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KYUSHU CIVIL AFFAIRS REGION
GHQ SCAP
Fukuoka, Kyushu, Japan

APO 24 Unit 5
18 August 1950

SUBJECT: Nursing Visit to Nagasaki Prefecture, 15-18 August 1950

TO: Chief, Public Health Section

1. A conference was held with Dr. Kusano and the Nursing Division to discuss different phases of the nursing program. It was learned that a national subsidy is to be given to the three islands belonging in Nagasaki prefecture sometime during this fiscal year. Dr. Kusano hopes that some of it will be available to improve the public health program but the amount is not yet known. It was advised that every effort be made to train public health nurses for these islands using the natives of the islands when at all possible. Some thought should be given to providing living accommodations for people going from the mainland. This has been done for some of the doctors but not the nurses. It was also suggested that a survey be made to determine what the nursing needs are, both clinical and public health and that great effort be made to recruit students for the next clinical nursing courses.

2. The Branch Nurses Association and the Ken Government have been sponsoring refresher courses for clinical nurses but there has been very poor response from the nurses working for private physicians. It is felt that much of the difficulty is reluctance on the part of the physicians to allow the nurses to attend these courses. It was suggested that the physicians be invited to attend a demonstration of nursing procedures in order to give them an idea of the benefits gained at such a course.

3. At present there are 1,200 clinical nurses working in Nagasaki prefecture. Of these 480 are employed in hospitals, 120 in schools and the remaining 600 are employed in clinics, factories and private hospitals of less than 20 beds. In addition to these licensed nurses there are 716 unlicensed nurses working in the prefecture. Their type of employment is not definately known but many of them work for private physicians. Many various groups in Nagasaki prefecture are disturbed because the National examination will not be given there. Many nurses

desiring to take the examination will not be able to go to Fukuoka or Kumamoto for the examination because of the time and expense involved. There had, apparently, been a promise made that the examination would be given in Nagasaki and are understandably upset by the change in plans.

4. Conferences were held with the people from the schools of nursing and much of the time was spent discussing discipline of the students. The students apparently feel that they should have complete freedom and because the authorities in the schools are not sure just what "Democracy" means they have been uncertain about enforcing regulations. This appears to be a problem which we have overlooked because we did not expect it as a problem and because the school people have failed to bring it to area attention. The schools were urged to admit as many students as possible in their next class because of the growing shortage of nurses. One hospital states that 30 licensed nurses dropped out of the profession within the past year. They estimate that nurses work about two years after completing their training.

Josephine E. Baca

JOSEPHINE E. BACA
Regional Public Health Nurse

In September 1949 Fukuoka Civil Affairs Team Public Health Section reported to me that the Iizuka General Hospital in Iizuka City was planning to open a 4 year nursing school.

A visit was made to this institution early in October and the following information was obtained from the Mitsui Yamano Coal Mine Hospital which is located nearby:

The Iizuka General Hospital was built by the Kyushu Coal Mine Welfare Association and completed in September 1949. The planned capacity is 60 beds with additional buildings to be erected later. This hospital would be open to employees of mines not having hospitals. The original idea for the school was made by the Chief of the Welfare Association in Tokyo. The plans for this school are under the jurisdiction of Mr Tanaka who was in Tokyo when this visit was made and since the Welfare Association was ordered dissolved the men at the Mitsui Coal Mine Hospital did not know what disposition would be made of the buildings but assumed that the Welfare Ministry would take over the operation of the Iizuka General Hospital.

Those present at the meeting were: Mr. Odagari, General Affairs Manager, Mitsui Coal Mine Hospital, Dr. Akashi, Director of Mitsui Coal Mine Hospital, Dr. Ishinishi, Director of Research Institute, Mr. Kawachi, Engineer in Research Institute.

Since the bed capacity (60) of the Iizuka General Hospital is too small to open a school of nursing the buildings were not inspected.

On 15 November Mr. Masatada Tanaka came to the office to discuss this school. He stated that the school was to be operated by the Fukuoka Ken Government, The Fukuoka Coal Mine Labor Union and the mayors of cities, towns and villages which would send patients to the hospital. At this time he stated that they were planning to have a public health nursing school but knew nothing of the details. The establishing of the school was definitely discouraged but no final statement could be made until more information was brought in.

On 18 November Miss Yosnino, PHN from the Ken Health Department was questioned about this situation. The Ken Health Dept appears to be unaware of the plan sketched by Mr Tanaka but she did state that that the Social Insurance Association had offered to sell these buildings to the Ken Government for eigher a puolic health nursing school or a Class B school of nursing. Both plans were definitely discouraged.

Josephine E. Baca
Public Health Nurse

KYUSHU CIVIL AFFAIRS REGION
GHQ SCAP
Fukuoka, Kyushu, Japan

PH/JB/ji

APO 24 Unit 5
13 March 1950

SUBJECT: Nursing Visit to Kokura Health Center 3 March 1950

TO : Chief, Public Health Section

1. This health center, which was formerly housed in a fairly adequate building, was moved on 26 December 1949 to the present location. The building is two storied, old and in poor repair and totally unsuited for a health center. The paint is peeling off of the outside walls giving it a dingy appearance. Inside the walls and ceilings are dirty and hung with heavy cobwebs and the windows are heavily coated with dirt. The floors are dirty and in some places small puddles of water were standing.

The first examination and treatment room had only a stethoscope by way of instrument for examination. In the second room a tray was set up to give tuberculin tests, take bloods and give anti-syphilitic treatment. The basins for hand washing were dirty and appear not to have been washed for weeks. The x-ray equipment is on the first floor of the store room and a small, dirty laboratory is on the second floor. The x-ray equipment is not set up due to lack of electricity so all patients needing x-rays are sent to hospitals for this service.

A small ice box was packed full of BCG and typhus vaccine which the health center has had for about a month but there has not been any ice in the ice box since the health center moved to this new location. Dr. Ohara estimates the cost of the vaccine to be about 130,000 yen.

The staff for the health center is as follows:

Director Dr. Shimizu	Assistant Dr. Ohara
4 public health nurses	2 veterinarians
1 x-ray technician	48 clerks
1 lab technician	28 sanitary team members
1 nutritionist	4 maids

Checked April 25/26 vaccines are keep worse

Ltr, Kyushu CAff Region, APO 24-5, subj: "Nursing Visit to Kokura Health Center 3 March 1950", dtd 13 March 1950

The only outstanding work done by the health center in January was mass immunization. 1,850 babies were OKed for extra food ration and the immunizations were as follows:

tuberculin test	6500
BCG	2900

Some of the immunizations were done by the x-ray technician who was sent to Fukuoka to a course given for doctors on the technique of administering BCG.

