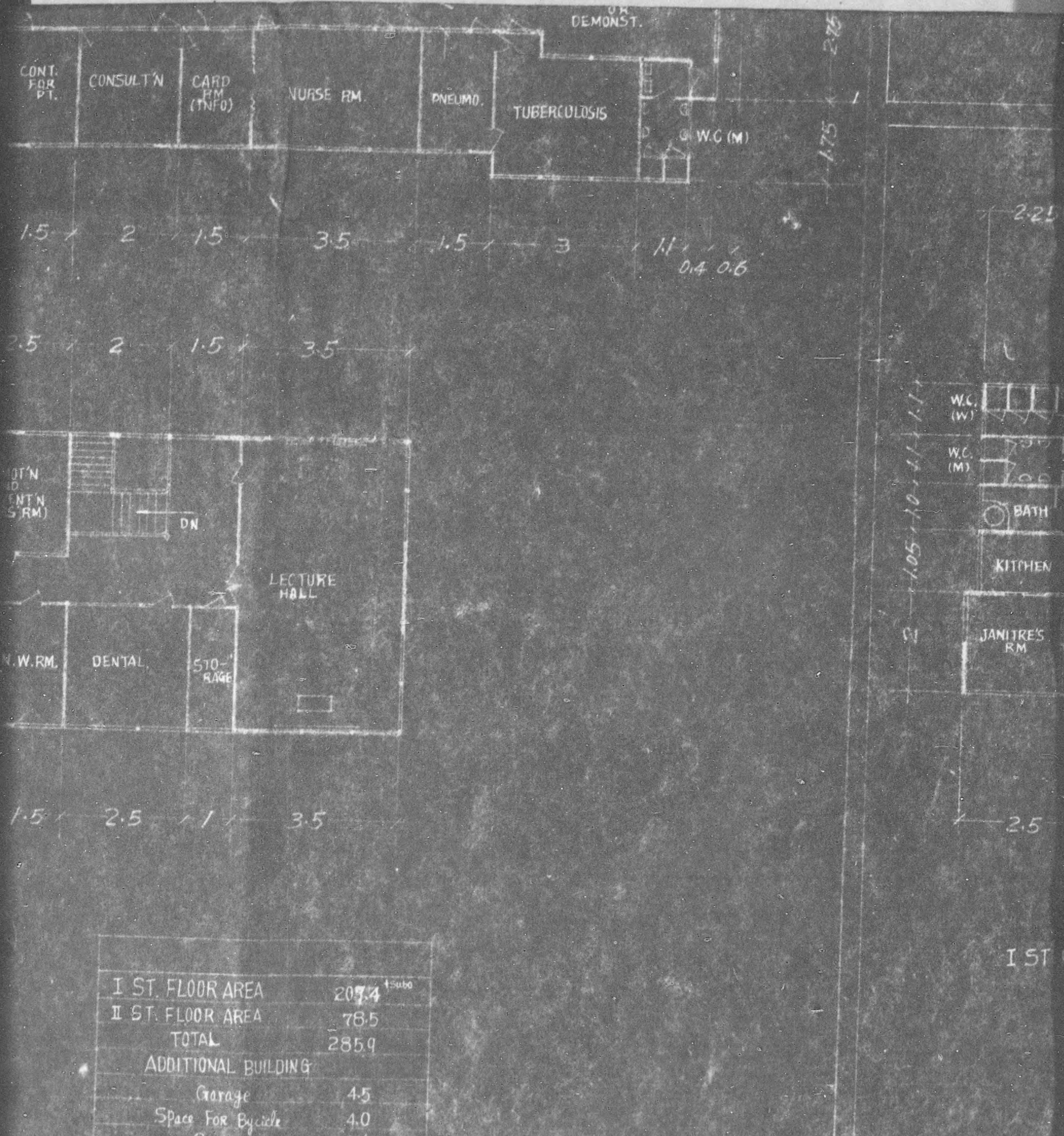
DIRECTOR'S R.M.

H'LTH PROMOT'N AND PREVENT'S (DOCTERS' RM)

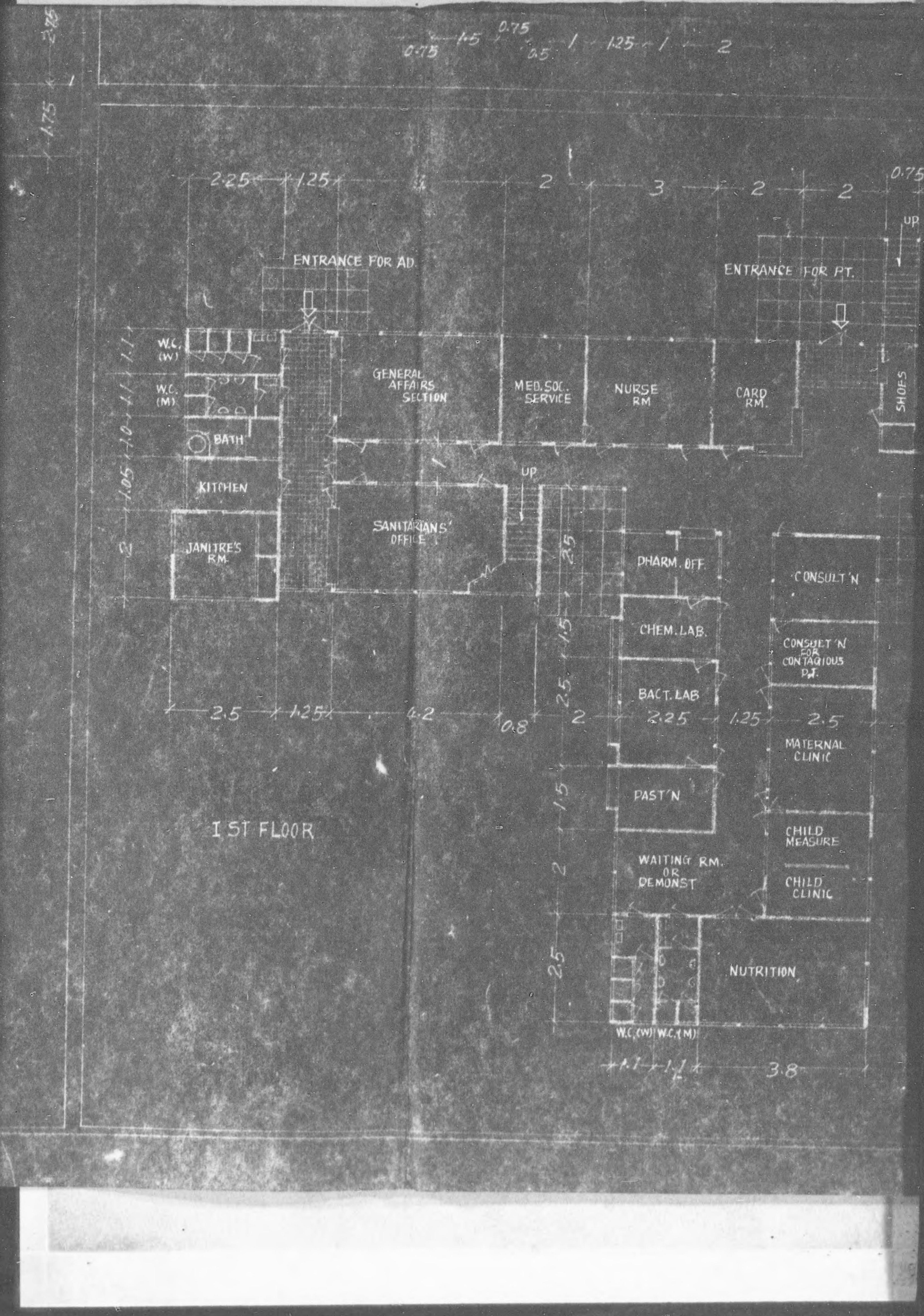
5

5


DEMOST
CHILD CLINIC
DEMOST OR CHILD MEASURE
MATERNAL CLINIC
CONT. FOR PT.
CONSULT'N
CARD RM (INFO)
NURSE
2
2
2.5
1.5
2
1.5
3
2.5
1
2.5
2
1.5
3
II ND. FLOOR
W.C
STATISTIC
H'LTH PROMOT'N AND PREVENT'N (DOCTERS' RM)
DN
LECTU HALL
H'LTH EDUCATION OR LIBRARY
DIRECTER'S R.M.
N.W.RM.
DENTAL
STO-RAGE
2.5
2
1.5
2.5
1
3.5
IV
0 1 2 3 ken
SCALE
I ST. FLOOR AREA
II ST. FLOOR AREA
TOTAL
ADDITIONAL BUILDING
Garage
Space For Bycicle Storage
GRAND TOTAL



I ST. FLOOR AREA	207.4 sub
II ST. FLOOR AREA	78.5
TOTAL	285.9
ADDITIONAL BUILDING	
Garage	4.5
Space For Bycicle	4.0
Storage	5.6
GRAND TOTAL	300.0


0.75
1.5
0.75
0.5
1
1.25
1
2
2.75
1.75
1
2.25
1.25
2
3
2
2
0.75
UP
ENTRANCE FOR AD.
ENTRANCE FOR PT.
W.C. (W)
W.C. (M)
BATH
KITCHEN
JANITRE'S R.M.
GENERAL AFFAIRS SECTION
MED. SOC. SERVICE
NURSE RM
CARD RM.
SHOES
SANITARIANS' OFFICE
UP
DHARM. OFF.
CHEM. LAB.
BACT. LAB
PAST'N
CONSULT'N
CONSULT'N FOR CONTAGIOUS P.T.
MATERNAL CLINIC
CHILD MEASURE
CHILD CLINIC
WAITING RM. OR DEMONST
NUTRITION
W.C. (W)
W.C. (M)
1.1
1.1
1.05
1.0
1.1
2.5
1.5
2.5
1.5
2
2.5
2.5
1.25
4.2
0.8
2
2.25
1.25
2.5
3.8

1ST FLOOR

1 : 2

ENTRANCE FOR PT.

UP

CARD RM.

SHOES

VENEREAL DISEASA

X RAY RM.

DK RM.

W.C. (W)

SCALE

ARM. OFF.

CONSULT'N

TUBERCULOSIS

PNEUMO.

W.C. (M)

HEM. LAB.

CONSULT'N FOR CONTAGIOUS P.T.

