DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

9. 意見

a. セタリア・ブキタータ寄生虫に関するあらゆる試験は、それが腰麻痺を起すかどうかという点で否定的結果を出した。30頭の山羊に、Aedes togii（蚊の種類である）からとった感染力のあるミクロフィラリヤを接種した。フィラリヤは緬山羊の体内で1ヶ月内に死んでしまう。この1ヶ月期間というのは、寄生虫がその種属の特性を発揮する時期である。組織を方々あるき廻っている間に寄生虫は眼又は神経組織に迷いこむことがある。しかしこの寄生虫は神経組織に親和性がないようである。

b. 場合によっては、この病気は一般的症状において Scrapie（英語）La Tremblante（佛）Traberkrankheit、又は Grubberkrankheit（独）に完全な類似性を示すことがある。

けれども、Traberkrankheit 又は Scrapie で常にみられる症状は萬骨部、腰部、臀部の瘙痒症であり、動物は毛がなくなる程こすりつけたりする。その上、この病気にかゝるのは普通生后1年半以后である。

b. 場合によっては、この病気は一般的症状において Scrapie (英読) La Tremblante (仏) Traberkrankheit, 又は Grubberkrankheit (ドイ) に完全な類似性を示すことがある。

けれども、Traberkrankheit 又は Scrapie で常にみられる症状は 薦骨部、腰部、臀部の痕痒症であり、動物は毛がなくなる程こすりつけたりする。その上、この病気にかかるのは普通生後1年半以後である。著しい貧血状態、発病の季節、過度の近親繁殖、pampering (動物を舎内にばかりおくこと) 及び貧弱な飼料など Scrapie の原因と信ぜられている事柄もはっきりと確認されてはいない。

だが、如上の要件及び過度の近親蕃殖が主な原因であると信ぜられているだけである。

C. 離乳後の綿山羊及びその他の動物の離乳仔にみられる貧血状態は理解できることである。けれども それ以上年令の進んだものでも、或る一群のものには phenotaxine を用い、他の一群には

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

硫酸銅とニコチン混合剤を与えて内寄生虫の駆除を行ったのに拘らず成高でも貧血状態を続けていた。かゝる貧血は2ヶ月の観察期間中つゞいた。

d. 蕃殖試験中や遺伝学的研究は長期を要する仕事であるので時間が許さなかった。

e. 成高にみられる貧血は骨軟症及び骨髄の障害によるものであらう。また、コバルトの不足が一役買っているかも知れぬ。この研究は現在進行中で結果は11月初めにわかる筈である。

10. 診断

a. 臨床的症状並びに研究室及び研究の結果からして、骨軟症の診断が下される。動物の6分の1という大きな割合をしめる

頭数が低い血清燐含有量を示したのだから、結論は大変明白である。その上、飼養並びに取扱方法もこの診断を支持するものである。また、この病気は普通妊娠及び分娩後に

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

10. 診断

a. 臨床的症状並びに研究室及び研究の結果からして、骨軟症の診断が下される。動物の69%という大きな割合をしめる

頭数が低い血清燐含有量を示したのだから、結論は大変明白である。その上、飼養並びに取扱方法もこの診断を支持するものである。また、この病気は普通姙娠及び分娩后に起り、山羊は高い水準の泌乳を示している場合である。

(8aからjまで参照)

b. こゝで得られた結果は、Klobouk, Pribyl; Schermer, 及び Hopferber, Krable Bongartz 及び Hudofsky が彼等の試験において発見したものと同じである。たゞし、彼等の試験には少数の動物しかつかわなかった。

c. 骨軟症は主に草食動物の病気で、土壌條件が良くない處で旱魃の役などに起きるが、またその他の状況下でも、内外寄生虫の状態からみて原因が何かの感染からくるものでないかと

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

考えさせるような環境下でもみられる。このことは、ベルギー、ドイツ、フランス、オーストリー、ハンガリーなど、それからアジア、アフリカ、北米、及びオーストラリアの一部で認められている。

d. 細山羊群における骨軟疫の地方流的発生は、これら細山羊を放牧地に移した後10週位からみられている。特に土壌がカルシウム又は燐で表層が片麻岩、花崗岩、石英などでできていたり、泥炭土質だったり、火山灰土質だったりする場合にそうである。

e. 異った品種による感染性の相違がこの病気の発生に当って働いている。

f. 一般に牛馬の骨軟疫が多く発生する地域には、農林省衛生課の報告からみて、同時に腰麻痺の病例も多い。

1945年から1949年に至る間の牛馬の骨軟疫の報告を検討した。1949年における細山羊群に関する記録を調査した。牛馬の骨軟疫の一番多い地域と細山羊の後駆麻痺が報告されている地方と

e. 異った品種による感染性の相違がこの病気の発生に当って働いている。

f. 一般に牛馬の骨軟症が多く発生する地域には、農林省衛生課の報告からみて、同時に腰麻痺の病例も多い。

1945年から1949年に至る間の牛馬の骨軟症の報告を検討した。1949年における緬山羊に関する記録を調査した。牛馬の骨軟症の一番多い地帯と、緬山羊の後駆麻痺が報告されている地方との地域的関連性がある。この病気は日本中を通じて牛馬緬羊に多いが、地方的に特に多いところがあるようである。緬山羊のこの病気は衛生課に報告することにはふつていない。これらの地方については6c.に述べてある。

g. 農林省衛生課によって牛馬、緬山羊について報告されている腰麻痺(骨軟症)の発生は、ほぼ6aからdまでに述べた通りこの3種のいづれの動物にも多い。

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

11. 予後

a. 痼疾化して不良

b. 動物が5乃至8日以上坐り込み、立上らせる最初の試みが不成功ならば、回復の見込は少ない。更につづけて3回やってみて失敗し、動物が立上ろうともち始めてから3日以内に成功しなければ予後不良である。

c. Knabbeによるとノールウェイでは致命率 8.6%、Bongartzによるとドイツでは 75-80%、Rudofskyによるとモラビアでは 16%、その他の国々の報告も区々である。

d. 骨軟症に治療を加えない場合には普通慢性をよつて、症状があらわれてから衰弱して斃死するか或は回復するまで数月かかる。極く少数が、神経作用の障害がおきるときはもつと速く死に至る。
病気が落着いたようにみえ、又はよくなりかけたと思ってから再び悪化することがある。

e. ラテ山羊が沢山日本で死んだ理由は、骨軟症又はその他の之を助ける既述の様な原因に対する感受性が日本のものよりも強く、抵抗力が弱いことにあると信ぜられる。寄生虫の駆除と正しい飼養は大いに大切である。

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

から衰弱して斃死するか或は回復するまで数月かかる。極く少ないが、神経作用の障害がおきるときはもつと速く死に至る。

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12. 勧　告

a. 動物栄養学者によって、骨軟症をなくすにはどんな国産の飼料を与えたらよいかを知るための研究が行われねばならぬ。これは長期を要する試験である。

b. steamed bone meal を与えることを奨励すべきである。

c. 家畜飼料生産業者をして、鉱物質、ヴィタミン、蛋白、含水炭素等の全ての最低必要日量を含有し、適当に混ぜれば維持飼料並びに高度の生産飼

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773-013

料として最適なものとなるような濃厚飼料の生産に関心をもたせるような手を打つこと。これらの飼料は分析成分を明示する"分析表明表"を必要とする。漁業会社は大量の利用可能の残滓が沢山あるから、上記のような飼料生産計画に興味をもつかも知れないと信ずる。科学的配合と行えば Ralston Purine Products 等でつくっている家畜用飼料のようなものをつくれるだろう。が、普通の商店でも買えるように安くすけねばならぬだろう。適当に配合した鉱物質補給飼料も畜産界に必要とされるであろう。

d. 改善された家畜管理の方法を行わねばならぬ。この点については、中国地方月報(獣医事)の50年4月及び6月号において触れたし、また50年7月31日特別報告 CCAR 484 第13章(c)"畜産—特に家畜保健衛生所、人工授精所、共済組合診療所並びに獣医薬について"においてもふれている。

e. 日本にコバルトの不足した地域があるかをしらべるために全都の国立家畜衛生試験場において綿羊、山羊のコバルト給与試験を行うこと。それには次のような方法がよろしかろう。

1月31日特別報告 CCAR 484 第13章(C) "畜産—特に家畜保健衛生所、人工授精所、共済組合診療所並びに獣医薬について" においてもふれている。

e. 日本にコバルトの不足した地域がないかをしらべるために全部の国立家畜衛生試験場において緬羊、山羊のコバルト給与試験を行うこと。それには次のような方法がよろしかろう。