The condition of this health center is extremely bad and the plans for the future are uncertain. the 24th Division in Kokura has released a warehouse to the City which may be remodeled for a health center or the city may build a new health center. The building which is being presently occupied and the former ones belong to the Finance Ministry.

A visit was made to the City Hall to discuss this situation with the Mayor. He seems to be partially aware of the situation but does not realize the importance of the health center and its responsibilities. He plans to look into the situation and report back.

Josephine E Baca

JOSEPHINE E. BACA
Public Health Nurse

KYUSHU CIVIL AFFAIRS REGION
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JOSEPHINE E. BACA
Public Health Nurse

Kyushu Civil Affairs Region
18 February 1950

Subject: Report of Nursing Visits.

1.The Kurume Health Center was visited 13 February and found to be operating fairly well but the patient load is not very heavy.During January the patient load was as follows:

Clinic	Attendance	
Tuberculosis	178	
Mass X-ray	180	
Pneumothorax treat.	13	(5 patients)
Venereal disease	27	(Total syphilis patients)
Prenatals	173	
Infants	39	

The health center has a schedule of 3 full day tuberculosis clinics, 2½ days MCH clinics, 2 half days venereal disease clinics and ½ day for pneumothorax treatment.

All patients with gonorrhea are sent to the venereal disease clinic which is opened every day all day.

The six public health nurses, including the cheif nurse, stay in the clinic every morning.Part of their time is spent in clerical work.This has resulted in only 146 home visits being made in the past month.

Dr.Sato was requested to put clerks in the intake office and release the nurses for field work.Much time is also spent counting sed. rates which should be done in the laboratory where two technicians are employed and where there appeared to be very little work going on.

Even though the building is rathr old and run-down it appeared to be quite clean.

A visit was made on the same day to the Kurume Medical College Hospital and School of Nursing and revealed a tremendous improvement over the last visit in August '49.The hospital has been cleaned up; the ward kitchens are clean; records are being kept in idnividual folders on most of the patients and some treatment trays have been set up.Family attendants in the hospital have been decreased in most sections with the exception of pediatrics.In this section a diet kitchen and formula room has been set up which surpasses any such facility in Kyushu.The nursing school has been equipped and now appears to be operating as a school.There is still much to done in this institution but the improvement to date is most encouraging.

Consulted with Dr Sands
re hospital

On 16 February a visit was made to the Futsukaichi Health Center. The health center is attached to a hospital and is not very large. The attendance at clinics during January totaled 130 clinic visits plus 91 prenatal mass examinations and 207 infnat mass examinations.Dr.Ishii,the director,states that attendance is low because the people do not know about the health center,although it has been here for more than 2 years.

This health center has 3 doctors, 4 public health nurses including the chief nurse, 1 clinical nurse and an X-ray technician.The nurses spend every morning in the health center,one acting as intake clerk, one assisting the X-ray technician,one assisting the doctor and one taking bloods and dispensing drugs.It was advised that a clerk be put into the intake office,that the nurse assisting the X-ray technician be released for nursing duties and that one nurse be used to assist the doctor and take the bloods.It was pointed out that dispensing drugs is not a public health nursing function.

It was suggested that the health center make an effort to inform th the public of the function of the health center and try to increase the attendance.

As this health center is attached to the Saiseikai Hospital this institution was also inspected.

This is a 15 bed hospital and a branch of the Saiseikai Hospital in Fukuoka. Dr.Keisuki,Shimamoto is in charge and assisted by two other full time doctors.There are also 4 nurses,1 clerk,1 cook and a janitor.

While some of the rooms appeared fairly clean other places revealed the complete indifference of the staff.The delivery room is furnished with a tatami resting on a wooden frame which serves as the delivery table.Except for an habachi there are no other furnishings in the room.In one corner of the room was a pile of trash;heavy cobwebs hung from the ceiling and the entire room was covered with a thich layer of dirt and dust.This condition existed in spite of the fact that there was a woman in the hospital waiting to deliver.

The operating room was almost equally dirty.The recepticle for waste under the operating table contained soiled dressings from an operation performed nine days previously. The gynecology table in another treatment room,was equally dirty,with soiled dressings and fluids in the waste recepticle.An exceedingly dirty irrigating flask hung at one side.It is felt that any treatments or operations performed in these rooms would be hazardous to the patient.

The kitchen was dark and dirty and the cupboards contained dirty broken china and a general accumulation of dirt.

The hospital had only four in-patients who were being cared for by their families so it was not lack of time and personnel which produced such conditions.

This type of hospital is supported by donations and Community Chest funds and receives supplies from LARA.The hospital does

not appear to be filling its duties to the people and it would seem that an investigation is indicated.

Josephine E. Baca

Josephine E.Baca
Public Health Nurse
20 Feb. 30

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Civil Affairs Section
APO 500

430 (31 Jan 1950)CAS-PH 11 February 1950

SUBJECT: Inspection of Indigenous Foods Destined for Consumption by Occupation Personnel

TO: Chief, Hokkaido Civil Affairs Region, APO 7
Chief, Tohoku Civil Affairs Region, APO 309
Chief, Kanto Civil Affairs Region, APO 500
Chief, Tokai-Hokuriku Civil Affairs Region, APO 710
Chief, Kinki Civil Affairs Region, APO 25
Chief, Chugoku Civil Affairs Region, APO 248
Chief, Shikoku Civil Affairs Region, APO 1050
Chief, Kyushu Civil Affairs Region, APO 24-5

1. In an effort to maintain the desired level of quality in indigenous foods destined for occupation personnel, the Ministry of Welfare is issuing additional instructions to the prefectural governors. Inspection of each food processor and retail outlet at least once each week and a monthly report to the regional civil Affairs headquarters will be required, showing the number of inspections made. It is believed that health center veterinarians will be most concerned with this activity under the guidance of the Chief of meat, milk, and seafood inspections in the prefectural health department.

2. It is desired that the prefectural public health officer be informed without delay of the approved list of food processors and of retail outlets located within his prefecture. A complete list by regions is shown in inclosure 1. Civil Affairs veterinarians will give surveillance to this program and when possible, make appropriate inspections to ascertain the degree of compliance on the part of the Japanese. Standards for manufacturing of canned or processed seafood products are shown in inclosure 2. A list of foods approved for occupation personnel consumption is shown in inclosure 3.

3. Veterinarians assigned to tactical troops will make the initial inspection of a food processor's establishment to determine his acceptability, and they are to make periodic inspections of retail outlets. Any deficiencies noted by them will be reported to the appropriate Civil Affairs Region.