ACT. LAB

MATERNAL CLINIC

AST'N

CHILD MEASURE

WAITING RM. OR DEMONST

CHILD CLINIC

NUTRITION

W.C. (W) W.C. (M)

H'LTH EDUCATION AND LIBRARY

H'LTH PREVENTION AND PREVENTION (DOCTERS' RM)

DENTAL

STATISTIC

DIRECTOR'S RM.

DN

II ND FLOOR

I ST. FLOOR AREA,	203.7 15ubo
II ND. FLOOR AREA,	85.6
TOTAL	289.3
ADDITIONAL BUILDING -	
Garage	4.5
Space For Bycicle	3.0
Storage	3.2
GRAND TOTAL	300.0

W.C. (W)

W.C. (M)

0 1 2 3 KEY

SCALE

5.25 2 1.5 1.5 4

H'LTH EDUCATION AND LIBRARY

H'LTH PREVENTION AND PREVENTION (DOCTERS' RM)

DENTAL

CONF. RM.

N.W RM.

DN

3.5

STATISTIC

DIRECTOR'S RM.

DN

PROJ. RM.

LECTURE HALL

7.5

2.25 2.25 1.75 4.25 3.75

HEADQUARTERS EIGHTH ARMY
United States Army
Office of the Commanding General
APO 343

AGMCCI 000.7

SUBJECT: Japanese Official Newspapers

OCT 24 1949

TO: Chief, Kanto Civil Affairs Region, APO 201
Chief, Tohoku Civil Affairs Region, APO 309
Chief, Hokkaido Civil Affairs District, APO 7
Chief, Tokyo Civil Affairs Team, APO 500
Chief, Shizuoka Civil Affairs Team, APO 1007
Chief, Kinki Civil Affairs Region, APO 25
Chief, Kyushu Civil Affairs Region, APO 24-5
Chief, Chugoku Civil Affairs Region, APO 248
Chief, Shikoku Civil Affairs Region, APO 1080
Chief, Tokai-Hokuriku Civil Affairs Region, APO 710

The following reply by SCAP, in answer to a question raised by Kanagawa Civil Affairs Team on 4 August 1949, regarding Japanese official newspapers, is quoted for your information and guidance.

"2. Following is a brief, general statement concerning newspapers published by prefectural or municipal governments at public expense:

a. It is obvious that such publications are susceptible to misuse by politicians or officials who control them. Because of their official status they may also compete unfairly with privately owned publications. The term 'newspaper' as used in this context should not, however, be construed to mean such official publications as:

(1) Documents and records of official proceedings.

(2) Literature of a technical nature such as agricultural research findings which private publishers are unable or unwilling to bring out commercially.

(3) Bulletins for the instruction or enlightenment of public servants in the performance of their official duties.

(4) Special publications required by law.

OCT 27 1949 10 39
OCT 24 1949
EIGHTH ARMY

AGMSCI 000.7
SUBJECT: Japanese Official Newspapers

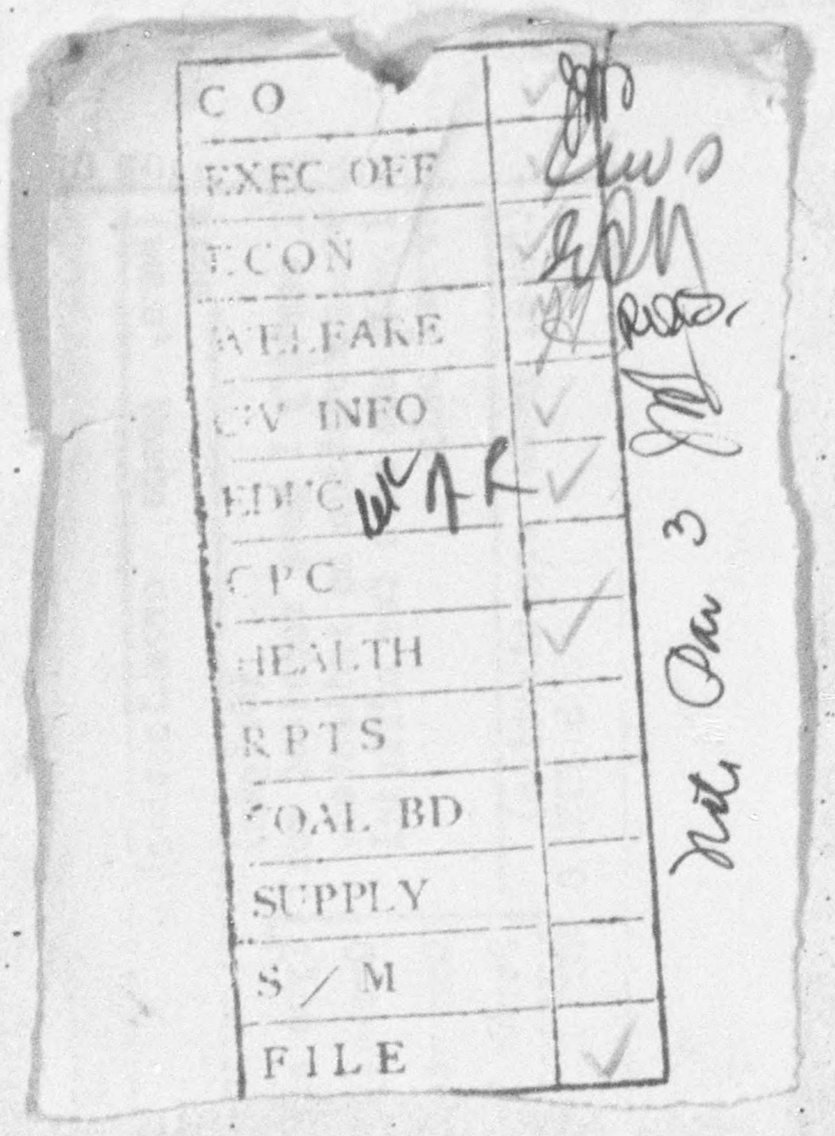
b. Only if the press fails adequately to communicate essential information to the people should the question of issuing a government publication of general mass circulation arise, and then the question should be one for public discussion before action is taken.

"3. Since this question is a matter for decision by the Japanese, action by Civil Affairs is unnecessary. Civil Affairs representatives should however, make no effort actively to encourage publication of newspapers for general mass circulation by local government entities."

BY COMMAND OF LIEUTENANT GENERAL WALKER:

J. A. O'BRIEN
CWO USA
Asst Adjutant General

Info. copy
CG, I Corps, APO 301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HEADQUARTERS EIGHTH ARMY
United States Army
Office of the Commanding General
APO 343

23 June 1949

AGAGPH 720.3

SUBJECT: Vaccination Against Smallpox

TO: See Distribution

1. References.

a. Operational Directive 62, this headquarters, 4 December 1948, subject: "Vaccination Against Smallpox."

b. Operational Directive 26, this headquarters, 20 May 1949, subject: "Licensing of Biologic Manufacturing Laboratories for the Production of any Virus, Toxin, Antitoxin, Therapeutic Serum or Analagous Product Applicable to the Diagnosis, Prevention and Treatment of Human Diseases or Injuries."

c. Memorandum to the Ministry of Welfare, Japanese Government, General Headquarters, Supreme Commander for the Allied Powers, PHMJG 105, 27 May 1949, subject: "Vaccination Against Smallpox," (inclosure 1).

2. Reference 1a provides for the control of smallpox including vaccination. Reference 1b provides for the production of safe potent vaccine. Reference 1c reiterates the provisions of the two references cited above and directs the reimmunization against smallpox of the entire Japanese population. There is not sufficient vaccine available at the present time to immunize the entire population of Japan; however, there is sufficient vaccine to meet emergency needs for the immunization of contacts and other persons in the areas where cases occur. The production and distribution of vaccines are being accomplished as rapidly as possible. Military government teams will be kept informed concerning the availability of vaccines and instructions concerning administration of the program.

3. It is desired that military government unit commanders exercise the necessary surveillance to ensure mass immunization of the civil population against smallpox as soon as possible.

Ltr, Hq Eighth Army, AGMGPH, dated , subject: Vaccination Against Smallpox.

4. Any irregularities which cannot be adjusted locally should be reported through channels to Headquarters Eighth Army.

5. Unless instructions to the contrary are received, the foregoing directive will terminate 1 July 1950.

BY COMMAND OF LIEUTENANT GENERAL WALKER:

J. A. O'Brien

J. A. O'BRIEN
CWO, USA
Asst Adj Gen

1 Incl

PHMJG 105 (in triplicate)

DISTRIBUTION:

CGs, I and IX Corps
COs, all MG Regions
COs, all MG Teams
CO, Hokkaido MG District

I of Public Health

HEADQUARTERS EIGHTH ARMY
United States Army
Office of the Commanding General
APO 343

AGMGX 300.1

17 June 1949

SUBJECT: Priority of Military Government Activities

TO : Commanding General, I Corps, APO 301
Commanding General, IX Corps, APO 309
Commanding Officer, Tokyo Military Government Team, APO 181
Commanding Officer, Kanagawa Military Government Team, APO 503
Commanding Officer, Shizuoka Military Government Team, APO 1007

1. Reference is made to letter, this headquarters, subject as above, dated 16 March 1949, covering priority of activities through June 1949.

2. Inclosure 1 herewith establishes priorities for the period July-September 1949. It indicates the relative emphasis placed by this headquarters on the various activities conducted by each section and is furnished as a basis for planning, subject to changes dictated by local conditions.

3. Inclosure 2 herewith lists by sections the current effective Operational Directives, in the belief that such a compilation will serve as a useful ready reference for the teams.

4. Continuous, careful and coordinated planning must be emphasized in order to utilize to the fullest, personnel and transportation presently available, and to assure a relatively proper coverage of fields of maximum importance without omitting required action in secondary fields.

5. Nothing in Inclosure #1 should be construed as giving priority to any section of military government to the detriment of another section. The priorities listed are for activities within sections. All activities required of military government teams are not shown, merely those requiring particular emphasis during the next quarter. The order of listing within a section priority is of no significance -- all activities under a first priority are considered of equal importance, subject only to modification based upon local conditions.

BY COMMAND OF LIEUTENANT GENERAL WALKER:

J. A. O'BRIEN
CWO USA
Asst Adj Gen

2 Incls.
1. Section priorities
2. O.D. Listings

Distribution:
"B"
5 cys each MG unit
50 cys MG Sec

SECTION I

ECONOMICS ACTIVITIES

1st Priority

1. Tax Collection (when handled by Economics Section).
2. Production, collection and distribution of food.
3. Production of coal.
4. Stimulation of critical industries.