(1) コバルト・クロライド 1オンス

(2) 硫酸銅 800ミリグラム

(3) 上記のものを水 4,000 cc にとかす。

(4) 上の溶液を隔日1頭当り10 cc づゝ1ヶ月乃至6週間つずけて給与する。経口給与であって、飼料に混ぜてやってもよい。

(5) 毎週血液をとってヘモグロビンについて記録をとれ。

(6) 体重増加の状況を記録せよ。

(7) コバルト不足(地帯)があったとすると、著しい体重増加とヘモグロビン価の増大が起きるであろう。

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

f. コチコチ頭の大学教授たちは緬山羊の腰麻痺の唯一の原因はセタリア・ケギターンであるという信念に固執している。この信念は獣医関係の多くの農林省役人、縣役人並びに開業獣医師たちによって信奉されており、大学では12年以上に亘って獣医の学生に教えられて来た。この信念は日本国中ほゞ一般的なものである。後肥麻痺乃至腰麻痺には多くの原因があるが、主要な原因は日本における栄養欠乏にあったのであり、現在もそうであると信ずる。

g. 大規模な知識普及並びに教育計画を農林省の手で行い、上記の問題について徹底させること。

h. 積極的な寄生虫駆除計画を樹立し、獣医大学、農協、畜産協組、家畜協組及び日本農民組合などを指導して行うこと。

i. 輸入する緬羊は、scrapieのない緬羊群のものでなければならぬ。更に、過去において発生したことのある羊群でもいけない。日本の緬羊の80%はコリデール種で元々濠洲及び新西蘭から来たものである。これらの国々では時々scrapie

発生の報告が出ている。

j 大動物の輸入は、純粋種の精液の輸入を以て代用すべし。最近輸入された精液は人工授精によって30%の受胎率を挙げている。[illegible]

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

え. 輸入する繁殖牛は、scrapieのない繁殖群のものでなければならぬ。更に、過去において発生したことのある牛群でもいけない。日本の繁殖牛の80%はコリデール種で元々濠洲及び新西蘭から来たものであるが、これらの国々では時々scrapie

発生の報告が出ている。

j. 大動物の輸入は、純粋種の精液の輸入をもって代用すべし。最近輸入された精液は人工授精によって30%の受胎率を挙げている。牝牛を受胎させるには平均1.8回の種付が必要とされているから、輸送だとか日本到着後の取扱がうまくなかったことなどの條件を考に入れると30%という結果は仲々良い成績である。精液が日本についてからやっと発情中の牝牛を探し出すような始末で、時間を大いに無駄にした。もっと早くから牝牛を探して用意万端ととのえておけば万事スムースに行ったのである。このような計画、つまり牛の改良のために高価な種牛を買うよりも純粋種牛の精液を空輸してもらうことが行われれば、固定経費、管理費用、時間及び労働の大きな節減になるであろう。けだし一方、純粋種畜を輸入した場合には、日本の家畜疾病にかからぬようにし、飼料不足の国におき易い栄養失調にかからぬようにし、管理や畜舎をよくし、なるべく放牧地をみつけて放牧するようにし、土壌條件を良くしてやらねばならぬ。

(19

日本の家畜は上記の如き点で抵抗性があるが、アメリカの家畜はその点でずつと弱いからである。

右　現在のところでは、小動物改良のための精液の輸入は不可能と思われる。

参照文献

（省　略）

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

ANIMAL HYGIENE SECTION
BUREAU OF ANIMAL INDUSTRY
MINISTRY OF AGRICULTURE AND FORESTRY

26 December 1950

Statistics on the Notification in accordance with the Veterinary License Law Art.21.

Prefecture	Veterinarian engaged in Veterinary Affairs							
	Officials				Personnels of Agricultural Organization	Private facilities of treatment	Employee in Private facilities of treatment	Veterinarians not engaged in Veterinary Affairs
	Total	State	Prefecture	City, Town Village				
Ibaraki	296	6	79	-	49	162	-	26
Tochigi	299	36	75	5	30	143	10	37
Gumma	186	2	78	-	54	51	1	20
Saitama	280	15	89	1	72	103	-	46
Chiba	407	45	100	5	94	148	15	39
Tokyo	1,020	35	255	5	191	174	40	323
Kanagawa	287	14	89	31	84	56	13	81
Yamanashi	83	-	31	-	14	36	2	9
Nagano	482	19	179	2	175	107	-	82
Shizuoka	229	9	82	1	75	59	3	56
	3,569	181	1,057	50	838	1,039	84	719

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Infectious Anemia (Equine) Ust Jan 1950

The disease is peculiar to horses, however it has been observed in mules as well as asses (Africa, North America, Mississippi). It's course is acute and chronic, characterised by acute, fulminating up-flares, often terminating fatally. It has all the characteristics of a septicemia. It is infectious in nature, a filterable virus cenoactive, exhibiting fever of various types. It is associated with great destruction of red blood corpuscles, proliferation of the reticular endothelium and similar cell structures in the liver, the spleen, the lymphglands, the kidneys and many other organs. In most cases a progressive marked weakness preceded by fevers, remittent or more commenly interzittent, finally leads to total collapse. Anemia may be marked or may be absent. Latent cases exist; they are those, where the virus inhabits the body without any visible symptoms. These cases may be regarded as carriers and most likely are the reservoirs. In spite of fair continued appetite cachexia and final total collapse become inevitable.

Historical:-

The disease has been diagnosed and recognised in the middle of the last century. Primarily thought of as an alimentary ailment it was first noted in France, where Lignee, Charlier and Denoc independently described it as an etiological entity (1843). Carre and Vallee cleared up the infectious nature of the disease (1904-1906). The etiological, pathological and diagnostic features were worked out in detail by Ostertag (1907), Marek (1907), Hempel (1909), van Ees, Harris and Schalk (1911-1917), Finzi (1911), the Japanese Commission (1914), Stadler (1917), Wirth (1918), Klempin (1918), Frohner (1919), Luhrs (1919-1921), Habersang (1921), Gerlach

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

(1921), Scott (1922), Miyagawa and his coworkers (1923) and more. Regarding diagnostic work by Oppermann and his coworkers (1923-1932), Moscy (1923), Schermer (1925-28), Lehnert (1929), and Wall (1931). Histological data came from Mrowka (1920), Jaffe (1921), Zeigler (1923), Zeller (1924), Hnatek (1924), Noller and Doberstein (1925-34), and Moscy (1932). Voluminous contributions were made by K.R. and R. Seyderhelm. According to their findings the oestrus larva was connected with the disease. The ever increasing losses in Japan lead to the work of the Japanese Commission, which produced a wealth of contribution, however without any definite findings and conclusions. Since the First world war the disease has been definitely on the increase; since the Second world war another wave has been noted and the end of the upward trend is as yet not in sight.

Incidence:

Under ordinary circumstances the disease is limited to horses, however, other equidae have not only been artificially infected, but have been naturally infected. (Africa, North America, South West). The disease has been observed all over the world, where marshy areas have been preferred. It is generally confined to certain farms, certain villages and locations. Often certain studs are singled out. Epizootically the disease appears often in swamps, in pastures, on dykes and near rivers. The report of the Scandinavian Animal Insurance Company (1925) gives an illustration. They observed that the disease does not occur close to rivers stemming from a wooded source or running through wooded areas. It will not be seen near the coast. These observations do not tally with my own. My first severe outbreak was observed right on the Gulf of Mexico near Sulphur, Tex. In Hokkaido I have seen the disease in many sections of all descriptions,

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

geographically and topographically. The same is true for Honshu. Hokkaido resembles the Scandinavian countries in many respects, both climatically as well as topographically. It is true that the epizootic may occur on one side of the river and be nonexistent on the other, again a few miles downstream the picture will be reversed. Some farms will continue to have case after case, another property right close by may never exhibit any diseased animals. Ordinarily the disease is limited to certain areas. Even if the disease is aid to occur principally on pastures, I have observed many cases in troop stables, salesbarns, barns and so on. In France, where the first cases were described, the Northeastern parts are heavily infested. That part of the German Army stationed there, during the First world war, also became seriously affected; one half of the effectives becoming involved in a fairly short time. A horse or remount depot close by shared the same fate. In Lorraine the disease is still dreaded. In certain localities it has wiped out all existing horsestock. In Germany, the disease originally appeared in those districts bordering Lorraine. Lateron with the return of the army horses and their demobilization it became endemic all over the country. It became less prominent in the north, more prevalent in the south, which upsets again the theory on the geographical and topographical distribution. The number of fulminating cases has decreased yearly. However in Bavaria a focus remains, which in spite of some different diagnosis as "Schweinsberger Krankheit", under which disguise it posed, certainly will be in the final analysis "Infectious anemia". A point since then cleared up in the affirmative. "Augsburg disease" is another covername for nothing but "Equine Infectious Anemia". An infected area exists in Sweden. In Finland with its abundant marshes,

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

rivers and swamps diseased districts in the northern and eastern districts exist. In Italy, Cominotti and Finzi observed the disease in Lombardy. In Hungary, a horse raising country, the disease was diagnosed by Marek in three districts; after the war it spread all over the country. Wirth and Gerlach diagnosed the disease in Austria. Belgium, Luxemburg and even Switzerland have not been free from the disease. In the Pripet and Rokitno Marshes of Russia large areas were infected before the First world war. In Japan the Northern Prefectures and all of Hokkaido, which seems to have been the initial focus, were initially infected. Since then the disease has rapidly spread all over Honshu, as always in the wake of a war. The disease was known in some twenty States of the Union, since the last war some fulminating cases were reported from some of the oldest race tracks, such as Goshen, Saratoga, Narrangasett, etc. Rhode Island, New York, New Jersey, Massachusetts and others became involved with many losses and at a great expense. Cases have been observed in South Africa, in South America, Marocco and finally Australia, even Indonesia has not been safe.