SUBJECT: Inspection of Indigenous Foods Destined for Consumption by Occupation Personnel

4. Appropriate comments regarding the effectiveness of the program will be included in the monthly activities report.

FOR THE CHIEF, CIVIL AFFAIRS SECTION:

/s/ J. A. O'brien
/t/ J. A. O'BRIEN
Adm Off

3 Incls
1. Cy Apv'd List of Retail Outlet Stores for indigenous Foods.
2. Cy Standards for Seafood Products.
3. Cy Apv'd List of Indigenous Foods.

Kyushu Region

Approved Retail Outlet Stores and Sources of Supply

Nippon Reizo K. K. Fukuoka	Froglegs (Wholesale)
Fukuoka Fish Market Hakata Harbor, Fukuoka	Seafood

The following types and species of indigenous fresh, frozen and canned seafood products, fruits, vegetables and other foods are approved for consumption by occupation personnel, provided seafoods are processed in accordance with prescribed standards and other foods are produced and handled under the best conditions of protection possible by individual producers.

a. Approved by SCAP Cir No. 20 dated 6 Sept 49

Fresh frozen seafood	Processed seafood
Tuna (blue-fin, Albacore)	Smoked salmon
Swordfish	Canned tuna
Mackerel (small horse)	Canned mackerel
Halibut	Canned salmon
Codfish	Canned sardines
Sea Bream	Canned crabmeat
Froglegs	
Crab (live)	
Lobster (live)	
Shrimp & Prawns (chilled & frozen)	

b. Approved by SCAP Cir No. 25 dated 20 Sept 49

Apples	Cucumbers	Pappers	Eggplant
Apricots	Persimmons	Garlic	Plums
Artichoke	Grapefruit	Potatoes	Potatoes (sweet)
Asparagus	Grapes	Rasberries	Bamboo sprouts
Beans	Lemons	Rhubarb	Beets
Blackberries	Limes	Spinach	Broccoli
Loquato	Squash	Orenges	Brussel sprouts
Carrots	Parsnips	Tangerines	Tea
Cauliflower	Peaches	Tomatoes	Chorries
Chestnuts	Pears	Peas	Turnips
Corn	Walnuts	Mushrooms	

c. Approved by SCAP Cir No. 28 dated 14 Dec 49

Bacon, eggs, glaces (chestnuts), boiled ham, honey, strawberry jam, fresh pork, fresh poultry, (chickens-ducks-turkey), rice crackers, fresh sausage.

d. Inquiries are frequently made concerning milk and cysters: there is no information that approval of those items is contemplated.

KYUSHU CIVIL AFFAIRS REGION PH/AA/ho
GHQ SCAP
Fukuoka, Kyushu, Japan

APO 24 Unit 5
9 February 1950

SUBJECT: Visit to Fukuoka

TO : Mr. Katsuji Sugimoto, Governor, Fukuoka Prefecture

1. An inspection was made of the Sanitary Engineering Division of the Prefecture Health Department and Health Centers in Fukuoka City, Maebaru, Hakozaki, and Futsukaichi were visited on Feb. 2, 3, and 4.

2. The Sanitary Engineering Division of the Prefecture Health Department has 13 employees, 9 concerned with environmental sanitation (insect and rodent control and general community sanitation) and 4 concerned with water supply and sewage disposal control. Five of these employees are technicians with adequate training and ability to do a satisfactory job. The Division seems to have more clerks than necessary and it should have several more technicians.

The principal defect which can be corrected is that the technicians are not doing sufficient field work at the Health Centers. For the proper development of the program, personal direction, and instruction of Health Center sanitation officials is necessary at this time because these officials are invariably inexperienced in sanitation work.

3. Fukuoka Health Center has two Environmental Sanitation Inspectors, and Hakozaki, Futsukaichi, and Maebaru Health Centers each have one. The quota for Fukuoka is six or seven and is two each for the other Health Centers. The other health centers in the prefecture are also below allotted and desired strength. Efforts should be made as soon as possible to engage the additional Inspectors required.

4. At the four health centers which were visited, inspection records for barbershops, hotels, public baths, and entertainment facilities were in good order, but inspections were inadequate in quantity or quality because of the lack of sufficient Environmental Sanitation Inspectors.

5. There seems to be fairly good coordination and cooperation between the Health Center Sanitation Sections and its municipalities in planning insect and rodent control work, but the caliber of the work seems low.

6. Commencing with the month of January, the sanitary engineering monthly activities report to Kyushu Civil Affairs Region will be for one calendar month and will be due on the tenth of the following month.

FOR THE CHIEF:

RICHARD F. BROWN, M.D.
Public Health Section Chief

Inspection of Health Center

9 Feb 1950

Beppu Health Center,
Beppu City, Oita Ken

Director Dr. Umemoto

Staff - Total 36

Total MDs	- 3	Xray Tech	- 1
Total PHN	- 7	Lab Techs	- 1 (plus 1 part-time)
Cl N	-0	Sanitarians	- 1
Midwives	- 0	Vets	- 3 (One now at Tokyo refresher Course)
Nutritionist	- 1	Pharmacists	-2 (One helps with food inspection)
Janitors	- 1		

Clinic Schedule

		Attendances
TB - Exam - Mon & Wed AM		40/wk
Diag Cases - Mon & Wed AM		40/wk
Pneumo - Thurs PM		20/wk
Maty	Tues & Fri PM	20-50/mo
Inf & Child	Tues, Thurs, Sat AM	Infants 50/wk
		Child 20/mo

V.D.

Mass Exam - Mon - Thurs PM	40/clinic
Exam, new cases - Tues & Fri AM	30/clinic
Treatment - Wed & Sat AM	40/clinic
	Syphilis -10
	g.c. -30
	other - 0

All PHNs help in clinics in AM, 2-4 for PM clinics, usually 3 PHNs make home visits in PM.

Home visits by PHN in Dec 1949

Total 467

TB - 347	Maty - 14	Child - 2
VD - 52	Inf - 24	Other - 28

Only 2 bycycles available for nurses - nurse goes in H.C. car if distance to case is far.

All new TB cases get home visit by nurse to demonstrate home care of TB, also to urge contact exam, though percentage of contact exam is not so great (Sometimes TB cases give fictitious addresses)

Maty Program - All cases get blood test and exam when they come for food ration increase certificate. Discussed prenatal program (i.e. cont. supervision by midwife) Director thinks most AP's go to midwife for monthly exam.

Inquiry in abortions

Director reports 87 applications for abortions were received from MD's in January 1950 - also that number of applications are steadily increasing since his talk with MD's in August re requirements of applications, as shown in following figures.