2nd Priority

1. Labor - Management relations and education.
2. Economic Investigation Board.

SECTION II

LEGAL AND GOVERNMENT ACTIVITIES

1st Priority

1. Activities of prefectural and other local authorities with special references to:

   a. The Law Concerning Local Autonomy and local government administration.

      (1) Special emphasis to be directed for the city program for local autonomy.

   b. Administration of the courts.
   c. Activities of judges and procurators.

2. Observation of political parties, elections and recall movements.

3. Development of democratic procedures in government, legislation, law enforcement, and the political reorientation program. Maintain close liaison with the team information officer.

4. Surveillance of suppression of illegal entrants.

Inclosure 1 to Ltr, AGMGX 300.1, dtd 17 June 1949, subject: Priority of Military Government Activities.

2nd Priority

1. Current Japanese government legislation as published in the OFFICIAL GAZETTE.

2. Administration of the purge, with particular attention to violations of the injunctions by purgees.

SECTION III

FINANCE AND CIVIL PROPERTY

1st Priority

1. Surveillance of Japanese tax administration.

2. Maintenance of United Nations Nationals' Property.

2nd Priority

1. Impounding and inventory of property bearing markings of areas occupied by Japanese armed forces.

2. Investigation of looted vehicles.

SECTION IV

PUBLIC WELFARE

1st Priority

1. Administrative review of public welfare agencies observing in particular the handling of appeals and use of paid officials for investigation of eligibility.

2. Organization of child welfare services for coordinated use of all agencies.

3. Administrative review of social insurance agencies observing in particular relationships with the medical profession, including payment of medical bills.

4. Return from private to public management of publicly-owned repatriation camps and housing projects.

2nd Priority

1. In-service training programs for district and local public welfare officials.

2. Transients, migrants and homeless persons.

3. Public information program on welfare resources.

SECTION V

CIVIL EDUCATION

1st Priority

1. Guidance to superintendents of education and boards of education in school administration and supervision.

2. In-service training of teachers, teacher consultants and principals.

3. Assistance to women's organizations and other adult groups in organizational techniques, leadership training and program planning.

2nd Priority

1. Conduct of school inspections during periods when schools are in session.

2. Leadership training for leaders of youth groups.

SECTION VI

CIVIL INFORMATION

1st Priority

1. Information programs.

   a. Tax collection.

   b. Political reorientation.

      (1) Local autonomy.
      (2) Elections (local).

   c. Production, collection and distribution of food

   d. Coal production (in producing areas).

2nd Priority

1. Information programs.

   a. Labor-management relations and labor education.

   b. Health center improvement.

2. Media development.

   a. Group media, including as locally applicable, meetings, forums, citizens' public halls, local information committees and utilization of organizations.

   b. Visual education program, emphasizing utilization of locally produced materials.

SECTION VII

PUBLIC HEALTH

1st Priority

1. Health center improvement; continued improvement of activities of health centers.

2. Public health education.

3. Training of public health personnel.

4. Grading of nursing schools.

2nd Priority

1. Insect and rodent control program.

2. Rabies control and eradication.

SECTION I

ECONOMICS DIVISION

1946

C.D.	Date	Subject
1, 1/1, 1/2, 1/3, 1/4, 1/5, 1/6	5 Jan 1946	Labor (no title)
76, 76/1	3 Sept 1946	Import Procedure w/3 incls.
79	21 Sept 1946	Shipbuilding
	1947	
11	20 Jan 1947	Pacific Coast Oil Refineries
18	25 Feb 1947	Supplementary Rations for Japanese Employees of the Occupation Forces
30, 30/1	1 April 1947	Export Procedure w/incls. - amended
36, 36/2	24 April 1947	Surveillance of Mining Machinery Production
39, 39/1, 39/2	3 May 1947	Coal Allocations and Deliveries of Critical Materials
47, 47/1	7 June 1947	Sale of Waste Oil to the Japanese Govt.
49	21 June 1947	Pyrite Production
28/1	12 July 1947	Rice Collections
60, 60/1	21 Aug 1947	Surveillance of Customs Inspection of International Parcel Post, Samples, Small Packages.
61, 61/1	23 Aug 1947	Restaurant Control
70, 70/1, 70/2	9 Dec 1947	Transportation Control
	1948	
2, 2/1	7 Jan 1948	Electric Power Rationing Program of the Japanese Government.
11	12 Feb 1948	Japanese Public Works and Reconstruction Program

Inclosure 2 to Ltr, AGMGX 300.1, dtd 17 June 49, subject: Priority of Military Government Activities

O.D.	Date	Subject
12	13 Feb 1948	Rehabilitation of Fish and Vegetable Distribution Systems (currently being revised)
15	5 Mar 1948	Railroad Rolling Stock Repair and Construction Program
21	30 Mar 1948	Japanese Industrial Reparations Facilities
25, 25/1, 25/2, 25/3, 25/4	9 Apr 1948	Disposition of Enemy Supplies, Equipment and Facilities
26	9 Apr 1948	Mine Rehabilitation
27	13 Apr 1948	Inventory and Redistribution of Critical Materials
34	18 May 1948	Transportation Coordination
35	19 May 1948	Delivery of Mine Timbers
38	14 June 1948	Reforestation Program
39	24 June 1948	Japanese Iron and Steel Scrap Survey
40	30 June 1948	Pine Bark Beetle Damage
43	12 July 1948	Fertilizer Distribution
46	39 July 1948	Agriculture Extension System
49	20 Sept 1948	Petroleum Storage Tank Facilities
50	28 Sept 1948	The Economic Investigation Board and the Enforcement of Economic Laws
52	8 Oct 1948	Employment Security Program
53, 53/2	8 Oct 1948	Military Government Operational Reports
56, 56/1	22 Oct 1948	Disposition of Subsistence from U.S. Army Sources in Japan
60	3 Nov 1948	Pearls
63	18 Dec 1948	Rent Control

G.D.	Date	Subject
	1949	
2	17 Jan 1949	Incentive Goods
8	31 Jan 1949	Labor Education
9	1 Feb 1949	Building Policies of the Japanese Govt.
10	9 Mar 1949	Mine Safety Regulations
11	10 Mar 1949	The Japanese Fisheries Cooperative Program
12, 12/1	10 Mar 1949	Agricultural Reform
13	11 Mar 1949	Crop Collection
14	12 Mar 1949	Protective Labor Legislation
18	1 Apr 1949	Looted Property
21	16 Apr 1949	Periodic Spot-Check of Supplies and Landings of Marine Products
22	21 Apr 1949	Food Distribution
31, 31/1	21 Apr 1949	Elimination of Control Associations

SECTION II

LEGAL AND GOVERNMENT

1946

16	30 Jan 46	(Classified)
23	26 Feb 46	Violation of SCAP Directive No. 3, 22 September 1945
27	8 Mar 46	Disposition of Charges against Koreans and Certain other Nationals
31	21 Mar 46	Jurisdiction of Japanese Courts in Civil Affairs
59	24 Jun 46	Control of Population Movements

O.D.	Date	Subject
65	9 July 46	Prohibition of Sale of Japanese Postage Stamp
75, 75/1, 75/2, 75/3	25 Aug 46	Collection, Classification and Disposition of Japanese Swords and Firearms
84	14 Oct 46	Removal of Yoshisuke Yasuri from Public Office
90	26 Nov 46	Sponsorship and Support of Shinto by Neighborhood Associations
95	30 Dec 46	Suppression of Illegal Entry into Japan
	1947	
8	6 Jan 47	Inspection of Japanese Penal Institutions
20	28 Feb 47	Elimination of Militaristic Practices
25, 25/1	7 Mar 47	Administration of the Purge of Japanese Officials
32	10 Apr 47	Control of Entry and Exit of Individuals into and from Japan
43	14 May 1947	Pre-trial Confinement of Japanese
45	24 May 47	Information Concerning Illegal Entrants and Smuggling Ships
52	19 July 47	Arrest and Search by Japanese Police in Cases Involving Crimes Against the Occupation
59	21 Aug 47	(Classified)
60	21 Aug 47	Surveillance of Customs Inspection of International Parcel Post, Samples and Small Packages
66	4 Oct 47	Private Trade Representatives in Japan
73	29 Dec 47	Enforced Repatriation of Koreans by Order of Occupation Courts

O.D.	Date	Subject
	1948	
8	3 Feb 1948	Removal of Undesirable Japanese Officials
9	9 Feb 48	Establishment of Prefectural Health and Welfare Departments.
31	21 Apr 48	Elimination of Control Associations
33, 33/1, 33/2	14 May 48	Military Occupation Provost Courts
48	17 Aug 48	Surveillance of Japanese Tax Administration
53, 53/1, 53/2	8 Oct 48	Military Government Operational Reports
54, 54/1	14 Oct 48	Private Commercial Entrants
61	19 Nov 48	Disaster Plans
	1949	
7	28 Jan 49	Display of National Flags
16	15 Mar 49	Entry of Personnel into Japan to Visit Relatives
19	2 Apr 49	Elections and By-Elections
25	9 May 49	Military Occupation Courts
28	2 June 49	Relations with the Japanese Police

SECTION III

FINANCE & CIVIL PROPERTY

	1946	
60	25 June 46	Unauthorized Transactions in Precious Metals

O.D.	Date	Subject
		1947
12	22 Jan 47	Repatriation of Foreign Nationals
48, 48/1, 48/2	9 June 47	Surveillance of Preservation and Protection of Property of United Nations Nationals
54	21 July 47	Repatriation of Foreign Nationals
58	20 Aug 47	Passes for Entrance to Depositories of Blocked or Impounded Property Under Control of Eighth Army
		1948
1		Surveillance of Axis Property
18	19 Mar 48	Repatriation of German Nationals
19	19 Mar 48	Deliveries and Releases to or from the United States Vaults, Bank of Japan, Tokyo, and the United States Vaults, Osaka Mint
20, 20/1	26 Mar 48	Surveillance of Japanese Tax Administration
48, 48/1	17 Aug 48	Restoration of United Nations Nationals' Property
55, 55/1	20 Oct 48	
		1949
18	1 Apr 49	Looted Property

SECTION IV

PUBLIC WELFARE

		1948
9	9 Feb 1948	Establishment of Prefectural Health and Welfare Departments
59, 59/1	1 Nov 48	Social Insurance
61	19 Nov 48	Disaster Plans

O.D.	Date	Subject
	1949	
6	24 Jan 1949	Public Welfare
53/1	2 Mar 1949	Military Government Operational Reports
23	25 Apr 1949	Publicly-owned Repatriation Camps and Housing Projects Operated by Private Organizations