Etiology:-

The principal characteristics of the disease have been clarified and proven by Carre & Vallee. They proved the filterability of the virus. It passes both through a Berkefeld and Chamberland filter. The virus without exception is to be found in the blood, the spleen, the liver, the kidneys, the spinal cord, the lymphglands, the salivary glands, the musculature, the lungs, the bone marrow and all vascular organs. It may be found in milk, urine, saliva and ocular secretions. It may be isolated from the feces, if intestinal hemorrhages have occurred. Kral, Macek and Moscys are of the opinion that the virus is bound to a blood-albumin. The filtrate of a Zsigmond Bachman filter being virus free. Urine if free from albumen

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

is therefore not infectious. The virulence of infective material varies with its albumen content, albumen free fluids remain non infectious. Exposure of the virus containing material leaves its infectiousness intact. This again speaks for the fact, that the material harboring the virus is inert, a dead non living toxic agent, which is either an albumen or bound to one. It represents perhaps a splitproduct of faulty metabolism and if carried into another sensitive animal will produce there another chain of toxic products of similar behavior. A number of authors thought, that partly within the organs, partly within the blood, organisms existed, which were responsible for the disease. Mack described small inclusion bodies darkblue in color. Ballah claims they were protozoa. Miyagawa, Taniguchi and Takemoto at first thought a spirochete was responsible, Theiler et al and they themselves lateron disproved this claim. Stadler thought ring and crescent shaped inclusion bodies in the large mononuclears were typical for the disease, Ziegler likewise thought that some cellular changes were responsible. Habersang after studying fevercurves and charts said the virus must be similar to the malaria protozoa. The frequent oscillations of the curves being due to repeated infections. Since all these hypothetical theories were not proven, the virus remains classified as filterable, invisible and not associated with any typical cellular changes.

Regarding the resistance of the virus to outside influences the Japanese have contributed many experiments. Heating virulent blood for one hour to 60 degr. C. destroys its virulency. It survives desiccation at room temperature for 7 months and cooling to -8 or -9 dg. C. It survives consequently the hardiest winters. Well dried hides according to Luhrs are unable to

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

transmit the disease. Chloroform and Toluol do not destroy the virus. The virus will survive in a 3% cresol solution for 24 hrs. and 2% carbolic acid for 1 hour. It is sufficient however to add 0.5% carbolic acid to an immune serum to kill the virus within 2-3 months. (Frohner, Bierbaum and Joseph). Standfuss and Peters showed that a cultivated field, if artificially infected with blood and other body secreta of infected horses, would stay infective for 27 weeks.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Pathogenicity:-

Partly through numerous clinical observations and partly through elaborate experiments by the Japanese commission it was proven that stable infections are rare, if cases will occur, there will be long intervals between them. On pasture the picture is reversed, new cases will appear in rapid succession. My own experiences in Hokkaido have proved the same.

For the infection of sensitive animals a fraction of a ccm of virulent blood is sufficient. An infection through the mucous membranes is possible. Scott has succeeded in inducing the disease by means of a trace of blood adhering to the end of a hypodermic needle, I have observed the same in Aibetsu village in Hokkaido, where one needle carelessly handled definitely infected 48 animals. The disease may also be introduced by way of the mucous membranes (vulva, mouth, nose, conjunctiva, etc.) (Malleintest). Often the animal will become a carrier without any visible symptoms. De Kock claims that the amount of the injected virulent blood or serum and whether it has been taken from an acute or chronic case makes a difference. Luhrs found that it makes a difference from where the virus originated, however the degree of sensitiveness the injected animal possesses certainly will bear upon the problem too. For practical purposes the fact that latent cases will occur certainly is of major importance. Infections by oral route require such larger amounts of infected material. (100 cc of blood given over a period of 50 days, or 100-200 cc of urine over a period of 120 days) Luhrs obtained similar results with raw meat (meat inspection). Artificial infection is much harder to produce in mules and asses. Balozet however found that in North Africa asses were just as

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

susceptible as horses. The relative ease with which the disease is conveyed by virulent blood and the resistance of the virus to disinfecting agents make special care in doing surgery and other bloody operations mandatory (dystocia). Virulent blood, infecting the bedding, hay and straw has often been the source of a new focus of infection. If intestinal hemorrhages exist infection through fecal material is possible. Nasal discharges were also proven to be infective (Separate buckets for feeding and watering). Milk is infectious, likewise the virus may be found in any endo-or ecto-parasite, which has taken up in some way the infected animals blood. Intrauterine infection through blood is possible, however, of no practical importance since most mares will abort once infected. Many experiments have still do not agree definitely on the natural method of infection. Two ways have been thought possible namely insects and secondly body secretions of infected animals. Positive experiments by the Japanese commission and many American observers lean toward the former. In 1908 Ries and Mohler have argued for the Stomoxys calcitrans;Schlatholter and Scheid likewise. Marsteller and Francis have accused certain varieties of ticks. The Japanese, Howard, Scott, Flocken et al also implicated the same fly. Feeding of bloodsucking insects (Stomoxys, Tabanus, Anopheles), which have partaken of blood from infected horses, has resulted in infections. Possibility of them being ingested with feed and water is quite possible. The fact that so many bloodsucking insects are involved makes it fairly certain, that the virus does not undergo any changes while in the intermediate host's body. For the breeder it is of importance that copulation offers a way to infect healthy mares, since the semen carries the virus. Vice versa the stud may become infected by the mare(vaginal discharge).

The question if hogs may serve as carriers of the disease after being

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

infected by virus carrying sera has not been cleared. Infection of healthy horses by introduction of infected antisera has been proven (Serum Institute Modling, Austria, own observation, Gerlach). The introduction of the disease into hitherto clean areas generally results from importation of latent cases or carriers. The presence of the virus has been proven 10 years after a natural attack 17 years after an artificially induced case. The susceptibility of different breeds of horses to a natural infection shows great variations. (Luhrs, Japanese Commission, own observations) Thoroughbreds are not as susceptible as other coldblooded mixed breeds. Native animals are more resistant than imported ones. (Own observation). Infections of men have occurred. Hogs after having been injected with blood obtained shortly after an attack of fever in the amounts of 5-10 cc reacted with a change in the blood picture, however, although passage to the 7th generation was successful no definite useful clinical or other changes could be observed. (Oppermann). Six months old rabbits also proved susceptible, they reacted after a subcutaneous injection of virulent blood serum in relatively small amounts, on the average within 3½ days with a change in the bloodpicture, a lowered hemoglobinindex and a drop in the white count of a million. However on postmortem nothing definite will be found. The hen will maintain the virus in its body for 165 days, especially if the infected material has been introduced intramuscularly. Hemosiderin will be found in the liver, there will be a regenerative anemia with foci of round cell infiltration. Biesterfeld claims that natural infections may occur and that through pigeons chickens etc. natural infections of horses have occurred. There

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

have been made to use this fact diagnostically, however the results so far have been inconclusive.

It must be kept in mind that overexertions, inadequate feed, debilitating diseases and vitamin insufficiencies will increase susceptibility. (Carlstrom & Hjarre, 1938)

Pathogenesis:-

The virus is hemotropic and will attack the red blood corpuscles; this leads to increased destruction of the damaged corpuscles in the liver and the spleen. Destruction of the corpuscles in greatest during the attacks of fever, owing probably to increase in the quantity and or virulency of the virus in the blood. Damage to the bone marrow is sure evidence in early anemia, in spite of the great regenerative power of that organ. It depends on the ratio between blood destruction and regeneration if it results in continuous anemia or the loss is compensated following the periods of fever. Progressive anemia will last if the bone marrow cannot cope with the destruction. It is hastened by tissue changes occurring in the liver and spleen, with resulting impairment of their activity in connection with hemoglobin metabolism and hemopoiesis. The attacks of the fever are probably due to periodic multiplication or dispersal of large quantities of the virus, they also may be caused by pyrogenic products due to destruction of the corpuscles. The destruction of the red cells will directly influence the mesenchymatous cells of the bloodvessel walls, causing them to proliferate. These cells ingest damaged red blood corpuscles and their debris forming thereof the hemosiderin, which remains stored there for some time later to reach the bone marrow again to be used in the blood formation. Since the liver, the spleen, and the spleen are the chief sites of the reticulo

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

endothelial system, it is there where hemosiderin formation in most active, other organs playing a minor part. Cellular proliferation goes on at the same time and interposing itself between the columns of cells interferes with the nutrition of the liver, which is further impaired by the blocking of capillaries and central veins with masses of lymphoid cells. Emboli formed from the stromata of red blood corpuscles will also occur (Hjarre). This will lead to partial necrobiosis of the liver cells and degeneration of other organs will progress due to similar causes. The hepatic changes give rise to a whole series of metabolic disturbances and increasing signs of auto-intoxication. The demand for increased hemopoiesis leads to extension of red bone marrow throughout the skeleton.