(1949)	Jan - 4	August - 34		1950 Jan - 87
	Feb - 4	Sept - 49		
	Mar - 11	Oct - 55		
	Apr - 6	Nov - 49		
	May - 8	Dec - 39		
	June - 6			
	July - 6	Total	- 265	

Only 9 of the whole total were actual Welfare cases
(Sa-hat-suho)
Director reports - 70% abortions prior to 3rd month (On basis
20% " " " 5th " of 10
10% " " "6-7th " lunar months)

Director reports Preventceptions Education Program with lectures given sometimes 5 times a month. Planning to talk to midwife groups.

Inspection of H.C. building shows an improvement in cleanliness and sanitation especially clinics and laboratory.

(Director reports pneumo's were discontinued for 1 week, after Dr. Brown's last visit here.)

KYUSHU CIVIL AFFAIRS REGION
GHQ SCAP
Fukuoka, Kyushu, Japan

PH/AA/hc

APO 24 Unit 5
8 February 1950

SUBJECT: Visit to Saga

TO : Mr. Genichi Ochimura, Governor, Saga Prefecture

1. An inspection was made of the Sanitary Engineering Division of the Prefecture Health Department on Jan 26, 1950. Saga City and Kashima Health Centers also were visited. Kanzaki Health Center was visited on January 31.

2. The Sanitary Engineering Division of the Prefecture Health Department consists of four technicians and has the part time services of an engineer who is employed by the Prefecture Civil Engineering Department. All of these persons are well qualified and trained for this job and four of them have attended a three month course in Sanitation or Sanitary Engineering conducted by the Welfare Ministry.

It seems that a clerk is needed by the Division to relieve the technicians of routine office work and allow them more time for technical work especially field work at the Health Centers.

3. Saga City and Kashima Health Centers each have two Environmental Sanitation Inspectors. Records of Barber, Hotel, Bath House, and Entertainment Facilities inspections were in good order and indicate a reasonably satisfactory job. Saga Health Center serves a population of 270,000 and the Inspector quota is four or five. Efforts should be made to fill this quota. Bath Inspectors were out during the visit to Kanzaki Health Center and their records were not available for examination.

Ltr, Kyushu CAff Region, APO 24-5, subj: "Vist to Saga",
dtd 8 Feb 50

4. Commencing with the month of January, the Sanitary engineering monthly activities report to Kyushu Civil Affairs Region will be for one calendar month and will be due on the tenth of the following month.

FOR THE CHIEF:

RICHARD F. BROWN, M.D.
Public Health Section Chief

KYUSHU MILITARY GOVERNMENT REGION HWH/ky
HEADQUARTERS AND HEADQUARTERS DETACHMENT
Fukuoka, Kyushu, Japan

APO 24 Unit 5
8 February 1949

PUBLIC HEALTH INSPECTION

Team: Oita

Date of Visit: 2-4 February 1949

1. In the absence of a medical officer the public health section is under the direction of the Welfare Officer, 1st Lt O. W. Nichols, Jr. A Japanese veterinarian and a pharmacist are employed. Assistance in veterinary affairs is obtained from Sgt Nier of the Economics Section. No enlisted man is assigned to the public health section. Under the circumstances work of the section is good.

2. A conference was held with the prefectural health department officials. Analysis of the results and deficiencies of the health program in 1948 was made with reference to the planning of the 1949 program. Emphasis was put on the following:

a. Having a competent, full-time doctor in charge of the Public Health Education Section of the Health Department. The present incumbent, Dr. Goto, has many other jobs and is a very ineffectual individual to start.

b. Staffing the Model Health Center with its full complement of personnel and starting on-the-job practical training for other personnel as soon as possible.

c. Utilizing more effectively those personnel who return from technical training and refresher courses.

d. Completing diphtheria immunizations in 1949. The Preventive Vaccination Law makes such immunization compulsory for all children in the susceptible age group. Oita prefecture has one of the highest diphtheria rates in Japan.

e. Keeping more accurate records on the tuberculosis control program expecially on mortality figures and BCG innoculations.

f. Using streptomycin for the treatment of tuberculous patients. Some 200,000 grams of this drug have been imported into Japan and will be released in the near future. A SCAPIN, an OD and a technical bulletin will probably be put out. Strict surveillance will be necessary.

g. Obtaining one competent man in charge of environmental sanitation in each health center. In Oita Prefecture, as well as elsewhere, the Japanese have consistently failed to carry out the sanitation and I and R programs satisfactorily.

3. Model Health Center

a. Construction of the Model Health Center in Oita City is almost complete. The Center will probably not be ready to open until March, however, See 2b above.

b. The old Oita Health Center was visited. Despite the attendance of personnel of this center at the various health center refresher and demonstration courses there was little evidence of the improvement of its operation. Emphasis was placed on making adequate preparation to take over the new building. More detailed graphic data on the health center district itself are needed. Chart (or graph) titles, codes, abscissae and ordinates should be labeled in English (assistance from MG Team required) so that information will be readily available in useful form to the Japanese and also to MG inspectors. The health center district concept and the mode of function of a health center were discussed.

4. Kamegawa National Hospital

a. Administrative problems were discussed with the director and assistant director. The Patients Association has dissolved although one of the ward doctors who was a leader in the association and is still a power in the Hospital Employees Union is still working at the hospital and is a potential trouble maker. The director is very anxious for Military Government to help him get rid of this man. He was advised that discharging of this doctor for adequate reason was his own responsibility as a hospital administrator.

b. The waste involved in treating TB patients in small colonies was discussed. Establishment of more TB beds at the main hospital was urged.

c. The setting up of a model ward was recommended.

d. A visit was made to the refresher nursing course and to one of the first year nursing classes.

5. Oita Prefectural Hospital

a. Data

(1) Capacity: 155 beds including 30 beds for TB.
(2) Occupancy: 90 patients - almost all have families living with them.
(3) Doctors: 13 full-time staff physicians.
(4) Interms: 6 now; to have 18 in April.
(5) Nurses:
Graduates: 46 All live in hospital
Students : 40
(6) Central kitchen: None
(7) Out patients: New out-patient building; clinic load averages 60 per day.

b. Ward conditions in this hospital are very poor even by Japanese standards.

c. Hospital administration is directly under the Prefectural Health Department. Every effort should be made to get the proper officials to assume their responsibilities and improve this institution.

d. A central kitchen is the first essential.

e. The hospital should be encouraged to eliminate the nursing school entirely as there is no possibility of any useful training been offered there in the near future and there are far too many nurses.

f. Obtaining of more interns than six should be discouraged also.

6. General

a. Most important activities to concentrate on in the next few months are:

(1) Completion and staffing of Model Health Center.