SECTION V

CIVIL EDUCATION

	1946	
8	23 Jan 46	Report on Historical, Cultural and Religious Objects and Installations
90	26 Nov 46	Sponsorship and Support of Shinto by Neighborhood Associations
	1947	
2	5 Jan 47	Surveillance of Teacher Screening Committees
19	26 Feb 47	Civil Education Program
21	1 Mar 47	Funerals, Memorial Services and Monuments for War Dead, Militarists and Ultra-Nationalists
65	1 Oct 47	Extension of Aid to Missionaries
	1948	
23	1 Apr 48	Services of Japanese Nationals as Technical Consultants for Field Examinations of Cultural Materials and Installations
41	2 July 48	Japanese Visitation to American Schools in Japan
51	29 Sept 48	Inspection of Japanese Educational Institutions

O.D.	Date	Subject

SECTION VI

CIVIL INFORMATION

1947

5	10 Jan 1947	Public Opinion Polls
19	26 Feb 1947	Civil Education Program
38	1 May 1947	Control of Tuberculosis
57	16 Aug 1947	Civil Information Activities

1948

6	30 Jan 1948	Public Health Education Program
12	13 Feb 1948	Rehabilitation of Fish and Vegetable Distribution Systems
38	14 Jun 1948	Reforestation Program
40	30 Jun 1948	Pine Bark Beetle Damage
43	12 July 1948	Fertilizer Distribution
48	17 Aug 1948	Surveillance of Japanese Tax Administration
57	25 Oct 1948	Japanese Visual Education Program

1949

11	10 Mar 1949	The Japanese Fisheries Cooperative Program
12	10 Mar 1949	Agricultural Reform
13	11 Mar 1949	Crop Collection
19	2 Apr 1949	Elections and By-Elections
20	8 Apr 1949	Guidance and Supervision of Organizations Engaged in Public Health and Welfare Information and Education Activities
22	21 Apr 49	Food Distribution

O.D.	Date	Subject

SECTION VII

PUBLIC HEALTH

1945

37, 37/1, 37/2	17 Dec 1945	No subject
40, 40/1	22 Dec 1945	Public Health and Welfare Procedure in Japan

1946

38	3 Apr 1946	Japanese Military and Naval Medical Supplies
52, 52/1	23 May 1946	Custody and Distribution of Japanese Military Medicinal Narcotic Stocks
56	12 June 1946	System for Narcotic Control in Japan
57	20 June 1946	Control of Insect and Rodent-borne Diseases
84	14 Oct 1946	Removal of Yoshisuke Yasumi from Public Office.

1947

23, 23/1	2 March 1947	Cultivation of Marihuana for Fiber Purposes
27, 27/1	12 March 1947	Prevention and Control of Typhus Fever in Japan
32	10 Apr 1947	Control of Entry and Exit of Individuals into and from Japan
38	1 May 1947	Control of Tuberculosis
40	5 May 1947	Control of Major Epidemic Diseases
44	15 May 1947	Utilization of Surplus U.S. Motor Vehicles Released to the Ministry of Welfare
50	24 June 1947	Production and Distribution of Supplies and Equipment for Disease Control Purposes.
64	30 Sept 1947	Release of 10% DDT Dust for Coal Mines
72	19 Dec 1947	Prevention and Control of Venereal Diseases

O.DU	Date	Subject

SECTION VIII

REPATRIATION

1949

15	14 Mar 1949	Travel to Ryukyu Islands for Compassionate Reasons
24	25 April 1949	Repatriation

BASIC: Ltr, Hq Eighth Army, AGMGPH 701, subj: "Duties of Military Government Public Health Nurses in Regard to Medical Care", dtd 24 May 1949.

AG 701 - BA 1st Ind LWH/tf

Hq I Corps, APO 301, MAY 31 1949

TO: CO, Kinki Mil Govt Region, APO 25
CO, Kyushu Mil Govt Region, APO 24-5
CO, Tokai-Hokuriku Mil Govt Region, APO 710
CO, Chugoku Mil Govt Region, APO 248
CO, Shikoku Mil Govt Region, APO 1050

For your information and guidance.

BY COMMAND OF MAJOR GENERAL COULTER:

A. SEIPEL
Lt Col, AGD
Asst Adj General

HEADQUARTERS EIGHTH ARMY
United States Army
Office of the Commanding General
APO 343

AGMGPH 701 24 May 1949

SUBJECT: Duties of Military Government Public Health Nurses in Regard to Medical Care

TO: Commanding General
Headquarters I Corps
APO 301

1. This headquarters is keenly aware that the current shortage of doctors presents military government unit commanders with a serious problem in providing medical care for members of their command. Strenuous efforts are being made to secure civilian physicians from the United States to fill this need.

2. The primary duty of public health nurses assigned to military government teams is to assist the Japanese public health program by working with Japanese health officials and the nursing profession. These nurses cannot legally or ethically practice medicine; to do so would render them liable to legal action. Accordingly, public health nurses will not be required to hold sick call, diagnose ailments, make prognoses, prescribe medications or in any way assume the functions of a physician.

3. In the absence of other United States medical personnel, they may be used to assist in safeguarding the health of the occupation personnel and their dependents. In this capacity their duties will be restricted to those legally performed by a graduate nurse.

BY COMMAND OF LIEUTENANT GENERAL WALKER:

/s/ J. A. O'Brien
/t/ J. A. O'BRIEN
CWO, USA
Asst Adj Gen

HEALTH

I S

HEADQUARTERS EIGHTH ARMY
United States Army
Office of the Commanding General
APO 343

AGMGX 300.1 16 March 1949

SUBJECT: Priority of Military Government Activities

TO : Commanding General, I Corps, APO 301
Commanding General, IX Corps, APO 309
Commanding Officer, Tokyo Mil Govt Team, APO 181
Commanding Officer, Kanagawa Mil Govt Team, APO 503
Commanding Officer, Shizuoka Mil Govt Team, APO 1007

1. Reference is made to letter, this headquarters, subject as above, dated 15 December 1948, covering priority of activities through March 1949.

2. The inclosed list establishes priorities for the period April through June 1949. It indicates the relative emphasis placed by this headquarters on the various activities under each section and is furnished as a basis for planning, subject to changes dictated by local conditions.

3. In the light of present shortages of personnel, the importance of careful, continuous and coordinated planning cannot be too strongly emphasized. Such planning will lead to the most efficient utilization of available personnel and transportation and insure relative coverage of the most important activities without omitting required action in secondary fields.

4. Surveillance of Japanese tax collection is still a very important function and will be continued in full force. Nothing in the inclosure, hereto, should be construed as giving priority to any section of military government to the detriment of another section. The priority given is by activity within each section. All activities required of military government units are not included, but those requiring particular emphasis during the next quarter are listed. The order of listing within a given section priority is of no significance. All activities under a first priority are considered of equal importance, subject only to modifications based on local conditions.

BY COMMAND OF LIEUTENANT GENERAL WALKER:

MONROE N. HINEY
Major, AGD
Asst Adj Gen

1 Incl:
List of Acticities

Distribution
"B"
5 cys each MG unit
50 cys MG Sec

SECTION I

ECONOMICS ACTIVITIES

1st Priority

1. Japanese tax collection (when handled by Economics Section).
2. Production, collection and distribution of food.
3. Production of coal.
4. Labor - management relations and labor education.
5. The Economic Investigation Board.

2nd Priority

1. Transportation.
2. Distribution of critical materials.
3. Electric power rationing.
4. Reparations program.

SECTION II

LEGAL AND GOVERNMENT ACTIVITIES

1st Priority

1. Japanese tax collection (when handled by Legal and Government Section).
2. Activities of prefectural and other local authorities with special reference to:

   a. The local autonomy law and local government administration.
   b. Administration of the courts.
   c. Activities of judges and procurators.

3. Observation of political parties and elections.
4. Development of democratic procedures in government, legislation, law enforcement, and the political reorientation program. Maintain close liaison with the team information officer.
5. Fish and vegetable control (to the extent handled by Legal and Government Section).

Inclosure 1 to Ltr, AGNGX 300.1, dtd 16 Mar 49, subject: Priority of Military Government Activities.

2nd Priority

1. Current Japanese government legislation as published in the OFFICIAL GAZETTE.

2. Administration of the purge, with particular attention to violations of the injunctions by purgees.

SECTION III

FINANCE AND CIVIL PROPERTY

1st Priority

1. Japanese tax collection.

2. Maintenance of United Nations Nationals' property.

2nd Priority

1. Impounding and inventory of property bearing markings of areas occupied by Japanese armed forces.

2. Investigation of looted vehicles.

SECTION IV

PUBLIC WELFARE

1st Priority

1. Administrative review of public welfare agencies with particular attention to applications resulting from unemployment.

2. Coordination of services afforded by Child Welfare Centers and Child Welfare Officials.

3. Administrative review of social insurance agencies.

4. In-service training program for district and local public welfare officials

2nd Priority

1. Disaster relief planning and operations.

2. Transients, migrants and homeless persons (children in particular).

3. Public information program on welfare resources.

SECTION V

CIVIL EDUCATION

1st Priority

1. Guidance to newly appointed superintendents of education and boards of education in school administration and supervision.

2. Conduct of required school inspections.

3. Assistance to PTA's, women's associations and other adult groups in organizational techniques and program planning.

2nd Priority

1. In-service training of teachers, to include training of teacher consultants.

2. Organization and development of democratic youth organizations, to include the training of leaders.

SECTION VI

CIVIL INFORMATION

1st Priority

1. Information programs.
   a. Tax collection.
   b. Political reorientation.
      (1) Local autonomy (including aspects of tax collection).
      (2) Elections (local).
   c. Production, collection and distribution of food.
   d. Coal production (in producing areas).

2nd Priority

1. Information programs.

   a. Fisheries cooperatives.

   b. Labor-management relations and labor education.

   c. Health center development and utilization.

2. Media development.

   a. Group media, including as locally applicable, meetings, forums, Citizens' Public Halls, local information committees and utilization of organizations.

   b. Visual education program, emphasizing utilization of locally produced or procured materials.