Anatomical changes:- The appearances vary between those of septicemia enlargement of the spleen and lymphglands, hemorrhages and degeneration of the parenchymatous organs with anemia and wasting and complete absence of pathological changes, depending upon the severity and duration of the illness, the resistance of the animal and the compensatory faculty of its hemopoetic tissues. Hemorrhages are especially large in acute cases and numerous in the neighborhood of the large intestines. They are also found in the capsule of the liver. Sub-epicardial subendocardial and myocardial hemorrhages are also found. The heart muscle is flabby and grayish, clay-colored. Red marrow will replace the bone marrow fat. The skeletal muscles often show a peculiar greyish red coloration, like cooked meat.

In subacute cases the changes are less pronounced. Luhrs found small round greyish spots in the kidneys. Gelatinous infiltrations were also seen (Own observations).

In the chronic cases the changes in the heart are very pronounced. In the ventricles there are greyish white areas or patches of cicatricial

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

tissue lying parallel to the axis of the muscle fibers. The endocarium and the intima of the aorta often show greyish, yellow specks. Other changes are more accentuated than in the acute cases. Emaciation and marked edema is often very marked. Mrowka for instance examined 30 horses without finding much of any change on post mortem. Similar findings were borne out by many post mortem examinations in Japan. (own observation).

Symptoms:- The incubation period averages 16 days both in the artificially and naturally infected cases, however variations from 1-57 days have been observed. The blood of injected animals is infectious before any clinical symptoms are noted. The only noticeable feature in the first stages of the disease is a rise of temperature to 40 degr. C., the animals continue to eat and drink and move about freely. Somewhat later a certain lassitude may be observed and with that an increasing difficulty in moving the hindquarters. The animal suddenly stumbles, falls, has difficulty in getting up. Irregularity of gait and incoordination of movements may also be seen. A posture resembling that of animals with acute laminitis has been observed at this stage. The fever may be intermittent or remitting, high points being observed in the morning low points regularly at night (typus inversus, diagnostic significance). The pulse rate rises from 60-90 per minute. It is small and weak. The rate is unduly increased after exercise, the beats becoming irregular. (diagnostic). Cardiac impulse may be noted, as well as a venous pulse. The conjunctivae are of a pale yellowish cast, somewhat reddish, dirty looking;there may be hemorrhages on the conjunctiva, especially near the membrana nictitans and its cartilage.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

The nasal mucous membranes, those of the vagina and the mouth as well appear reddish. Sometimes a stinky diarrhea may be seen, bloody in appearance. Albuminuria exists, granular and epithelial casts will be found. Often the appetite is little impaired, again the animals may loose their bodyweight up to a third very quickly, edemata of the limbs, thorax and abdomen are frequently seen. They will rapidly increase in size and will in some cases exhibit a serous exudate. (own observation). With another acute attack quickly following the initial one in a matter of a day or so the animals may suddenly collapse and die. The blood becomes watery. Coagulation slows up considerably, the serum becomes irridescent, greenish of color. The blood shows quite early in the disease (10-15 days) a diminution of the red blood corpuscles by 1-2 millions. Close to death the count may have been reduced to less than 2 millions. Rosza has reported an erythrocyte count of 600,000. The hemoglobin is correspondingly lowered, often to less than 15 degr. Sahli. The volumetric ration between red cells and serum may fall to 1:4 as against 1:1 or 1:1.5 in healthy well nourished horses. Frohner and Habersang found an initial rise in the erythrocyte count;Noltze observed an increase of erythrocyte sedimentation rate both in oxalate and defibrinated blood. In acute cases microscopic examination of the blood yields little characteristic regenerative activity is proven by some erythroblasts and some erythrocytes showing polichromatism, punctate basophilia and Jolly bodies. By this time pregnant mares usually will have aborted. The duration of the acute form may be from 1 day or so in foals to 3 to 4 weeks in adults on the average lasting from 5-15 days.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

The subacute form is usually characterized by an acute attack followed by remission of the acute symptoms and apparent recovery. Recurrent fever is most often observed symptom. It will repeat generally two or three times within a month. Usually the attack will last from 1-2 days. In the interim there may be observed a slight rise in temperature. The attacks may be preceded or followed by a short period of subnormal temperatures (typus inversus). The attacks may show a fairly regular periodicity (6-24 days). Anemia and general ill health generally are associated with the attack. Throughout the attack relatively light exertion is accompanied by dyspnoea and pulse acceleration, with sweating, unsteady gait, even falling. This may end in sudden death or total collapse may be followed by death within a few hours. The duration varies from a month to several months and ends generally in death by exhaustion.

The chronic picture is similar to the acute one. Remissions are separated by longer time intervals and the symptoms are gradually increasing in severity. Erythroblasts will appear only immediately after an attack of fever has occurred, they will be in small numbers, may even be non existent. A striking tendency to leucopenia exists;the leucocyte count falling from 7,000 to 2,800. However, if complications are marked, such as acute inflammations or suppurations, the count remains fairly normal or just slightly lowered. Lymphocytosis (40-68% compared to a norm of 35%) is fairly common. This is not the case in all cases (Moscy). Eosinophelia is a fairly constant finding, monocytosis is common (16% compared to a norm of 0.5-6%). Febrile attacks are followed by the appearance in the blood of abnormal leucocytes (moscy). Variations in the bloodpicture are observed, during remissions it seems normal, the reason is that in most

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

instances destruction of erythrocytes ceases shortly before the end of a febrile attack.

Conditions as regards nutrition, strength, appetite, muscular coordination, lameness and edemata are subject to fluctuating improvement and relapse the overall picture though gradually becoming more alarming. In milder cases the fever curve and the pulse rate are the only symptoms to be observed and they may even fail to be influenced except during a fever attack of moderate intensity.

Duration may be from weeks and months to years, exhaustion and anemia ending with sudden fatal collapse.

Latent cases are fairly rare and only detectable by the fever chart. Frequent recordings are a must.

Course and prognosis:-

The acute form usually ends in death; it rarely passes into the subacute or chronic forms. The only difference between the acute subacute and chronic forms is the temperature, being less elevated and the time interval between remissions.

Recovery is rare, perhaps none existent. The Japanese Commission reports a mortality of 30-70% depending upon the climatic conditions, feeding, keeping and caring, and other influences of general nature. Animals apparently recovered and although being worked and although seemly recovered are carriers. (the blood has been found to be infective as long as 17 years after apparent recovery)

An outbreak of the disease generally begins with the appearance of a few cases. The numbers increase from week to week. Animals regardless

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

of age, sex or breed become involved. In new foci the acute form will prevail. Animals on individual pastures, with a separate water supply, and free from seepage water from infected areas are relatively safe. The Japanese commission observed an increase in the number of cases for several years after the disease was imported. Similar findings were made in Europe (own observation). The longer the disease has been established the less acute the cases become and the more frequent the recovery rate.

Diagnosis:-

Infectious anemia has no clearly defined characteristic clinical picture. It is usually possible, however, to recognize diseased animals. Post mortem examinations are exceedingly helpful. Conditions surrounding infected animals must be considered and any causes for a possible anemia, fever, malaise, cachexia and other symptoms must be carefully evaluated. Most weight attaches to the examination of the blood, including sedimentation rate of the erythrocytes, total white and red counts, differential leucocyte, albumen ratio and colour index. It is in these points where the most differential points will occur.

In infected districts or farms the chief diagnostic features are presence of clinical symptoms in several animals simultaneously, the absence of other organic lesions and the course of the disease. Other features are loss of strength which cannot be otherwise explained, loss of weight, intermittent and remittent fevers, edemata, loss of appetite, discharges from the conjunctivae, rapid and irregular pulse rate after exertion.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

In hitherto uninfected regions special diagnostic aids will have to be employed. Temperatures must be taken and charted at least three times daily and always before and after exercise (50-100 yrds trotting). This will explain attacks of fever without any other apparent cause. Provocation tests may be made. Withdrawal of from 6-8 liters of blood, withholding of water for 24 hours. It may result in findings within three weeks. If the regenerative processes following the loss of blood do not function, it is diagnostically significant. Strenuous exertion a journey by railway truck or boat, subcutaneous injection of foreign proteins may give similar results and should be also considered.

The inoculation test by inoculating an apparently healthy horse, mule or ass is if positive diagnostic if negative not so since the reaction and sensitivity of the animal injected must be considered and latent cases may result. For the same reason experiments with laboratory animals are not conclusive perhaps indicative only.