(2) Planning and budget for 1949 fiscal year.
(3) Improvement of prefectural hospital.
(4) Putting of trained personnel (refresher course graduates) in responsible positions.
(5) Getting a good man in charge of the sanitation section of each health center.

b. Veterinary problems have been referred to Region Veterinary Officer.

c. Clinics for Occupation Force Japanese employees were ordered by the Japanese Special Procurement Board in Tokyo by a letter dated 14 January 1949 to remain in operation until a PD is issued.

d. A public health nurse is expected for assignment to Oita MG Team in the near future.

Inspector H. W. Harrower
H. W. HARROWER
Captain, MC

KYUSHU CIVIL AFFAIRS REGION
GHQ SCAP
Fukuoka, Kyushu, Japan

PH/AA/ho

APO 24 Unit 5
8 February 1950

SUBJECT: Visit to Nagasaki

TO : Mr. Sojiro Sugiyama, Governor Nagasaki Prefecture

1. An inspection was made of the Sanitary Engineering Division of the Prefecture Health Department on Jan. 24 and 25, 1950. Nagasaki City, Nagasaki Prefecture, Isahaya, and Omura Health Centers also were visited.

2. The Sanitary Engineering Division of the Prefecture Health Department is adequately staffed with capable and well trained personnel. Of the ten employees of the Division, five have attended either the Sanitarian or Sanitary Engineering short courses conducted by the Welfare Ministry and the full time Division Chief, Dr. Taira, has considerable experience in sanitation.

3. Nagasaki City and Isahaya Health Centers had three and two full time Environmental Inspectors, respectively. This seems to be adequate. The Inspectors are well qualified and are doing a reasonably good job of Hotel, Barber, Bath House, and Entertainment Facility inspections. Nagasaki Prefecture Health Center has only one Inspector who seemed to be doing a satisfactory job, but another man is needed here. Dr. Taira said that another Inspector would be assigned there soon. Omura Health Center has one active Inspector and needs another. The Chief of the Omura Health Center has been designated an Inspector but his position is nominal only.

Ltr, Kyushu CAff Region, APO 24-5, subj: "Vist to Nagasaki", dtd 8 Feb 50

4. The KCAR Sanitary Engineer attended a meeting of the Nagasaki Water Works Association at Isahaya and addressed the group. The purpose of this organization is worthwhile and its direction and guidance by the Sanitary Engineering Division in the 10 months of its existence has been good.

5. Commencing with the month of the January, the sanitary engineering monthly activities report to Kyushu Civil Affairs Region will be for one calendar month and will be due on the tenth of the following month.

FOR THE CHIEF:

RICHARD F. BROWN, M.D.
Public Health Section Chief

KYUSHU CIVIL AFFAIRS REGION
GHQ SCAP
Fukuoka, Kyushu, Japan

PH/AA/ho

APO 24 Unit 5
7 February 1950

SUBJECT: Visit to Oita Prefecture

TO : Mr. Tokuji Hosoda, Governor, Oita Prefecture

1. An inspection was made of the Sanitary Engineering Division of the Prefecture Health Department on January 20 and 21, 1950. Oita City, Beppu, Sakanoichi, and Hiji Health Centers were visited also.

2. The Sanitary Engineering Division of the Prefecture Health Department comprised of several clerks and numerous part time employees who were reported to be "Sanitation Inspectors". Nominal head of the Division was Dr. Kurihara who also heads the Tuberculosis Control and Communicable Control Divisions, and thus has little or no time for direction of the Sanitary Engineering Division. The prescribed and normal sanitation responsibilities of supervision and direction of enforcement of the Barber, Hotel, Public Bath, and Entertainment Facilities Laws by Health Center Environmental Sanitation Inspectors had been delegated to three different sections of the Health Department. In addition, the Health Department has failed to take advantage of the opportunity to train sanitation personnel. Of the eleven three month sanitarian courses conducted by the Welfare Ministry in Tokyo, Oita Pref. has had only six delegated and only one of these is engaged in a sanitation section.

3. These defects were discussed with Dr. Asakura, Health Department Chief, who later reported that a satisfactory reorganization of the Division was made and that the Division was delegated its proper functions and responsibilities.

4. At Oita Health Center, two Environmental Sanitation Inspectors were employed rather than four as reported on the Monthly Sanitary Engineering Activities report. In Beppu and Sakanoichi, only one active Inspector was employed at each Health Center and another employee, such as the Health Center Chief, who did no work in Sanitation was delegated as an Inspector and given a badge. In Hiji Health Center, the only Environmental Sanitation Inspector is a clerk with other responsibilities. A real effort must be made to bring the Sanitation staff of each Health Center up to its quota of one Environmental Sanitation Inspector for each 50,000 population. Beppu will probably require an extra Inspector because of the large number of hotels.

5. It is doubtful that sanitary team activities in insect and rodent are being satisfactorily conducted. The work observed in the past was indifferent and inefficient and was poorly directed. Conditions can be corrected only when adequate full time sanitation staffs are provided at each Health Center and proper coordination is established between the Health Center and its municipalities.

6. Commencing with the month of January, the sanitary engineering monthly activities report to Kyushu Civil Affairs Region will be for one calendar month and will be due on the tenth of the following month.

FOR THE CHIEF:

RICHARD F. BROWN, M.D.
Public Health Section Chief

KYUSHU CIVIL AFFAIRS REGION
GHQ SCAP
Fukuoka, Kyushu, Japan

PH/AA/ho

APO 24 Unit 5
7 February 1950

SUBJECT: Visit to Miyazaki Prefecture

TO : Mr. Tadao Annaka, Governor, Miyazaki Prefecture
Attn: Chief, Public Health Department

1. An inspection was made of the Sanitary Engineering Division of the Prefecture Health Department on January 17 and 18, 1950. Miyazaki City, Tonda, and Honjo health centers were visited also.

2. The Sanitary Engineering Division of the Prefecture Health Department consists of four (4) technicians and two (2) clerks. This organization is adequate and the personnel are well qualified to direct the sanitation activities of the health centers. Three (3) of the four (4) technicians have completed the Sanitarian or Sanitary Engineers short course conducted by the Welfare Ministry, and the fourth person, Mr. Miyamoto who is the Division Chief, is scheduled to attend a Sanitarian course in the near future.

3. The sanitation records of the Miyazaki, Honjo, and Tonda Health Centers were in good order. These records are principally inspection reports and check sheets for barbers, hotels, bath houses and entertainment facilities and they indicate that a reasonable amount of work is being done in this respect. The two Environmental Sanitation Inspectors of the Miyazaki Health Center are well qualified, well trained, and diligent. Honjo and Tonda Environmental Sanitation Inspectors lack training and experience and are probably representative of the Inspectors in most of the other health centers. Closer direction and guidance by the prefecture sanitation officials is necessary for the proper development of the health center sanitation section and programs.