SECTION III

PUBLIC HEALTH ACTIVITIES

1st Priority

1. Health center improvement; expansion and improvement of activities of health centers.

2. Grading of nursing schools.

3. Training of public health personnel.

4. Public Health education.

2nd Priority

1. Insect and rodent control program.

I 8

HEADQUARTERS EIGHTH ARMY
United States Army
Office of the Commanding General
APO 343

16 March 1949

AGMGX 300.1

SUBJECT: Priority of Military Government Activities

TO: Commanding General, I Corps, APO 301
Commanding General, IX Corps, APO 309
Commanding Officer, Tokyo Mil Govt Team, APO 181
Commanding Officer, Kanagawa Mil Govt Team, APO 503
Commanding Officer, Shizuoka Mil Govt Team, APO 1007

1. Reference is made to letter, this headquarters, subject as above, dated 15 December 1948, covering priority of activities through March 1949.

2. The inclosed list establishes priorities for the period April through June 1949. It indicates the relative emphasis placed by this headquarters on the various activities under each section and is furnished as a basis for planning, subject to changes dictated by local conditions.

3. In the light of present shortages of personnel, the importance of careful, continuous and coordinated planning cannot be too strongly emphasized. Such planning will lead to the most efficient utilization of available personnel and transportation and insure relative coverage of the most important activities without omitting required action in secondary fields.

4. Surveillance of Japanese tax collection is still a very important function and will be continued in full force. Nothing in the inclosure, hereto, should be construed as giving priority to any section of military government to the detriment of another section. The priority given is by activity within each section. All activities required of military government units are not included, but those requiring particular emphasis during the next quarter are listed. The order of listing within a given section priority is of no significance. All activities under a first priority are considered of equal importance, subject only to modifications based on local conditions.

BY COMMAND OF LIEUTENANT GENERAL WALKER:

MONROE N. HINEY
Major, AGD
Asst Adj Gen

1 Incl:
List of Activities

Distribution
"B"
5 cys each MG unit
50 cys MG Sec

SECTION VII

PUBLIC HEALTH ACTIVITIES

1st Priority

1. Health center improvement; expansion and improvement of activities of health centers.
2. Grading of nursing schools.
3. Training of public health personnel.
4. Public health education.

2nd Priority

1. Insect and rodent control program.

HEALTH

I & Lts.

HEADQUARTERS EIGHTH ARMY
United States Army
Office of the Commanding General
APO 343

AGMGX 300.1 15 December 1948

SUBJECT: Priority of Military Government Activities

TO: Commanding General, I Corps, APO 301
Commanding General, IX Corps, APO 309
Commanding Officer, Chugoku Mil Govt Region, APO 317
Commanding Officer, Shikoku Mil Govt Region, APO 1050
Commanding Officer, Tokyo Mil Govt Team, APO 181
Commanding Officer, Kanagawa Mil Govt Team, APO 503
Commanding Officer, Shizuoka Mil Govt Team, APO 1007

1. Reference is made to letter, this headquarters, subject as above, dated 11 September 1948, covering priority of activities through December 1948.

2. The inclosed list establishes priorities for the period January through March 1949. It indicates the relative emphasis placed by this headquarters on the various activities under each section and is furnished as a basis for planning, subject to changes dictated by local conditions.

3. In the light of present shortages of personnel, the importance of careful, continuous and coordinated planning cannot be too strongly emphasized. Such planning will lead to the most efficient utilization of available personnel and transportation and insure relative coverage of the most important activities without omitting required action in secondary fields.

4. Surveillance of Japanese tax collection is the most important single function and will be continued in full force even though it may be necessary to curtail other activities. With this exception, nothing in the inclosure, hereto, should be construed as giving priority to any section of military government to the detriment of another section. The priority given is by activity within each section. All activities required of military government units are not included, but those requiring particular emphasis during the next quarter are listed. The order of listing within a given section priority is of no significance. All activities under a first priority are considered of equal importance, subject only to modifications based on local conditions.

5. Sufficient copies are included to permit distribution to prefectural teams if desired.

BY COMMAND OF LIEUTENANT GENERAL WALKER:

Monroe N. Hiney

MONROE N. HINEY
Major, AGD
Asst Adj Gen

1 Incl:
List of Activities

SECTION I

ECONOMICS ACTIVITIES

1st Priority

1. Japanese tax collection (when handled by Economics Section).
2. Production, collection and distribution of food.
3. Production of coal.
4. Labor - management relations and labor education
5. The Economic Investigation Board.

2nd Priority

1. Transportation
2. Distribution of critical materials.
3. Electric power rationing.
4. Reparations program.

Inclosure 1 to Ltr, AGMGX 300.1, dtd 15 Dec 48, subject: Priority of Military Government Activities.

SECTION II

LEGAL AND GOVERNMENT ACTIVITIES

1st Priority

1. Japanese tax collection (when handled by Legal and Government Section).

2. Activities of prefectural and other local authorities with special reference to:

   a. The local autonomy law and local government administration.
   b. Administration of the courts.
   c. Activities of judges and procurators.
   d. Political parties.

3. Development of democratic procedures in government, legislation, law enforcement, and the political reorientation program. Maintain close liaison with the team information officer.

4. Fish and vegetable control (to the extent handled by Legal and Government Section).

2nd Priority

1. Current Japanese government legislation as published in the OFFICIAL GAZETTE.

2. Administration of the purge, with particular attention to violations of the injunctions by purgees.

SECTION III

FINANCE AND CIVIL PROPERTY

1st Priority

1. Japanese tax collection.

2. Maintenance of United Nations Nationals' property.

2nd Priority

1. Impounding and inventory of property bearing markings of areas occupied by Japanese armed forces.

2. Investigation of looted vehicles.

3. Restitution of looted property to claimant nations.

SECTION IV

PUBLIC WELFARE

1st Priority

1. Public assistance.
2. Child welfare services.
3. Disaster relief planning and operations.
4. Social insurance.

2nd Priority

1. Transients, migrants and homeless persons (children in particular).
2. Community organization for welfare.
   a. Coordination and integration of services.
   b. Public information program.
3. In-service training of welfare personnel.

SECTION V

CIVIL EDUCATION

1st Priority

1. Reorganization and decentralization of the public school system to include guidance to boards of education and superintendents of education in school administration.

2. Conduct of required school inspections.

3. Organization and operation of democratic women's groups.

2nd Priority

1. In-service training of teachers.

2. Development of democratic parent-teachers' associations.

3. Organization and development of democratic youth organizations, to include the training of leaders.

SECTION VI

CIVIL INFORMATION

1st Priority

1. Information programs.
   a. Tax collection.
   b. Labor - management relations and labor education.
   c. Political reorientation.
      (1) Local autonomy.
      (2) Civil liberties.
      (3) Elections (local, and national if Diet is dissolved).
   d. Coal production (in producing areas).

2nd Priority

1. Information programs:
   a. Health center development.
   b. Child welfare.
   c. Board of Education Law (Phase II)
2. Media development:
   a. Visual education program, with particular emphasis on utilization and programming.

SECTION VII

PUBLIC HEALTH ACTIVITIES

1st Priority

1. Health center improvement; expansion and improvement of activities of health centers.

2. Training of public health personnel.

3. Public health education.

2nd Priority

1. Insect and rodent control program.

Capt Hanson

Restricted

1845

HEADQUARTERS EIGHTH ARMY
United States Army
Office of the Commanding General
APO 343

AGYJ 250.53

7 December 1948

SUBJECT: Prohibition on Prosecution of Japanese Physicians in Occupation Courts.

TO: See Distribution.

1. The Supreme Commander for the Allied Powers has directed that no Japanese physician be tried by occupation force courts for giving medical treatment to occupation force personnel since such treatment is not considered to be an act prejudicial to the security of the occupation forces, but that "such action as the Japanese Government desires to take to prosecute such individuals is of no interest to the occupation forces." In this connection, it is noted that the Supreme Commander has informally advised the Ministry of Welfare of the Japanese Government to issue instructions to Japanese physicians not to treat occupation personnel except in an emergency.

2. It is desired that each of you take necessary action to insure that each local occupation force court authority and/or each military government team under your command is duly informed of this decision of the Supreme Commander to the end that charges not be preferred against Japanese physicians for treating occupation personnel.

3. If, in an unusual case, the circumstances indicate the advisability of trial by an occupation court because of the mistreatment of a member of the occupation forces by a Japanese physician, the matter will be referred to this headquarters for decision before charges are preferred.

4. It is desired that the necessary action herein directed be accomplished without publicity.

BY COMMAND OF LIEUTENANT GENERAL WALKER:

J. W. Donnell

J. W. DONNELL
Colonel, AGD
Adjutant General

Restricted

AGYJ 250.53 Subj: Prohibition on Prosecution of Japanese Physicians in Occ Cts.

DISTRIBUTION:
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50-CG, IX Corps
4-CG, 1st Cav Div
4-CG, 11th A/B
4-CG, 24th Inf Div
4-CG, 25th Inf Div
4-CG, Kobe Base
4-CG, Yokohama Command
12-GOC, BCOF
4-CO, Tokyo MG Team
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4-CO, Shizuoka MG Team
12-CO, Chugoku MG Region
10-CO, Shikoku MG Region

6

COPY

I 8th Inf.

HEADQUARTERS EIGHTH ARMY
United States Army
Office of the Commanding General
APO 343

10 Septem er 1948

AGMGEN 080

SUBJECT: Dissolution of Sanitary Associations and Other Similar Organizations.

TO : Commanding General
I Corps
APO 301

1. References:

a. Operational Directive 31, dated 21 April 1948, subject: "Elimination of Control Associations".

b. Cabinet Order 15, dated 3 May 1947, attached as inclosure 1.

2. According to article 6 of the Cabinet Order referanced in paragraph 1b above, subject organizations were ordered to be dissolved by 31 May 1947.

3. After promulgation of Cabinet Order Number 15, 1947, the Disease Prevention Bureau, Ministry of Welfare, requested permission to utilize sanitary associations andpublic health associations to assist in public health administration and operation on the local level. Informal permission for the existence of such organizations was granted by the SCAP in June 1947 on the condition that their activities would be confined to educational and inromational matters, only.

4. The conditions upon which exception from the provisions of Cabinet Order Number 15 were granted have not been adhered to by these organizations. Reports indicate that these organizations have assumed, on a wide scale, the functions of local governmental health organizations in violation of exicting directives. Reports also indicate that these organizations have, in fact, adopted the pattern of organization and operation of the old Tonarigumi and in many cases are being ope ated or directly influenced by the same officials who formerly directedthe activities of the Tonarigumi.