According to Oppermann (1943) the simplified rabbit experiment seems to be effective for mass examinations. Rabbits will as stated before react to a subcutaneously injected amount of bloodserum (0.5-1.0 ccm) with a typical rearrangement of the bloodpicture by a drop in the total percentage of the number of erythrocytes (about 1 million) and by a smaller loss of hemoglobin with a higher color index within and at the earliest after 3 days, sometimes not before 3-3½ weeks. A temporary rise in temperature, loss of bodyweight and significant pathological findings on post mortem were:grayish discoloration of the liver, swelling of the spleen, hemosiderin both in liver and spleen. These findings will be more pronounced if a subcutaneous injection of a freshly made alcoholic solution

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

of phenylhydrazin of 2-3 ccm subcutaneously is made, 3 days after the blood has been injected. Forudna (1939) managed animal passage in rabbits with certainty to the 10th, less frequently to the 30th generation. In the histological diagnosis a piece of liver tissue is used. (Wall & Leonhard). One will introduce a specially constructed trocar between the 13th rib space in line with the hip above the border of the lung, through it, and the diagphragm into the liver itself. The small piece of liver will be 2-3 cm long, 2-2½ cm thick. It should be fixed in 4% formalin;it is then examined microscopically in frozen stained sections. Proliferations of the reticulo-endothelial tissues and presence of hemosiderin deposits speak for E.I.S. The liverpuncture does not always yield results. (older animals, cirrhosis of the liver). It has sometimes resulted in hemorrhages, in an intestinal puncture, pulmonary and hepatic hemorrhages and formation of abcesses. To the laiyety the process seems rather severe, however, in the hands of practiced operator there is much less danger than is apparent. At the dissecting table positive results may be obtained by the Holz method. A piece of liver tissue, not necrosed but solid is stained by a freshly made solution within ten minutes of obtaining the section (if not done healthy tissue will show similar findings). The solution is yellow ammoniated sulphur. The hemosiderin deposits will show up black-brown in spots. The same results may be had if livershavings are used, the solution applied and then examined at once between two coverglasses. The blood sedimentation test is done as follows: Blood is taken from the jugular vein without any compression and oxalated in a flat dish. It is then carefully poured into a pencilsized glasstube with 100 subdivisions etched thereon. It should be left vertically at

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

15-20 degr. C. The readings should be made every quarter of an hour for the first hour. Oppermann is satisfied with one reading at exactly ½ hour. The sample should, after the initial reading, be left in a cool place and the final reading taken at the 24th hour, for the end result. The blood of normal horses will sink in a tube, 20 ccm in length, within ½ hour to the 45th line, of anemic horses it will reach the 30th line or will have gone still lower. The endresults of warmblooded horses and thoroughbreds will be at least 40, of coldblooded animals 32.5. Anemic animals will show all sorts of lower readings, depending entirely upon the degree of advancement of the anemia. Special staining methods will differentiate the monocytes from lymphocytes (Hjarre and Berthelsen, 1937, 1938). Siderocytes may be discovered by the method of Sisumi Ishii and his coworkers (1943). Smears from citrated blood are stained with Berliner Blau, counterstained with Kernechtrot. Sternalpuncture with a specially constructed trokar under local anesthetic after Boschan (1940) makes examination of the bone marrow for typical findings possible.

Differential diagnosis:-

All diseases, basically a septicemia, must be considered. The most difficult disposition will be, when a simultaneous piroplasmosis has been presented in the suspected animals. The peioplasma may not be shown in the blood during the more chronic cases. Chronic glanders, equine distemper, anthrax, encephalo-myelitis, Borna disease etc. etc. must be considered. Tuberculosis has increased in horses and must be thought of. In Japan osteomalacia (own observation) must be considered. All parasitic diseases are important in this respect as well as all vitamin and mineral

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

deficiencies. Theiler calls special attention to African Horsesickness (Paardensiekte).

Therapeutic measures:-

All efforts in this direction although they have taken into consideration every possible drug and therapeutic measure known have been negative. No effective therapy has been found up-to-date. Apparent recoveries have been reported, they must always be considered as carriers and as such they should be reached by compulsory slaughter. Animals suspected even if apparently recovered definitely should not be considered for breeding.

Animal having once shown acute symptoms have in rare instances returned to work, their blood, however, will stay infectious for many years.

Best care and management is essential if prognosis seems favorable, in the interest of total eradication prognosis should be always unfavorable.

Regulatory considerations:-

In view of the seriousness of the disease and the extreme difficulties in arriving at an absolutely positive diagnosis, the slaughter method is the only rational one to employ. Since it is, two other considerations are essential, first compulsory notification, quarentines and other sanitary measures. Since there are carriers without any symptoms whatsoever even this method has its drawbacks. Diagnostic measures now used in the field are not accurate. Many horses are designated at positive cases, since their sedimentation rate is indicative of E.I.A. The sedimentation rate in the absence of other symptom is not sufficient to make neither a positive nor a negative diagnosis. The foregoing lines have suggested

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

other auxiliary measures, which given a proper chance and done exactly the same way and being interpreted the same way might develop into more reliable diagnostic measures. I have in mind the rabbit experimentation of Oppermann, the red and white blood counts, the proof of siderocytes in the circulating blood, in the liver and spleen, the sternal puncture and last not least the liver puncture. The Holzexperiment for proof of siderocytes in the liver and spleen by chemical means and later microscopic examination should be practiced at slaughterhouses on at least all carcasses showing any symptoms at all indicative of E.I.A. All described methods at present are not practiced habitually and those which are, are very unreliable due to different interpretation by the various agencies doing them. The pecuniary loss involved is in most cases high, for that reason compulsory slaughter can only be insisted upon if and when the indemnity is paid by the government and high enough to replace the animal. For this reason the indemnity should be paid only on certification by a specially appointed board for this purpose; the board handling all diagnostic measures involved in the case. Since this is practically impossible the board should consist of as many members as are necessary to handle all diagnostic ante and post mortem measures, the board decides to require. Appointees of this board should have gone through the same laboratory training to again insure continuity and regularity in the findings. Notification to the board should be telegraphic and all decisions of the board should be final. The board will have charge of the quarantine stations necessary for the control of the disease. Health certificates, a very useful regulation, should in the case of horses coming from an E.I.A. suspect-area only be given after

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

strict observation of the animals for two months. Horses arriving at a new station should again be subject to a quarantine of the same length to avoid starting a new focus. This is the only way that latent cases may be detected, since the provocation of the trip will in some cases be effective enough to show symptoms of E.I.A. It is absolutely necessary to insist on temperature readings at least 3 times daily and always before and after any exercise. It is equally important to keep accurate charts. Pulse and respiratory rates must be included. Special precautions have to be made where suspicious animals are kept. Once removed from their pasture, it should not be used for equines for at least a year. Stabling is still better. All measures necessary to hold down insects, such as flies, mosquitoes etc. should be immediately taken and kept up. Horses should be examined for parasites and treated. If stables are dark the fly hazard will be kept down easier. If horses are suspected proper urine removal and proper handling of manure is indicated, they are both infectious. The manure should be packed and covered with dirt for at least 3 months, wet bedding and infected left over feed the sameway.

Special measures must be taken regarding race horses and race tracks. The first requirement for the tracks is to supply enough stablespace so that all animals will be stabled at the tracks and not farmed out. All horses must be subjected to the necessary tests, if at all suspicious to all additional tests. Isolation stables, special drinking troughs, disinfection of carriers to and from the tracks etc, proper manure and bedding straw, as well as urine disposal are needed. Insect spraying is absolutely necessary; dark stables help in this.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

These measures should be extended to all places, where horses are massed for sale, for exhibitions, shows etc. A representative of the E.I.A. Board member should be present at all those places to see that all measures will be uniformly carried out and all tests will be interpreted uniformly. An additional safeguard at all places, where horses are handled, like at tracks, shows etc. on the carriers veterinarians only should be allowed to give any medication by hypodermic, do any testing, such as for glanders etc. and do any surgery. I emphasise the fact that all tests should be uniformly made and interpreted, all records should be handled and expedited and correlated by that board. This will have results.

Additional safeguards should be instituted at the slaughterhouses which are after all the clearing houses for the field veterinarian for pathological findings. A member of the E.I.A. board should handle all these cases, so that again the findings should be uniform and can be used in connection with the other board findings fitting in the overall picture.

With regard to the board it should be headed by the professor of bacteriology at Hokkaido University or the University of Tokyo, where much work has been done by the previous Japanese Commission. It should conduct the training school for the field members. It should handle all the reports laboratory, post mortem etc. so that through uniform reporting finally a pattern will be established. That a commission serves a useful purpose, already has been proven by the work of the previous commission, I feel that its scope should be much enlarged at this time and that suitable agents should be stationed all over Japan, where suspects are handled. The proper measures are too limited in scope, although limited as they are, they have justified their having been put into operation.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Meat Inspection:-

The meat of suspect animals should be passed for sterilization only. All parenchymatous glands shoud be condemned. Emaciated animals and those showing symptoms of a septecimia should be condemned and the indemnity caused to be paid. Blood, urine, manure etc. should be made non infectious. Do not allow them to enter the waste water drains without proper sterilization. A member of the commission should be present to make the necessary experiments to obtain all possible data.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

ik/ty

28 December 1950

Animal Hygiene Weekly No. 96 November 13,1950 (Breef)

As already reported, Technician, Fukusyo and Shimizu have been dispatched regarding judgement for character of the disease of the suspected rinderpest which had occurred in Toyosaki-cho, Tsushima, Nagasaki prefecture, but owing to the stormy weather the fairy-boat is being suspended and they have not reached on the spot yet. Therefore it is presumed to be taken a few days more for determination of it. According to the recent report the condition of the sick cattles is bad but they have not died nor had vomiting and there is no trend of successing occurrence of the same symptom in the neighbourhood. According to the information which is being procured by Technician, Shimizu this disease is suspected a malignant type of influenza densely and the number of people who are waiting as follow:

The Department of Agricultural Forestry; Technician, Shimizu.
Director of the Ushizu Branch Office; Technician, Fukuda.
Person in charge rinderpest; Technician, Ishii and Furuya.
Person in charge influenza; Assistant, Inaba.
Nagasaki prefecture; Dr. Kawaguchi, Fukabori and 11 others.