Ltr, Kyushu CAff Region, APO 24-5, subj: "Visit to Miyazaki Pref." dtd 7 Feb 50

4. Insect and rodent control activities which are reportedly conducted by the cities and villages are generally lax and unsatisfactory. Close attention and guidance by the health center sanitation section is necessary for best results. Coordination of municipal staffs with health center sanitation staff is now inadequate and weak.

5. Commencing with the month of January, the sanitary engineering monthly activities report to Kyushu Civil Affairs Region will be for one calendar month and will be due on the tenth of the following month.

FOR THE CHIEF:

RICHARD F. BROWN, M.D.
Public Health Section Chief

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KYUSHU CIVIL AFFAIRS REGION
GHQ SCAP
Fukuoka, Kyushu, Japan

PH/AA/jj

APO 24 Unit 5
2 February 1950

SUBJECT: Visit to Kagoshima

TO : Mr. Kaku Shigenari, Governor, Kagoshima Prefecture
Attn: Chief, Public Health Department

1. An inspection was made of the Sanitary Engineering Division of the Prefecture Health Department on January 10 and January 11, 1950. Kagoshima Health Center and Ijuin Health Center Sanitation Sections were also visited.

2. The Sanitary Engineering Division consists of three technicians whose time is almost fully consumed by routine clerical work. Their desired functions are to direct the sanitation programs of the health centers and to exercise a general control over the operation of municipal water supply systems. This requires inspection visits to health centers and cities, preparation of reports and technical bulletins, and the conducting of conferences and training programs.

Clerks should be provided for this Division to relieve the technicians of clerical duties and permit them to more effectively direct and develop the sanitation program.

3. The records, principally inspection sheets, of the Kagoshima Health Center Sanitation Section are in good order and indicate reasonably good work in enforcement of the existing Barber, Hotel, Public Bath, and Entertainment Facility Laws. The Insect and Rodent Control work, however, is of a doubtful quality and seems to be inefficiently performed and supervised.

4. The Environmental Sanitation Inspectors at Ijuin Health Center are well qualified, academically, for the work and seem to be doing a reasonably good job. Inspector inexperience and inadequate direction and personal instruction by the Prefecture Sanitary Engineering Division, however, has retarded development of the sanitation program.

Ltr, Kyushu CAff Region, APO 24-5, subj:"Visit to Kagoshima", dtd 2 Feb 50

It is likely that inexperience hampers the proper functioning of the Sanitation Inspectors of all Health Centers except Kagoshima City. This can be corrected by improved direction, especially personal contacts, from the Prefecture Health Department.

5. Commencing with the month of January 1950, the sanitary engineering monthly activities report for Kyushu Civil Affairs Region will be for one calendar month and will be due on the tenth of the following month.

FOR THE CHIEF:

RICHARD. F. BROWN, M.D.
Public Health Section
Chief

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KYUSHU CIVIL AFFAIRS REGION
GHQ SCAP
Fukuoka, Kyushu, Japan

PH/AA/ji

APO 24 Unit 5
2 February 1950

SUBJECT: Visit to Kumamoto

TO : Mr. Saburo Sakurai, Governor, Kumamoto Prefecture
Attn: Chief, Public Health Department

1. An inspection was made of the Sanitary Engineering Division of the Prefecture Health Department on January 12 and January 13, 1950. Mifune Health Center and the two Health Centers in Kumamoto City were visited.

2. The Prefecture Health Department Sanitary Engineering Division comprises of three full time technicians. These men spend most of their time on routine clerical work

It is desired that one or two clerks be engaged to relieve these technicians of the routine clerical work and permit them time for the inspections, training, and field work necessary to develop and operate satisfactory sanitation programs in the health centers.

3. Adequate budget should be allowed the Sanitary Engineering Division so that at least three visits can be made by the Environmental Sanitary sub-division to each health center in one year, and for two inspections of each municipal water system in the prefecture by the water supply and sewage control sub-division in one year.

4. Environmental Sanitation Inspectors in the Mifune and Kumamoto Health Centers appear to be operating reasonably well. Inexperience is probably the biggest deficiency of these Inspectors. More personal direction and training by the Prefecture Sanitary Engineering Division should improve the Health Center sanitation services appreciably.

5. It appears that reported activities of the sanitary teams in insect and rodent are either exaggerated or else performance is inefficient and poor. Actual conditions must be ascertained and improvements made.

Ltr, Kyushu CAfI Region, APO 24-5, subj: "Visit to Kumamoto", dtd 2 Feb 50

6. Commencing with the month of January 1950, the sanitary engineering monthly activities report for Kyushu Civil Affairs Region will be for one calendar month and will be due on the tenth of the following month.

FOR THE CHIEF:

RICHARD F. BROWN, M.D.
Public Health Section
Chief

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INSPECTION OF HEALTH CENTER
Osterdahl

19 Jan 1950 Nobeoka H. Center Miyazaki Ken

Director - Dr. J. Shimizu Gen'l Affairs Chief - Mr Ito
Chief Nurse - Miss Wada (had Tokyo Course)

Staff Total 28

Total MDs - 2 (includes 1 young woman MD) both have only been H.C. since Nov 1949 without previous P.H. experience.
One part time doctor - for 1 hr V.D. clinic twice a week.

Total PHN - 4
Cl N - 2
Midwife - 0
Nutritionist - 0
Dentist - 0

Vets - 3 (One does the lab work)
Sanitarians - 3
Pharmacists - 2
Lab Tech - 0
Janitors - 2 (both assist with environ. inspection)

Clinics

Chest	Mon PM	Tues AM Thurs AM (Sat AM - Xray and blood work only)	15/wk

States attendance as chest clinic is low because the 2 chemical plant hospitals and the prefectural hospital have good facilities - but all TB cases are reported to H.C. Six P.H.N. are employed by the chem. plants - but H C. PHNs make the home visits. (About 40 TB cases /mo reported

Pneumo	Tues PM Fri PM	12 patients taking treatment	
Mat'y	Mon Wed Fri AM	2-3/wk	
Child	Mon Wed Fri AM	10/wk	
V.D.	Tues Thurs AM	25-30/wk (15 lentic pts treated)	

Remarks

Director is new in P. H.. Admits his ignorance, expected to take 6 mos health officers course in Tokyo 6 Jan 50 but could not go because of illness, plans to go in March. Has literature "Health Centers in Japan" which he is studying - also suggested book PHN Guide in H. Centers and adv. to set up clinics as suggested in this book that chief nurse has and work with her.