Incl 2 to I Corps Ltr AG 080-BA Dissolution of Sanitary Assoc, etc., 21 Sept 48

5. In order to prevent any further flagrant violations, the Japanese Government was directed to issue the following instructions to the prefectural governments:

a. All so-called Sanitary Associations or Public Health Associations, and any other similar organizations in other fields of governmental activity, whatever their name may be, which are organized on the basis of local areas (such as a block, neighborhood, municipality, ward, town or village) to assist health centers and other local authorities in carrying out governmental health programs (e.g. programs of immunization, parasite control, mass examination of tuberculosis, procurement of distribution of controlled sanitation supplies and equipment including DDT and chlorine products, etc.) and other government functions, whether such assistance is alleged to be voluntary or not, are considered to fall under the prohibition of the aforesaid Cabinet Order, and they must be dissolved, and any successor or similar organizations prohibited.

b. In case any organization described in the preceding paragraph shall not have been dissolved by 1 September 1948, the governors of each prefecture shall immeidately order such dissolution pursuant to paragraph 2 of Article 6 of the Cabinet Order, referenced in paragraph 1b above.

c. Any person who was a Chief of Chonaikai, Burakukai or Federation thereof, or of a Tonairgumi, who was in said office during the period from or prior to September 1, 1945 till September 1, 1946 consecutively, who has issued any instruction of a compulsory nature (unless authorized by this or higher headquarters), or who shall hereafter have issued any instruction whatsoever, to neighborhood association members, or inhabitants or any districts which were formerly under his supervision, incidental to or in connection with the activities of any so-called Sanitary Association or Public Health Association, or any other organization described in paragraph 5a above, is believed to have violated the provisions of paragraph 1 of Article 4 of the Cabinet Order, referenced in paragraph 1b above, should be prosecuted immediately, pursuant to paragraph 1 of Article 8 of theCabinet Order.

d. The rules issued by the Supreme Court, pursuant to the Potsdam Declaration, for expediting the trial of criminal cases involving violations of the Imperial Ordinances relating to the exclusion, removal, etc. from public office and public services and the Order relating to the abolition of certain political parties, associations, societies and other organizations, shall be made applicable to prosecutions brought pursuant to Article 4 of the Cabinet Order.

6. Action on the dissolution of subject associations will be taken by military government units in accordance with paragraphs 5 and 6 of the Operational Directive referenced in 1a.

BY COMMAND OF MAJOR GENERAL RYDER:

1 Incl:
Cabinet Order 15,
3 May 1947

/s/ R. Schafer
/t/ R. SCHAFER
Lt Col, AGD
Asst Adj Gen

I 8 Lts.

C O P Y

HEADQUARTERS EIGHTH ARMY
United States Army
Office of the Commanding General
APO 343

23 Aug 1948

AGMGEM 671.1

SUBJECT: Cement Allocation for Water Works and Sewage Systems

TO: Commanding General
I Corps
APO 301

1. Reference is Operational Directive 11 this headquarters, subject: "Japanese Public Works and Reconstruction Program", dated 12 February 1948.

2. There are available for immediate distribution limited supplies of cement and other critical materials for repair of water works and sewer systems. The justification for the expenditures of this material is the prevention of disease, therefore, it is necessary to have a recommendation from the Department of Public Health in the Prefectures as to the plan of allocation of this material. The actual distribution of the material is made by the Reconstruction Board who have the responsibility of checking construction plans and estimates to see that the design and proposed operations are properly worked out and sound from an engineering standpoint. Recommendations as to the requirements for Public Health will be made by the Department of Public Health.

3. The allocations for materials are set up on a quarterly basis and requests should be cleared through, and screened by the Prefecture Reconstruction Board and the Sanitation Bureau of the Department of Public Health before coming to the National Level.

4. Priorities should be set up on the following basis:

a. Public water supplies.

(1) Repairs and renovation (including distribution systems) of water works that will result in an immediate increase in the quality and quantity of the supply.

(2) Completion of partially constructed projects that are considered urgently needed for domestic uses.

Trans. fr. I Corps.

(3) New installations including extensions to existing systems.

5. Requests for materials for sewer system repair and construction should come through the same channels and should also be set up on a priority basis in the following order:

a. Repair and renovation of existing systems - including construction of slabs to cover street drains.

b. Completion of partially constructed systems (includes house connections to sanitary sewers).

c. New installations.

6. This is in conformance with paragraph 3, SCAPIN 48, which directs the Japanese "to restore all public water supplies, sewer systems and other human waste disposal measures to the maximum civilian capacity with the least practicable delay through the use of civilian resources and labor."

7. Surveillance will be exercised as provided in Operational Directive referenced in paragraph 1 above.

BY COMMAND OF MAJOR GENERAL RYDER:

/s/ R. Schafer
/t/ R. SCHAFER
Lt Col., AGD
Asst Adjutant General

I 8

HEADQUARTERS EIGHTH ARMY
United States Army
Office of the Commanding General
APO 343

AGMGX 701 26 July 1948

SUBJECT: Dispensary Service for Military Government Units

TO: Commanding General, I Corps, APO 301

1. Letter, this headquarters, AG 701 (MG-X), 3 November 1947, subject: "Dispensary Service for Military Government Units", is rescinded.

2. The following units under your command are authorized to operate dispensaries:

Fukui	Nagasaki	Ishikawa
Wakayama	Saga	Mie
Kagoshima	Miyazaki	Toyama

3. With approval of this headquarters, other military government units not receiving reasonable and adequate dispensary service will be authorized to operate dispensaries.

4. There is attached hereto, as Incl 1, a list of medical property which is authorized all military government units on a post, camp and station basis.

5. There is attached hereto, as Incl 2, a list of property which is authorized on a post, camp and station basis to those military government units listed in par 2, above, authorized to operate dispensaries.

6. This letter constitutes authority for the military government teams listed in par 2, above, to operate dispensaries and to draw the property listed in Incl 2, hereto, plus appropriate expendable medical supplies.

BY COMMAND OF LIEUTENANT GENERAL EICHELBERGER:

/s/ R. Schafer
/t/ R. SCHAFER
Lt Col, AGD
Asst Adj Gen

2 Incls:
1 - Property atzd all MG teams
2 - Property atzd MG teams operating dispensaries

AUG 5, 1948 10 37

2+ Harbour 2-Encl

BASIC: Ltr, Hq Eighth Army, AGMGX 701, subj: "Dispensary Service for Military Government Units", dated 26 Jul 48.

AG 701 - BA 1st Ind WJD/tf

Hq I Corps, APO 301, 2 August 1948

TO: See Distribution

For your information and necessary action.

BY COMMAND OF MAJOR GENERAL SWING:

C. C. CARTER
Colonel, AGD
Adjutant General

2 Incls:
n/c

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

PROPERTY AUTHORIZED ALL MILITARY GOVERNMENT TEAMS

(Post, Camp & Station Basis)

Medical Property

Stock No.	(Old S. No.)	Nomenclature	Quantity
7-725-345		Brassard Geneva Convention - per individual in Medical Section	1
4-170-000		Chlorine Test Set	1
9-221-200		Kit, 1st Aid Motor Vehicle (12 Unit) - per each Motor Vehicle	1
9-275-110		Kit, Medical NCO M2 per NCO in Medical Section	1
9-275-115		Kit, Medical Officers per officer in Medical Section	1

Medical Books

10-900-000		American Illustrated Dictionary, 1944, 20th Edition	1
NS-10	(B800030)	Anatomy Domestic Animals, 1938	1
10-900-300		Anatomy Human Body, 1942, 24th Edition	1
NS-10	(B800050)	Animal Pathology, 1944	1
10-200-230		Clinical Diagnosis by Lab Methods, 1943, 10th Edition	1
NS-10	(B270250)	Clinical Parasitology, 1943, 3rd Edition	1
NS-10	(B555631)	Control Communicable Disease, 1945	1
10-255-590		Dermatology, Manual of, 1942, 1st Edition	1
10-277-251		Diagnosis, Prevention and Treatment of Tropical Diseases, Stitt's, 2 vol, 1942, 6th Edition	1
10-277-520		Diagnostic Standards and Classification of Tuberculosis, 1940, 11th Edition	1
10-706-200		Diseases of the Eye, Manual of, 1943, 18th Edition	1
10-706-100		Diseases of the Nose, Throat and Ear, 1942, 8th Edition	1
NS-10	(B271630)	Essentials of Medicine, 1940, 9th Edition	1
NS-10	(B271630)	Etiology and Diagnosis of Amebiasis, 1944	1
NS-10	(B703391)	Fundamental Anesthesia, 1944	1
NS-10	(B430030)	Materia Medica for Nurses, 1942, 7th Ed	1
NS-10	(B850130)	Meat Hygiene Text Book, 1944	1
NS-10	(B274350)	Medical Diseases in Tropical and Sub-Tropical Areas, Memorandum On, 1942	1
NS-10	(B870090)	Methods Examination of Dairy Products, 1941	1
10-570-150		Military Preventive Medicine	1

INCLOSURE 1 to Ltr, Hq 8th Army, GMGX 701, 24 July 48, subj: "Dispensary Service for Military Government Units".

Stock No.	(Old S. No.)	Nomenclature	Quantity
NS-10	(B256800)	Modern Clinical Syphilology, 1944, 3rd Edition	1
NS-10	(B256830)	Modern Treatment of Syphilis, 1943, 2nd Edition	1
NS-10	(B436030)	Nursing Care of Communicable Diseases, 1942, 6th Edition	1
NS-10	(B261570	Nutritional Deficiencies Diagnosis & Treatment, 1943, 2nd Edition	1
10-261-530		Nutrition in Health and Disease, 1943, 4th Edition	1
10-440-071		Operating Room Technique, 1943	1
10-230-221		Pathology Text Book, 1940	1
NS-10	(B475010)	Penicill Antibio Ag, 1945	1
NS-10	(B475130)	Pharmacologic Bas Ther, 1941	1
10-290-641		Physical Basis of Medical Practice, 1943, 3rd Edition	1
10-290-520		Physical Diagnosis, 1942, 13th Edition	1
10-476-060		Physical Medicine, 1941, 1st Edition	1
NS-10	(B443011)	Physiology and Anatomy, 1940, 4th Edition	1
10-230-280		Practical Bacteriology, Hematology and Animal Parasitology, 1948, 9th Edition	1
10-373-151		Practical Clinical Psychiatry, 1947, 6th Edition	1
NS-10	(B886150)	Practice Veterinary Medicine	1
10-443-030		Principles and Practice of Nursing Text Book, 1939, 4th Edition	1
NS-10	(B480270)	Sulfanilimide Gen Practice, 1942	1
10-718-455		Surgical Anatomy, Manual 1	1
10-718-351		Surgery, A Text Book of, 1942, 4th Edition	1
NS-10	(B200070)	The Autopsy, 1943	1
10-485-151		Treatment in General Practice, 1945, 5th Edition	1
NS-10	(B298030)	Virus Rickettsial Disease, 1940	1
10-924-500		Webster Collegiate Dictionary, 5th Edition	1
NS-10		Hospital Organization and Management (Machern)	1
NS-10		The Control of Venereal Disease (R.A. Vonderlehr)	1
NS-10		Clinical Tuberculosis (Goldberg) 5th Ed	1
NS-10		Text Book of Public Health (Frazer-Stallybrass) 12th Edition	1
NS-10		Manual of Public Health Nursing	1