1. Disease of Bee.

According to a petition which was submitted by the Bee-keeping Technical Association an unaccountable disease of bee has been occurring since last year and giving a great damage to the bee-keeping circles, it is said. It is desired that To, Do, Fu and Prefectures where had the occurrence of this disease will report the particulars to the health section and they will contant with the health section and animal health laboratory and also send the necessary materials to practice an examination and reserch to the health animal laboratory in case there is any occurrence in the future.

1. Breeding male hogs and fowls were exported for Formosa.

Barkshire breeding male hogs 80 produced in Shizuoka prefecture, the same hogs 20 produced in Saitama prefecture and Nagoya breeding fowls 50 produced in Aichi prefecture were inspected for export at the Yokohama Animal and Botanisal Quarantine and were exported for Formasa.

1. B. Anthrax was found in the imported cattle leathers. As a result of inspection of cattle leathers, 8,273 Kgms (20 bundles) which were loaded on the Star Veterguyer arrived in Kobe harbour from Honkong on Oct. 4, B. anthrax was found out of 1 bundle.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

1950
No 96

家畜衛生週報

昭和廿五年十一月十三日（月曜日）

東京都千代田区霞ヶ関二丁目二番地
農林省畜産局衛生課
農林省畜産局栄事課

目次

○衛生課長米国便り
○小林場長アメリカへ出発
○海外情報
○疑似牛疫に関するその後の状況について
○蜂病について
○台湾え種牡豚の種鶏が輸出さる
○輸入牛皮中に炭疽菌を発見
○牛の流行性感冒に発生する咽喉頭麻痺の症状と治療法についての訂正
○ガリオア資金により寄贈された図書
○家畜伝染病予防法第十六條及び第十八條の規定の適用状況
○「家畜繁殖の技術」の配布について
○牛の流行性感冒
○家畜傳染病発生状況
○栄事
○栄事審議会第二期委員決定し委員総会開催
○動物用医薬品製造業者登録許可
○動物用生物学的製剤製造業者登録
○動物用医薬品製造業者登録事項変更
○動物用医薬品製造許可事項変更
○製造所廃止
○生物学的製剤国家検定合格数量

○衛生課長米國便り　十一月一日發

これから二週間は毎日會議です。

今週は「農業の展望」會議で各州平均三名位、内一名はホームエコノミックスの主任で女です。二百五十名位が集ります。二二で農業経済、財政其の他各方面から従来の実績、現状を説明して一九五一年の傾向を説明するのです。早く云えば来年の予想をやって農家はこう云う様な情況の下にどう云う風の経営をやるべきかと云う問題について資料を提供するのです。一週間ばかり續きますが、第一日は農務大臣の方針、大統領経済顧問の財政方策、農業経済局次長の一九五一年の農業展望、これがすむと討論です。まるで放送討論会そのものです。今日は第二日で農家の生活程度はどうなるか、農業価格はどうなるか、内書はどうなるかの問題でした。明日は酪農、養鶏は来年どうなるかの問題です。中々面白いものです。

一つの問題に對して初め専門家が二、三名解説して討論をやります。自然にわかる様に運んで居りますが、議長も中々大変です。日本の會議とは大分違います。こうして各州のエクステンジョンの人がこの原則を今度各州の特殊事情にあてはめるので、明後日はその會議です。今週この會議がすむとバンダの汎米會議に出

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

ます。外国語の會議は中々骨が折れます。さてそれがすんで十二日頃ワシントンを出發、コロラドの獸医大學、カリフォルニアの大學等を訪ねて十二月の初めに氣船帰国致します。　では又、

○　小林場長アメリカへ出發

小林家畜衛生試験場長は予定通り本月九日横浜よりサンフランシスコへ出發した。

○　海外情報

オーストラリアからの最近の連絡によれば、牛肺疫が常在し炭疽、気腫疽、牛の結核病及び豚丹毒が散發している。

カナダからの家畜傳染病發生情況によればニューカッスル病のみ若干散發しているが、その他の疾病の發生はない。

○　疑似牛疫に関するその後の状況について

長崎県對島豊崎町に發生した疑似牛疫の病性鑑定に関しては、既報の通り福岡技官及び清水技官が派遣されているが、五日以来荒天候のため連絡船が欠航しているので八日に到るも未だ最後に待期中で、現地に到着していない。從つて病性決定はなお数日を要するものと思われるが、その後の報告によれば、病中の経過は不良であるが、死亡せず又下痢もなく、又別近に同様症状のものの傳染の傾向もないので、清水技官の入手している情報によれば、流感の悪性のものではないかとの疑が濃厚となつている。なお付新中の人類は次の通りである。

本省　清水技官
牛州支所長　稲田技官
牛疫係　石井技官、古屋技官　流感係　稲葉助手
長崎県　川口技師、深堀技師、他十一名。

○　蜂病について

養蜂技術協會より提出された調査書によると、此年来（病姐病以外に）原因不明の蜂病が發生し、養蜂界に大被害をあたえているとのことであるから、現在までにこの様な疾病の發生をみた都道府県においては、その詳細を衛生課に報告されると共に今後の發生については、衛生課並びに家畜衛生試験場に連絡をとり試験研究を実施するに必要な材料を家畜衛生試験場に送附願いたい。

○　台湾え種牡豚と種鶏が輸出さる

静岡県産バークシヤ種種牡豚八〇頭、埼玉県産バークシヤ種種牡豚二〇頭、愛知県産名古屋種種鶏五〇羽

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

は、横浜動植物検疫所心得検疫を受け、十一月十一日台湾へ輸出された。

○ 輸入牛皮中に炭疽菌を発見

十月四日香港から神戸港に入港したスター・ベラルガイヤー号に積載した乾牛皮八二七三枚（八二〇束）を検疫の結果、その中の一束から炭疽菌を検出した。

○ 牛の寄生性感冒に継発する咽喉頭麻痺の症状と治療法についての訂正

(イ) 二頁、下段、一九行

（誤）咽喉頭部の交感神経の支配下にある返回神経の麻痺による。

（訂正）咽喉頭部の神経麻痺による。

(ロ) 三頁、上段、一八行

（誤）交感神経の麻痺を診断出来るので、この麻痺を速かに除去する処置をとること。

（訂正）神経系統の麻痺を診断出来るので、之が処置をとること。

(ハ) 三頁、下段、三十一行

（誤）交感神経の支配下にある返回神経の麻痺を、

（訂正）神経麻痺による全咽喉頭の閉鎖不全を、

○ ガリオア資金により寄贈された図書

総司令部の好意により農林省宛寄贈された図書四〇種類が着庭同に配付されているが、その中衛生関係のものは次の如くである。

家畜人工授精	改良乳用山羊
酪農細菌学	養蜂
蹄削場管理	
肉牛	
豚の生産	
畜産入門	
統計法	

○ 家畜伝染病予防法第十六条及び第十八条の規定の適用状況（週報第九十五号以降）

宮城県	流感	二・四	規則（週報第九十三号）中鳥類を追加
山形県	流脳	二・大	規則廃止
	豚コ与	二・六	規則廃止
福島県	流感	一・二	西白河郡、東白川郡、石川郡、岩瀬郡牛の集合停止、隣外牛の出入、物の運搬・消毒実施
			衛生証明のあるもの及び獣（屠場）直行
茨城県	流脳	二・四	規則一部改正
神奈川県	流感	二・三	規則（週報第九十号）中「北海道、東北大」を追加