Discussed and urged definite schedule and hours and publicity for clinics and suggested fewer clinics since attendance are so small. Apparently do not understand Mat'y and Child Program.

This H.C. has recently located in the present building, a former hospital and is large as a H.C. Place needs good cleaning - paint and some repair - walls could be washed. Adv. to use

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INSPECTION OF HEALTH CENTER

19 Jan 1950 Nobeoka H. Center Miyazaki Ken

Remarks (Contd)

janitor for janitor work and improvement in gen'l cleanliness and sanitation inside and out.

Suggested both doctors observe at the Miyazaki Model H. C.

P.H.N. conferences held weekly - the 2 Nobeoka City, 6 chemical plants P.H.Nurses attend monthly - No village nurses under jurisdiction of this H. C.

INSPECTION OF HEALTH CENTER
Tomishima H. Center Miyazaki

19 Jan 1950

Director - Dr Sugimoto
Chief Nurse - Miss Naru

Gen'l Affairs Chief - Mr Yoshioka

Staff

Total - 11

Total MDs - 1
PHN - 4
Cl N - 0
Janitor - 0

Veterinarians - 2 (1 food insp)
Sanitarians - 3
Lab tech - 0
Xray tech - 0

Clinic Schedule

Attendance

Chest - any time (but no xray machine) 2-3 mo
the town has 4 xray machines and pts are referred to private MDs or Nobeoka H.C.)

V.D. - any time 20 exams /mo
Pneumo - none given
Mat'y - any time 50 exams /mo
Child - any time 35 exams/mo
No traveling clinics

Remarks

Old barn like structure with open beams and no ceilings Small rooms partioned off. Equipment is meagre. P.H.N. do home visits mostly - for TBC and infants. One PHN stays at H.C. Only 1 P.H.N. bag. No nurse has had refresher course. Discussed value and use of P.H.N. Guide in H.C. Adv. Director also read and get suggestions for clinic set-up and uses of P.H.N. in H. Center.

TB cases are reported by private MDs - (9 cases last month)

Water supply is by wells - Money, Nat'l subsidy (for 60,000) has been appropriation for public water supply from a river 10 miles away - expect completion in 3 yrs.

Environment around H.C. bad. New bldg being erected and other surrounding buildings very old. Expect a new health center here this year. Adv. re improvement in gen'l sanitation and cleanliness inside and out of H.C.

INSPECTION OF HEALTH CENTER

18 Jan 1950 Tonda H. Center Miyazaki Ken

Director - Dr Yoshimura
Chief Nurse - Miss Yamamoto
Gen'l Affairs Chief - Mr Hirashita

Staff

Total MDs - 2
" PHN - 4
" Cl N - 0
Nutrition - 0
Pharmacist- 0
Vets - 2
Sanitarians - 1
Lab tech - 1
Xray tech - 1
Janitor - 1

Clinics

			Attendance
Chest	Mon Wed Fri	(Until 1-2 PM)	25/daily
Pneumo	Mon Wed Fri	(Until 1-2 PM)	20 patients
Mat'y	Wed all day		15/daily
Child	Wed all day		2-5 daily
V.D.	Tuesday		28/ daily exams (questioned)

V.D. patients go to hospital in Takanabe and private MDs for treatment.

Traveling clinics - about 10 day / mo - for most/~~year~~ mat'y exams

Statistics for Dec 1949

144 Mat'y exams
193 Bl. exams (14 positive lues)(7 treated at HC,7 by private MDs)
141 chest exam in clinics
196 chest exams in mass clinics (22 new TB cases)
48 nutrition guidance conferences by P.H.N.

Remarks

Small old health center buildings (2) The examing and treatment rooms separate buildings from main building meagrely set-up. New H.C. to be erected this year but in another town, in Takanabe.

Discussed definite hours in clinic schedule and urged attempt to set up clinics and services of P.H.N. in H.C. as suggested in the P.H.N. Guide in health center.

The director seems alert to P.H. aims. Has some interesting charts on opinions of the public and statistics in birth control.

There are 7 village P.H. Nurses under jurisdiction of this H.C. - who were in to the H. Center in today for staff conference Spoke briefly to this group.

INSPECTION OF HEALTH CENTER

17 Jan 1950 — Honjo H. Center - Miyazaki Ken

Director - Dr Yoshimura
(Had Tokyo course P.H. Officers)
Chief Nurse - Miss Seo

Gen'l Affairs Chief - Mr Hidaka

Staff

Total MDs - 1	Vet - 1	Lab Tech - 1
" PHN - 2	Sanitarian - 1	Xray - 1
" Cl N - 2	Food Inspec- 0	Janitor - 1
Nutritionist - 1	Pharmacist - 0	

Clinics

		Attendance
Chest	Mon Wed Fri AM	15/daily
Mat'y	Tues Thurs Sat AM	3/wk
Child	Tues Thurs Sat AM	10/wk
Pneumo	Mon and Fri	10 pts weekly
V. D.	Mon Wed Fri(come any time)	33/mo

Traveling clinics - none no portable xray

Remarks

Gen'l condition of H.C. fair. Adv. re improvement in sanitation - Expect to get new H.C. this year. Discussed clinic schedule with definite hours. The Cl nurses also do home visiting, but no PHN goes out if it rains! Expect to replace the Cl nurses with licensed PHNs.

Discussed book P.H.N. Guide in H.C.- both for director and nursing staff to use as a guide in setting up ~~the~~ functioning of clinics and other services of P.H.N. in the health center.

INSPECTION OF HEALTH CENTER

17 Jan 1950 Miyazaki Model Miyazaki City

Director - Dr Matsuzaki
Chief Nurse - Miss Kitamura

Chief Gen'l Affairs - Mr Sugita

Staff

Total 59

Total MDs	4	Dentist - 1	
PHN	9	(expect 3 more Feb 1950)	
Midwife	1		
Vets	1	Food Inspectors	- 2
Sanitarians	2	Nutritionist	- 1
Lab tech	2	Xray tech	- 1
(plus lab assist - 2)		Pharmacists	- 2 (one keeps with food inspec)

Clinics

		Attendance
Chest	Mon Wed Fri AM	30/daily
Pneumo	Mon Wed Fri PM	120 patients under treatment
Mat'y	Mon Wed Fri (all day) (usually finish in AM)	20-30 daily
Baby	Tues Thurs Sat AM	30/daily
V.D.	Tues Thurs Sat PM	45-50/wk

(last week - 45 syph pts 10 GC cases)

Traveling Clinics - 1 MD and 1-2 PHN - Mostly for mat'y and child and chest exams - to at least 9/mo - these are scheduled so the villages know - attendance 30-100 pts.