PROPERTY AUTHORIZED THOSE MILITARY GOVERNMENT
TEAMS OPERATING DISPENSARIES

(Post, Camp & Station Basis)

Medical Property

Stock No.	(Old S. No.)	Nomenclature	Quantity
D-7152000		Bag, Laundry, small	1
3-088-200		Bag, Physicians, empty	1
7-710-105		Basin, Solution, Crm, 7 qt	1
7-709-220		Basin, Pus, Crm	2
7-710-225		Basin, Solution, Crm, 9 qt	1
4-029-250		Basin, Staining	1
7-006-080		Bed, Folding	2
7-717-025		Bedpan, Crm	1
3-098-200		Bistoury, Tracheotomic, pointed curved	1
7-157-985		Blanket, OD	6
3-104-100		Blower, Powder with rubber bulb	1
7-730-975		Bucket, Crm, 12 qt	1
7-731-450		Bucket, Kick frame	1
7-028-980		Cabinet, Instrument, dressing, field	1
NS-3	(3077000)	Case Diagnostic EENT, complete	1
9-261-480		Chest, Laboratory, Field, complete	1
9-274-300		Chest, MD No 1, complete	1
9-274-320		Chest, MD No 2, complete	1
3-311-800		Forceps, Bone cutting, 8¼" Liston	2
3-333-600		Forceps, Dressing, 5½" straight	1
3-333-700		Forceps, Dressing, 10" straight	2
3-345-600		Forceps, Hemostatic, Mosquito, 5" straight	2
3-231-300		Forceps, Hemostatic, 6¼" curved Rochester-Pean	2
3-347-100		Forceps, Hemostatic, 6¼" straight, Parker	1
3-373-900		Forceps, Sponge 9½" straight, Forester	2
3-379-900		Forceps, Tissue, Spring, 5½" straight	6
7-160-010		Gown, Operating	1
3-406-700		Hammer, percussion	1
3-447-800		Handle, Bard-Parker, No 3	1
D-9931700		Lamp, Operating, Field	2
D-9935600		Litter, straight, aluminum	2
7-160-500		Mattress, Cotton	4
7-159-125		Mattress Cover, Cotton	1
3-505-900		Needle, Spinal Puncture, 22 gauge	1
7-864-635		Pad, Heat, complete	3
7-864-640		Pad, Heat, refill	1
D-7162800		Pad, Operating	3
7-163-010		Pajama Coat, Summer, medium	3
7-165-010		Pajama Trousers, medium	6
7-169-000		Pillow Case	2
7-167-000		Pillow, Feather	

INCLOSURE 2 to Ltr, Hq 8th Army, AGMG 701, 24 July 48, subj: "Dispensary Service for Military Government Units"

Stock No.	(Old S. No.)	Nomenclature	Quantity
7-888-650		Scale, Portable, Bathroom Type	1
3-640-920		Scissors, Dissecting, Straight	1
D-3471000		Scissors, Operating, 5½" straight 1 sharp	1
7-900-000		Sheeting, Rubber 54"	4
7-172-800		Sheets, 72 x 108"	12
3-705-620		Specula, Vaginal, Graves	1
3-713-100		Sphygmomanometer, Aneroid	1
9-526-850		Splint Set, small	1
7-084-525		Sterilizer, Instrument small	1
3-742-300		Stethescope, Ford	1
7-088-000		Spool, Revolving, Adjustable	1
7-098-150		Table, Operating, Folding	1
7-929-000		Tape Measure, Fabric	1
7-178-000		Towel, Hand	24
D7-944-092		Urinal, Enamelware	1
9-600-800		Urinalysis Set, Small, complete	1
9-602-510		Venereal Prophylactic Set	1
		Engineer Property	
26 R-228		Refrigerator, mechanical, 7 cu ft.	1

Public Health

HEADQUARTERS EIGHTH ARMY
United States Army
APO 343

(15) JULY 48

PLAN FOR
CIVIL INFORMATION ACTIVITIES
ON
DISEASE CONTROL
(Tuberculosis, Veneral Diseases, Trachoma, Smallpox and Rabies)

References:

OD 38 (1 May 48) "Control of Tuberculosis"

Pamphlet, "Tuberculosis Control Services in the Health Center," March 1948 (Distributed at Suginami Health Center demonstration)

TB-PH Prev. Med. 2, PHW Sec., SCAP, 1947, "Tuberculosis Manual" (Translated and distributed to public health centers)

OD 72 (19 Dec 47) " Prevention and Control of Veneral Disease"

OD 15 (29 Jan 46) "Smallpox Vaccination of Japanese Civilians"

Military Government Bulletin (15 June 48) p. 23

Objective of the Program:

To inform the Japanese public of methods to prevent and cure tuberculosis, venereal diseases, trachoma, smallpox and rabies.

SECTION I
THE SITUATION

Tuberculosis:

This disease is one of the most important public health problems in Japan. More than 210,000 were reported last year, and 144,000 in the first 22 weeks of this year. Public health officials believe many cases are not reported, and, more important, that thousands of Japanese have TB and are not aware of it.

The Japanese have one of the highest tuberculosis rates in the world. Part of this high rate is attributed to crowded living conditions, because the disease is highly infectious and is easily transmitted from an infected member of a family to other members.

Early treatment of the disease will cure it in most instances; however, there is no sure method of self-diagnosis in the early stages. The symptoms of continual coughing, spitting up of blood, fever and "feeling of tiredness" appear in later stages of the disease. When these are apparent, infected persons spread germs to others by coughing and breathing in their faces, promiscuous spitting and unsanitary handling of eating utensils.

Tuberculosis cannot be detected by outside appearances. The only sure method of detection is by a physician's examination. Those who suspect they may have it should go to their personal physician, school physician or to a public health center for an examination and chest X-ray.

Persons diagnosed as having advanced tuberculosis should be isolated, preferably in a sanitorium. Where patients are treated in homes, other members of the family should be aware of the infectious nature of tuberculosis. They should know that sterile techniques must be used with eating utensils, that patients must be isolated and that sputum and excreta must be disposed of in a sanitary manner to avoid infecting others.

Venereal Diseases:

The two most common types are syphilis and gonorrhea, two distinct diseases, and are handled separately here for clarity. They should receive about equal stress in the program.

Syphilis cases reported in 1947 were 147,000. In the first 22 weeks of this year 101,000 cases were treated. At first glance this would appear to be an increase over last year, but public health officials believe that the larger figure is caused by an awareness that the disease is curable in most instances and consequently more people are reporting for treatment. Intensive information work will produce ever better results over the next few months.

Syphilis probably kills more people than any other contagious disease. It is caused by a germ and is spread from one person to another by sexual relations, usually extra-marital. In the later stages it can cause insanity, heart disease and blindness.

The first sign of the disease is a sore occurring where the germ entered the body. Those who suspect they have syphilis should see their personal physician or go to a public health center immediately. The disease can be cured if treatment is begun early, and even advanced cases may be helped with new drugs now available. Self-treatment, however, is dangerous.

Methods of control include wide education to encourage those with suspected syphilis to seek treatment. Until legislation is enacted requiring it, pre-marital testing should be encouraged. Expectant mothers, too, should have an early examination, since the disease can be cured or arrested before delivery, thus preventing infection of babies at birth.

Gonorrhea cases reported last year totaled 211,000. In the first 22 weeks of this year 108,000 were reported. More prevalent than syphilis, this disease is easily cured in early stages with new drugs. Usually treatment lasts for only a few hours and is painless. This point should be emphasized to break down the fear of treatment.

An unusual discharge from the sex organ may be a sign of gonorrhea. Another early symptom is a burning pain while urinating. These signs may appear from one to eight days after infection. However, neither of these indications may be apparent in women who are infected. The only sure method of detection is a physical examination.

Gonorrhea may attack the heart, cause blindness, rheumatism or arthritis. Untreated gonorrhea is one reason why many men and women cannot have children.

Trachoma:

This is a prevalent eye disease and is much feared by Japanese because if not treated it can cause blindness. Infectious, trachoma is a filth disease and is spread from one person to another by contact. The usual method of infection is from dirty hands to eyes. Children are particularly susceptible since they handle filthy objects and have frequent contact with floors and the ground. Usual measures of cleanliness will do much to lessen opportunity of catching the disease.

When trachoma is suspected a physician should be consulted. Excellent results have been obtained from treatment with sulfa drugs. The supply is now plentiful. Previous methods of treatment were for the most part unsatisfactory, but now early cases can be cured almost immediately and advanced cases can be much improved.

Smallpox:

Since the serious outbreak in 1946, this disease has been well under control, but chances of an epidemic are always present. Vaccination is a sure preventative. There is now ample vaccine for nation-wide immunization. Those most susceptible are children, who should be vaccinated at six months of age, just prior to entering school and at the end of their primary school work. Legislation has been introduced into the Diet requiring this.

Rabies:

The "Law for the Prevention of Infectious Diseases of Domestic Animals" provides for immunization against rabies of all dogs once each year. Any dog which bites a person should be held in quarantine for 14 days. It should not be killed, because then rabies cannot be determined. If the impounded dog dies, indicating rabies, then the bitten person should

receive the Pasteur treatment. Children should not be inoculated for rabies unless they have been bitten by a dog.

Every effort should be made to make sure that all dogs in each prefecture are vaccinated. Impounding of stray dogs is another important measure in the control of rabies.

SECTION II
THEMES

The following themes may be adapted for visual displays and may be used as basic appeals for newspaper articles, spot announcements and lectures:

Get behind the drive to rid your community of tuberculosis. First have a chest X-ray yourself at the public health center; then urge your neighbors and friends to have X-rays.

Until everyone in your town is free from tuberculosis, no home can be entirely safe.

Good health is important to your job, your income, your children's welfare. Be tested for syphilis and gonorrhea and be sure.