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

		県及び長野県を除く……」を「北海道・東北大県を除く……」に改める
石川県	流感 二・四	県外より牛・物の移入禁止除外貨物通過
三重県	流脳 九・二五	規則（週報第八十二号）廃止
	流感 一一・一	規則中三重郡河原田村、川越村、朝日村、大庆和村、八郷村・一志郡川口村、竹原村、八幡村、八ツ山村、家城村、愛見村、下之川村、宇見郷村、倭村、七栗村、大三村、松ヶ崎村、香良州村、稲葉村・桑名郡桑名市、四日市市・貝弁郡、阿下喜町、貝弁町、久米町、七和村、大長村、榊戸井村、三里村、石榑村、円生川村、治田村、山郷村、神田村、稲部村、東藤原村、西藤原村・鈴鹿郡亀山町、関町、神辺村、豊生村、井田川村、川崎村、白川村を削除
京都府	流感	規則廃止
	豚コレラ	規則（週報第七十九号）廃止
兵庫県	流脳 一〇・二七	規則廃止
	豚コレラ 一〇・二七	規則（週報七十九号）中大阪府、東京都熊本県、山形県を削除
	流感 一一・四	規則中、印南郡平荘村、上荘村、東志方村、西志方村、別所村・洲本市・津名郡・武庫郡・多紀郡、八上村、後川村、大芋村、村
		雲村、大山村・西宮市・尼崎市・伊丹市・[illegible]岡県（賀茂郡を除く）を削除
山口県	流感 一〇・二七	規則中下松市、美祢郡大田町、[illegible]田村、秋吉村、岩永村、伊佐町、大嶺町、西厚保村、東厚保村、於福村、別府村、共和村、赤柳村、熊毛郡田布施町を削除
熊本県	流感 一〇・三一	鹿本郡、米田村、川辺村、大道村、中富村、山内村、山本村、櫻井村、山東村、吉杉村、田底村・下益城郡、鹿庄町、[illegible]田町、中山村、東砥田村、[illegible]村・菊池郡河原村、水源村、迫間村、旭野村、北合志村、田島村、戸崎村、西合志村、加茂川村・玉名郡、鍋村、梅林村、花篠村、江田村、東[illegible]村、川[illegible]村、[illegible]村、阿蘇郡小国町、南小国村、高森町、白水村、長陽村、牛、移動集合の禁止（除外船車通過）大分県稿同県佐賀県牛物移入禁止（除外船車通過）
	流感 一一・九	規則中菊地郡北合志村玉名郡春雷村、大栄村、[illegible]村を追加
追加		
和歌山県	流脳	規則（週報第八十六号）廃止

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

○「家畜繁殖の技術」の配布について

従来から家畜生産率向上施設の指導用として、家畜繁殖技術に関する参考書の出版が各方面から強く望まれ、当局も亦その必要性を痛感し発刊計画中であったが、断く上梓をみたので、取敢えず畜産局版としてニ〇〇部を印刷し、地方庁、種畜牧場、学校、研究機関に一部宛送附することとした。予算の都合から家畜保健衛生所、種畜場、等への配布が出来ないので、必要のむきは日本獣医協会に於て有料（一部一二〇円）で配布しているから同協会宛申込まれたい。

○ 牛の流行性感冒　一一月一〇日現在

都府県名	発生数	斃死数	都府県名	発生数	斃死数
福島	四大	大大	新潟	一、二三八	三
茨城	一五、三八〇	一八	富山	一六八	二
栃木	二、八三九	二三	石川	五三九	九
群馬	三、八一三	一三九	福井	一、二九四	四五
埼玉	一〇、三四大	一三九	山梨	二一一	四
千葉	八、九一七	二一四	長野	五	
東京	四、七五八	一〇二	岐阜	大、四一五	七〇
神奈川	一〇、九八五	一一九	静岡	三三、七九七	二一四
愛知	四一、一七大	三五三	徳島	一六、三大八	一〇四
三重	二〇、七七七	四〇大	香川	一五、二九九	二〇一
滋賀	一、九三八	五一	愛媛	二五	
京都	一二、〇一二	五七	高知	三、三四三	大五
大阪	二、二一〇	四五	福岡	五、二四二	二五
兵庫	三七、六八四	大三四	佐賀	四五九	九
奈良	一、一五三	一一三	長崎	一八二	二
和歌山	一、四三九	一四五	熊本	一、五二五	三
鳥取	六、六一八	七	大分	一二、六四大	五
島根	三、四一〇	二	宮崎	五四四	四五
岡山	三九、七四〇	一四五	鹿児島	四八七	九
広島	四四、七〇三	一二九	計	三五八、六七五	一〇四
山口	三〇、八三〇	二一九			

○ 家畜伝染病発生状況

十一月三日より十一月一〇日までに次の様に発生報告があった。

病名	発生頭数	発生月日	発生地	斃死	殺畜
炭疽	一	一〇、二七	福岡県京都郡		
〃	一	一一、四	山口県山口市		

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

薬事

○ 薬事審議會第二期委員決定し委員總會開催

薬事審議會の第一期委員の任期が去月十八日を以て滿了したので新委員の任命に慎重な検討が加えられ、第二期委員七〇名が決定した（第一回は八六名）依つて十一月六日午後一時三十分より厚生省五階会議室で第一回総会が開催され、委員長を選挙すると共に各委員の所属部会並に運営方針等を決定した。獣医関係の委員は次の諸氏である。

（イロハ順）　大塚一矩（日本獣医協會理事）　大久保義夫（東京大学農学部教授）　近藤正一（日本生物科学研究所長）　小林正芳（農林省家畜衛生試験場長）　佐藤繁雄（三興化学工業株式会社々長）　星冬四郎（東京大学農学部教授）　山根東明（畜産局長）

○ 動物用医薬品製造業者登録許可

二五、一〇、九 ―― 二五、一〇、三一

製造所々在地名稱	登録番号	登録月日	備考
清水市築地町二ノ五〇 清水製薬株式会社	二四三	二五・一〇・一八	一、動物用減菌ゼラチン液（人工授精用）
神奈川県川崎市堀川町五〇 明糖株式会社 川崎製薬所	二三九	二五・一〇・九	一、人工授精用薬剤 在外会社の指定を受け消発足（昭和二十四年政令第二九一号に基くもの）
東京都中野区野方町九八二 片上製薬野方工場	二四一	二五・一〇・九	オスボン
廣島県福山市沖野上町一一五五 森田薬品工業株式会社	二四二	二五・一〇・九	フエノチアヂン、M
佐賀県藤津郡嬉野町 大字下宿甲四二四二 谷口家畜医院	二四〇	二五・一〇・九	内罹散 但し効能中「ないら」を削除すること
廣島県佐伯郡平良村一二六 東洋栄養興業所	二四四	二五・一〇・三一	カルキンゾ

○ 動物用生物学的製剤製造業者登録

製造所々在地名稱	登録番号	登録月日	備考
東京都北多摩郡小金井二四六二 松岡科学研究所 小金井支所	一〇一八	二五・一〇・三一	

○ 動物用医薬品製造業者登録事項変更

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

○ 生活保護法による保護金品の給与

昭和二十一年四月十日

取扱官署	受給者番号	受給者氏名	人員	金額	備考
京都府綴喜郡田辺町	一	京都府綴喜郡田辺町	一人	一、六〇〇	生活扶助
〃	二	〃	〃	一、六〇〇	〃
〃	三	〃	〃	一、六〇〇	〃
〃	四	〃	〃	一、六〇〇	〃
〃	五	〃	〃	一、六〇〇	〃
〃	六	〃	〃	一、六〇〇	〃
〃	七	〃	〃	一、六〇〇	〃
〃	八	〃	〃	一、六〇〇	〃
〃	九	〃	〃	一、六〇〇	〃
〃	一〇	〃	〃	一、六〇〇	〃
〃	一一	〃	〃	一、六〇〇	〃
〃	一二	〃	〃	一、六〇〇	〃
〃	一三	〃	〃	一、六〇〇	〃
〃	一四	〃	〃	一、六〇〇	〃
〃	一五	〃	〃	一、六〇〇	〃
〃	一六	〃	〃	一、六〇〇	〃
〃	一七	〃	〃	一、六〇〇	〃
〃	一八	〃	〃	一、六〇〇	〃
〃	一九	〃	〃	一、六〇〇	〃
〃	二〇	〃	〃	一、六〇〇	〃
〃	二一	〃	〃	一、六〇〇	〃
〃	二二	〃	〃	一、六〇〇	〃
〃	二三	〃	〃	一、六〇〇	〃
〃	二四	〃	〃	一、六〇〇	〃
〃	二五	〃	〃	一、六〇〇	〃
〃	二六	〃	〃	一、六〇〇	〃
〃	二七	〃	〃	一、六〇〇	〃
〃	二八	〃	〃	一、六〇〇	〃
〃	二九	〃	〃	一、六〇〇	〃
〃	三〇	〃	〃	一、六〇〇	〃
〃	三一	〃	〃	一、六〇〇	〃
〃	三二	〃	〃	一、六〇〇	〃
〃	三三	〃	〃	一、六〇〇	〃
〃	三四	〃	〃	一、六〇〇	〃
〃	三五	〃	〃	一、六〇〇	〃
〃	三六	〃	〃	一、六〇〇	〃
〃	三七	〃	〃	一、六〇〇	〃
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〃	三九	〃	〃	一、六〇〇	〃
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〃	六五	〃	〃	一、六〇〇	〃
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〃	七九	〃	〃	一、六〇〇	〃
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〃	一〇〇	〃	〃	一、六〇〇	〃