Remarks

H.C. shows evidence of good cleaning. Discussed and urged definite hours in schedule . PHN visit delinquent V.D. only after one month of delinquency - adv. to check up if absent for 2 wks.

Director states sometimes patients from other H. C. districts come here. Pt. is exam & sent back to own H. C. and rpt is also sent - Director starts pneumo!-

Observed immun. tray - 3 needles and 3 syringes state welfare directive states need only to boil syringes & needles when refilling syringe (after perhaps 10 pts) pointed out poor technique (same needle for different patients) Referred director and chief nurse to P.H.N. Guide re techniques and immunization tray - Requested that he send that Welfare Ministry Directive quoted above to office - states will get and send.

INSPECTION OF PUBLIC HEALTH CENTER

13 Jan 1950 — Ijuin H. Center, Kagoshima Ken

Director - Dr Arishima — Chief Gen'l Affairs -Mr Horinuchi
Chief Nurse - Miss Miyaweki

Staff — total 23

total MDs - 2
PHN - 4
Cl N - 0
Nutritionist - 1
Lab tech - 0
Janitors - 1
Vets - 1
Food Inspect - 2
Sanitarians - 3
Xray tech - 1
Pharmacist - 1 (does lab work)
(village nurses - 8) (except one more PHN in H.C. in Feb.)

Clinics			Attendance
Chest	Mon - Wed - Fri - AM		100/wk
V.D.	Tues - Thurs		1/wk
Mat'y	Tues	Sat	20/wk
Child	Tues	Sat	10/wk
Pneumo	Mon	Fri	4 patients now in pneumo

("Pts ashamed - go to Sendai or Kagoshima H.C" - state no prostitutes or spec. tea houses in this town) town of Unimoto has spec. tea house and girls get reg exam by a MD there)

Remarks

Old building in poor condition. Adv. re sanitation improvement - inside and out, & personnel responsibilities in cleaning.

One staff nurse, Miss Nicho, went to Tokyo Course, ret'd Dec 1949. Adv. director re book PHN Guide in H. C. for ideas in setting up clinics (no book here) and other P.H.N. information so that effective P.H.N. services can be established.

Advised definite clinic schedule be established and publicized.

New H. C. to be built here this year.

INSPECTION OF HEALTH CENTER

13 Jan 1950 Hayato H. Center - Kagoshima Ken

Director - Dr Tokuda
Chief Nurse - Miss Kano
Chief General Affairs - Mr Eda

Staff

total #MDs - 4
total #PHN - 7
Veterinarian - 2
Sanitarians - 3
Xray tech - 1
Lab tech - 0
Pharmacists - 1 (does the lab work i.e. water exams etc)
(doctors do lab work too)

Cl. N. - 0

Food Inspectors - 1
Nutritionist-1
Janitors - 1

Clinics

		Attendance
Chest	Daily AM	15/20 day
VD	Not scheduled - none treated - if found sent to private MD or nearby Nat'l Hosp.	
Mat'y	Any time	40-50/mo
	About 350/mo seen in traveling clinics (18 villages / mo)	
Child	Any time	5-10/mo in HC (5-10 in each traveling clinic)
Pneumo	Tues & Thurs	Wkly Attend. - 20

Remarks -

Director not in - talked to Dr Nishi, PH Chief & Chief Gen'l Affairs and Chief Nurse - advised to set up a clinic schedule and publicize

Building very small, dirty. No running water. It appears as though no blood lab is done at small lab table with very little equipment. Part of lab i.e. water testing - done in small lean-to shed, where only light comes from a small slat-type window (no glass) - Made suggestions re better lab set-up.

State PHN visits all new TB cases. - Discussed TB follow-up. Discussed H. Center, PHN Guide- urging doctors try to set up clinics as suggested so that nurses can follow guide.

V.D. exam table but hidden away in a corner and apparently never used. A second examining room could be set up as for V.D. and Mat'y and child clinics.

New health center expected here this year.

INSPECTION OF HEALTH CENTER

Kagoshima Model, Kagoshima City

14 Jan 1950

Director - Dr Kanoya Chief Gen'l Affairs - Mr Ibaski

Clinics					Attendance
Chest	Mon	Wed	Fri	(All Day)	30/daily
V.D.	Daily			(All Day)	10/daily (2-3 exams)
Mat'y	Tues	Thurs	Sat	AM	30 daily
Child	Tues	Thurs	Sat	AM	5-6 daily

Remarks

Improvement noted in cleanliness inside and out. About 50 leuetic patients under treatment - Prostitutes examined and treated at Pref. V.D. hosp. - probably no PHN follow-up of delinquents there. Discussed PHN in V.D. program.

Adv. to set up definite clinic hours in their clinic schedules.

Discussed PHN Guide in H.C.. Adv. director to read and try to set up clinic services according to guide so that Chief Nurse can coordinate her program with the H.C. nurses. Spoke to the group.

INSPECTIONS OF HEALTH CENTER

12 Jan 1950 * Sendai H. Center - Kagoshima Ken

Director - Dr Machinoguchi (here since Oct 1949)
General Affairs Chief - Mr Furue
Chief Nurse - Nimomga - had Tokyo PHN Course

Staff

total #MDs - 1 -(expect 1 more MD April 1950)
total PHN - 8 (plus 3 village PHN)
Xray tech - 1
Lab tech - 1
Vets - 3

Sanitarians - 2
Food Inspectors - 2
Janitors - 0

(1 vet is located in Miyajono Mura)
Pharmacists - 1 (does the lab work)

Clinics

		Average Attendance
Chest	Mon Wed Fri AM	12/13/cl (4500 exam/yr incl mass exam
V.D.	Thurs & Fri	2-3 exams -2 treat/clinic
Mat'y & Child	Mon & Fri PM	Mat'y - 1-2 /wk
		Child - 5-6/wk
Pneumo	Mon Wed Fri	4-5 pts/wk

Remarks-

Old building - No running water. No janitor, whole staff does the cleaning. Gen'l sanitation of place poor. New H.C. building expected this year.

TB cases reported -620/yr (approx 150 through private MDs)
Nurses in HC make 250 home visits/mo -(to about 30 TB families - or 150 cases and contacts. Chief nurse states all new TB cases get a home visit by a nurse. Village nurse do TB follow-up in their villages. Advised village nurses be invited to nurse staff conf. Adv chief nurse more frequent staff conf.

Discussed book, "Guide to PHN in H. Centers" pointing out clinic set-ups and functioning as an aid to improving H. Center clinic and PHN services.

Director states - plans this year - mass exams to include TB, ascaries, farmers nutrition - to be done in high and middle schools, factories.