Modern treatment for early syphilis and gonorrhea lasts only a few hours and is painless. Even advanced cases can be cured or arrested.

Contemplating marriage? A physical examination is as much a part of wedding preparations as arrangements for shonin (witnesses).

Pre-natal examination for venereal disease safeguards your expected baby's health.

Early stages of trachoma can be quickly cured by new drugs; even advanced cases can be cured or improved.

Smallpox immunization gives you full protection. Be immunized now at your public health center or by your personal physician.

Insist that your children be immunized against smallpox by the school.

All dogs should be vaccinated against rabies once each year.

METHODS

This information plan can be tied in with "Sanitation and Insect Control" and carried on as one over-all public health campaign. Emphasis should be placed on two major problems in Japanese public health: tuberculosis and venereal disease control. Handling of activities concerning

trachoma, smallpox and rabies should not be allowed to reduce the attention given TB and VD.

The committee of local citizens used to carry out the "Sanitation and Insect Control" program could in addition handle this campaign. The prefectural public health office should assume responsibility for heading up and implementing activities suggested by the committee to educate the populace concerning these diseases.

Newspaper support should be sought in bringing measures for prevention and cure to the attention of the public. It should be the operating policy of every newspaper to support campaigns of this type which strive to improve the general welfare of the public.

Inclosure 2 contains questions and answers on tuberculosis which could be used by newspapers as a daily quiz, running for seven days.

The material on chest X-ray, syphilis and gonorrhea could be used for one-sheet pamphlets or for instruction through newspapers.

Exhibits and posters hould be encouraged to promote chest X-ray drives, pre-marital and pre-natal physical examinations. Local drug concerns could participate in the program with exhibits and displays.

A public meeting with high prefectural officials, the prefectural public health officer and prominent local physicians, with newspaper and radio coverage, would be an impressive campaign send-off. In addition, lectures to organizations by physicians, nurses and public health officials would not only provide first-hand information to audiences, but allow for questions concerning these much misunderstood diseases. The series of VD posters distributed to prefectural health offices in May can be used as kamishibai to illustrate lectures and discussions.

SYPHILIS - ITS CAUSE...SPREAD...CURE

Syphilis is a Disease.- It is caused by a germ. It is spread, like other germ diseases, from one person to another.

Syphilis is Dangerous.- Syphilis can cause insanity. Syphilis can cause blindness. Syphilis can cause heart disease. Syphilis kills thousands each year in this country. Babies very often catch syphilis before they are born if their mothers have the disease. Syphilis can cause miscarriages, dead babies, or crippled, sickly, and insane children.

Syphilis is Spread From One Person to Another.- Because syphilis is caused by a germ, it is caught when this germ passes from an infected person to one who is not infected. Syphilis is caught from infected people, usually by having sex relations with them or through other close physical contact, such as kissing. The syphilis germ cannot live long away from the human body.

Signs of Syphilis.-

1. Primary syphilis. The first sign of syphilis usually is a sore. The sore appears in about three weeks at the point where the germ entered the skin...on the sex organs, or on the lips or fingers. The sore is called a chancre. It may look like a pimple, blister, or large open sore. But, at times there is no chancre. Sometimes it is not noticed, or, if the patient is a woman, the sore may be inside the sex parts.

2. Secondary syphilis. The sore disappears even without treatment-but, without treatment, the germ that causes syphilis will not disappear and syphilis remains in the body. Three to six weeks after the first sore, a rash may appear on the body. Sores may occur in the mouth. There may be fever, headache, sore throat.

This is the second stage of syphilis. Sometimes these symptoms are so slight they are not noticed. But the disease is very catching in this stage.

3. Late syphilis. The sores, rashes, sore throat, may disappear without treatment. But the germ is still there--hidden. After a few years it may invade the brain, the spinal cord, the liver, the spleen, the heart, the blood vessels, and other parts of the body.

See a Doctor.- Many people have syphilis and do not know it...only a doctor can determine whether you have syphilis. If you think you may have been exposed to syphilis, see your own doctor or the doctor at the health center.

The doctor will examine you carefully. He will give you a blood test. This means that he will take a small sample of your blood and send it to a laboratory where special tests will be made to help the doctor find out whether you do or do not have syphilis. In some cases, the doctor may send a sample

of your spinal fluid to the laboratory for a test. You may have to return to the doctor several times for additional examinations and laboratory tests.

Every man and woman should have a blood test before marriage.

Every woman expecting a baby should have a blood test as soon as she knows she is pregnant.

Syphilis can be Cured.- Most cases of syphilis can be cured if treatment is begun early. Even older cases of syphilis may be helped by treatment given by a doctor in his office or in a clinic.

Only doctors can treat syphilis. If you have syphilis..do not try to treat yourself..don't expect syphilis to cure itself..and don't take a chance on giving it to someone else. If you cannot pay for treatment, go to your local health department center. People with syphilis who complete treatment live longer than those who have the disease but fail to take complete treatment. If you have been treated for syphilis, be sure to return regularly to your doctor for check-ups.

Don't Take Chances.- There is only one sure protection against syphilis.. don't expose yourself to the disease. But if you think you may have been exposed, give yourself the best possible chance. See your doctor at once. Never try to treat yourself. Have a blood test and complete physical examination now and whenever you have any doubt, so you will know for sure.

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GONORRHEA - ITS CAUSE...SPREAD...CURE

Gonorrhea is a Disease...It is Catching.-- Gonorrhea is caused by a germ. Like many other germ diseases, gonorrhea is spread from person to person. This means that gonorrhea is a communicable or catching disease. Gonorrhea is caught when the germ passes from the body of someone who has the disease to another person. The germ which causes gonorrhea grows on the moist inner parts of the sex organs. Gonorrhea is usually caught through sexual intercourse with someone who has the disease--it is not caused by lifting heavy objects, it is not caused by strains.

Signs of Gonorrhea.- The first symptoms or signs of gonorrhea appear from 1 to 8 days after a person catches the disease. Any unusual discharge from the sex organs may be a sign of gonorrhea. Another early sympton is a burning pain while urinating. A man usually will notice these signs or symptoms if he has gonorrhea. But a woman with gonorrhea may not have a burning sensation, or the discharge may be so slight she will not notice it.

Results of Gonorrhea.- Gonorrhea may start mildly and sometimes may not do any serious damage to the person who has it...but if not treated, it sometimes make its victim an invalid.

The germ that causes gonorrhea may cause great damage and pain in the sex organs. It may attack the heart. It may settle in the joints and cause rheumatism or arthritis. If the gonorrhea germ gets into the eyes, it may cause blindness. Untreated gonorrhea is one reason why many men and women cannot have children.

See your Doctor.- If you think you may have caught gonorrhea, to to a doctor at once. If you can't afford to pay a doctor, go to your local health center. Painful urination or a discharge does not always mean gonorrhea...it can be something else. So do not try to decide for yourself whether you have gonorrhea.

Cure of Gonorrhea.- Penicillin will cure most cases of gonorrhea. The treatment requires only a short time in your doctor's office or in a clinic. Never try to treat yourself. Only a doctor knows how to treat gonorrhea. If you have gonorrhea, keep seeing your doctor until he says you are cured. The signs of gonorrhea may disappear and you may think you are free of the disease. But it takes careful examination, especially of women, for the doctor to know there are no more gonorrhea germs. And if you have gonorrhea, don't take a chance on giving it to anyone else.

Protect Yourself.- The surest way to avoid gonorrhea is to avoid sexual intercourse with any person who has the disease. You can't tell by a person's looks whether he or she has gonorrhea. Before marriage, go to a doctor for a complete health examination. The blood test is a test for syphilis. But gonorrhea is different from syphilis, even though both diseases are usually caught the same way...and sometimes at the same time. So, a medical examination is necessary to make sure that there is no gonorrhea.

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TUBERCULOSIS

Conditions for which you should consult your physician, or go to the Health Center.

Chronic cough.
Coughing up phlegm upon getting up in the morning.

How to protect yourself from tuberculosis.

Keep away from those who cough or spit.
Always wash your hands thoroughly before handling any food and before eating.
Do not breathe in dusty air.

How to prevent serious illness from tuberculosis.

Receive tuberculin test.
Receive protection by B.C.G. inoculation if you are still entirely free from infection.
Receive chest examination by X-ray and by physical examination.

What to do if you have early (mild) tuberculosis.

Eat balanced diet.
Rest continuously in bed.
Avoid becoming tired.
Follow physician's instructions.

What to do if you have serious tuberculosis.

Use your own separate dishes and clean them with boiling water.
Protect others by covering your cough, by spitting only in paper which is then burned, by sleeping apart from others.
Follow the instructions of your physician and, if possible, receive treatment in a hospital.

Important thin_s to remember about tuberculosis.

Tuberculosis germs come from the mouth of people with serious tuberculosis when they cough, speak, spit.
Tuberculosis germs, from the mouth of tuberculous people, get into the air, onto the ground and onto the street, onto food, onto eating things.
Tuberculosis germs get into the bodies of healthy people through the nose with the air and with the dust, and through the mouth with the food, from eating dishes, and from the hands after you have touched objects onto which germs have followed.

Tuberculosis germs are easily transferred by kissing someone who has tuberculosis.
Babies catch tuberculosis very easily because they have no resistance against the disease, and because they are permitted to put dirty things into their mouths.

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(The following questions and answers may be used singly as a daily newspaper feature with the question on one page and the answer on another):

1. Tuberculosis (or TB) is a disease a person is born with. TRUE or FALSE?
   Answer: FALSE. No baby has TB when it is born. TB is caused by a germ. We catch TB from someone who has it--someone who is spreading TB germs when he coughs, sneezes, or spits, or who leaves the germs on things he uses or touches. TB spreads easily where people live or work close together as they do in the home.

2. Working hard in a damp dirty place gives people TB. TRUE or FALSE?
   Answer: FALSE. TB can occur on any job or in any place where someone who has TB is spreading the disease to other people.

3. Older people can forget about TB- only young people have it. TRUE or FALSE?
   Answer: FALSE. TB can effect anyone at any age. Men between 44 to 53 years of age and women between 24 and 33 are most often affected.

4. It is easy to know when you have TB, because you feel so sick. TRUE or FALSE?
   Answer: FALSE. Early TB does not make one sick. It is only in the advanced cases of the disease that people lose their appetite, have chest pains, spit up blood and lose weight.

5. You can tell when people have TB just by looking at them. TRUE or FALSE?
   Answer: FALSE. People who have early TB look fine. It takes an X-ray to find the damaged lung.