○ 動物用医薬品販売許可事項変更

京都府綴喜郡田辺町	一〇三	昭二〇・九	動物用医薬品販売業の一部変更
京都府綴喜郡田辺町	一〇二	昭二〇・八	〃
京都府綴喜郡田辺町	一〇一	昭二〇・三	〃

○ 薬剤師免許

京都府綴喜郡田辺町	八八	昭六	薬剤師の免許

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

紅太鵝草防液	一四二	八、五五〇	一一、六	六一三	兵庫縣衛生研究所
〃	一三九	八、二〇〇	〃	六一〇	〃
〃	一五一	九、〇〇〇	一一四	六四一	〃
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〃	九七	九、一〇〇	〃	四九九	〃
〃	一五〇	八、九〇〇	一一七	六四〇	〃
〃	一四五	八、二五〇	〃	六一六	〃
〃	一四四	八、〇〇〇	〃	六一五	〃
〃	一四三	八、五〇〇	〃	六一四	〃
〃	一四〇	八、八〇〇	〃	六一一	〃
〃	一三三	七、八五〇	〃	五九三	〃
〃	一三二	七、九五〇	〃	五九二	〃
〃	一三〇	八、七〇〇	〃	五九〇	〃
〃	一五三	八、五〇〇	一一、九	六四三	〃
〃	一六三	八、五〇〇	〃	六五三	〃
〃	一五七	八、一〇〇	〃	六四七	〃
〃	一五八	八、三〇〇	〃	六四八	〃
〃	一五六	八、三〇〇	〃	六四六	〃
〃	一五五	八、三〇〇	〃	六四五	〃
〃	八三	一九、〇〇〇	一一、〇	六二四	北里研究所
〃	五二	五五、七〇〇	〃	六三〇	日本生物科学研究所
〃	七八	九、七〇〇	一一、七	六五九	押田研究所

紅太鵝草防液	七九	九、七〇〇	一一、七	六六〇	押田研究所
〃	八〇	九、七〇〇	〃	六六一	〃
〃	一二	一九、〇〇〇	一一、〇	六二二	都立衛生研究所
〃	一三	一九、〇〇〇	〃	六二三	〃
〃	一五	一九、五〇〇	〃	六五八	〃
〃	四三	四七、六〇〇	一一、九	五〇四	微生物化学研究所
〃	四四	四七、六〇〇	〃	五〇五	〃
〃	九	五七、〇〇〇	一一、七	六〇四	[illegible]
公会六〇一部防液	三	五九〇〇	一一、八	六二九	〃

新刊紹介

厚生省編纂

衛生検査指針〔三〕

担圏血清学的検査指針〔三〕

本書は狂犬病、寄生虫、日本脳炎、レプトスピラなどの検査法を解記したもの。

A判二一四頁　三〇〇円　千三五円

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KF/ts

16 December 1950

YOMIURI NEWSPAPER

Rabies - A New Record Made on the 23rd Year.
50 Died by Being Bitten.

From 1 January up to 2 December 816 mad dogs were captured and those who died by being bitten were 50. The previous record was 2,000 dogs in 1927, but a new record was made on the 23rd year. The largest area of rabies outset was Kanto Area. Namely, Tokyo 241, Kanagawa 164, Saitama 130, Gumma 96, Tochigi 72, Chiba 69 and Ibaraki 26.

For the extermination of rabies, Welfare Ministry has promoted each health center to make at least one detention house for ownerless dogs according to the Rabies Prevention Law, also urged every To, Do, Fu, Kan the registration of dogs and preventive inoculation. Posters and magic lanterns are to be used for propaganda by the Rabies Prevention Association.

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DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

EXCERPTS

SUPPLEMENT No. 2 to the HONG KONG GOVERNMENT GAZETTE

FRIDAY JANUARY 13, 1950 VOL XCII

No. A. 10. DOGS AND CATS ORDINANCE, 1950 REGULATIONS

* * * *2. "Licensing Authority" means so far as concerns the New Territories the District Commissioner and for all other purposes means the Commissioner of Police * * *

3. No person shall keep a dog over the age of three months except under and in accordance with a license from the Licensing Authority: Provided that this regulation shall not apply to any dog under the temporary care of the Society for the Prevention of Cruelty to Animals or any other body recognized and approved by the Licensing Authority. * * * *

* * *

11. Every person having the custody, control or care of any dog or cat which has or may reasonably be suspected of having rabies, or of any dog or cat which has been or may be reasonably suspected of having been in contact with any case of rabies or suspected rabies, shall report the fact to the nearest police station without delay.

* * *

13. No owner or person having the custody, control or care of any dog or cat shall allow such dog or cat to be imported into the Colony, or if already imported by water, to be landed in the Colony, or if already imported by the Kowloon-Canton Railway, to be removed from the premises of the railway, or if already so imported by air to be removed from the airport until he has received from the Veterinary Officer either a permit to import or a quarantine permit.

14. Subject to the provisions of regulation 15 no permit to import may be issued except on the production to the Veterinary Officer of -

(a) A certificate to the satisfaction of the Veterinary Officer dated not more than two months before the dog or cat is imported or brought into the Colony, from a duly qualified veterinarian surgeon or a medical officer of health or a British Consular authority, that for a period of six months immediately prior to the date of such certificate no case of rabies has been known to occur in any district in which such dog or cat has been; and

(b) In the case of a dog or cat imported by water, a statutory declaration by the master of the vessel by which such dog or cat has been imported, or by the owner if he has traveled on the vessel with the dog or cat, that no case of rabies has occurred on board the vessel during the voyage.

15. The Veterinary Officer may in his discretion, on being satisfied that no case of rabies has occurred in the place or places where such dog or cat has been during the period of six months immediately preceding such importation or that there is no reasonable fear of such d dog or cat having been in contact with rabies, dispense with the certificate referred to in paragraph (a) of regulation 14.

16. The owners, charterers or agents of any vessel which arrives in the waters of the Colony having on board any dog or cat consigned to or intended for any person in the Colony shall report the arrival of such dog or cat forthwith to the Veterinary Officer, giving the name and address of the owner or consignee of such dog or cat and a discription of such dog or cat.

17. The master of any such vessel which arrives in the waters of the colony shall not permit any dog or cat to be removed from such vessel until there has been produced to him a permit to import or a quarantine permit issued by the Veterinary Officer in respect of such

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

dog or cat.

18. The owners, charterers or agents of any aircraft and the captain of any aircraft landing in the Colony shall not permit any dog or cat to be removed from such aircraft except to a place of safe custody provided for such owners, charterers, agents or captain within the airport until there has been produced to him or them a permit to import or a quarantine permit issued by the Veterinary Officer in respect of such dog or cat.

19. The owner or person having the custody, control or care of any dog or cat in respect of which he has received a quarantine permit shall, at his own expense immediately after receiving such permit take such dog or cat to a quarantine station to be detained there for such period as the Veterinary Officer may prescribe.

20. The fee payable by the owner of any dog or cat while in a quarantine station shall be in accordance with such scale of fees as the Governor may from time to time by notification in the GAZETTE prescribe. All fees shall be payable at the end of each month at the latest and in any case before the removal of the dog or cat from a quarantine station. The Veterinary Officer may destroy any dog or cat in respect of which fees remain unpaid for a period of 15 days after becoming due, without prejudice to the recovery from the owner of all fees and other sums due or may sell such dog or cat and out of the proceeds of sale thereof defray the amount of such fees.

21. No dog shall be allowed to go abroad in the public thoroughfares or elsewhere unless it is either on the lead or is fitted with a muzzle which renders the dog incapable of biting. A breach of this regulation shall be deemed to have occurred if any dog is abroad as aforesaid without either such a muzzle or being on a lead, or if a dog bites any person or any other dog, at a time when, and place at which it is required by this regulation to be either muzzled or on a lead, and in every such case the owner of such dog or if the owner is absent from the colony, the person having the custody or care of such dog shall be guilty of such breach, notwithstanding that such breach occurred without his knowledge or without any default on his part and in the case of a dog biting a person or another dog, notwithstanding any proof that the dog was wearing a muzzle, or was on a lead, at such time.

22. Except with the permission in writing of the Veterinary Officer no dog shall be moved to or from HongKong island or to or from the New Territories or from any vessel.

23. The Veterinary Officer shall have absolute discretion to refuse any permit or permission which he is authorized by these regulations to issue or give.

24. It shall be lawful for the Veterinary Officer to attach any conditions whatsoever to any permit or permission issued or given by him under these regulations.

G. C. HAMILTON
Clerk of Councils

COUNCIL CHAMBER
10th January 1969

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

ANIMAL HYGIENE SECTION
BUREAU OF ANIMAL INDUSTRY
MINISTRY OF AGRICULTURE AND FORESTRY

26 December 1950

Statistics on the Notification in accordance with the Veterinary Licenso Law Article 21.

Prefecture	Total number of notification	School	Examination	Foreign
Hokkaido	1,815	1,733	79	3
Aomori	442	437	4	1
Iwate	568	516	52	-
Miyagi	402	388	14	-
Akita	300	295	5	-
Yamagata	202	198	3	1
Fukushima	481	459	20	2
Ibaraki	322	314	7	1
Tochigi	336	317	18	1
Gunma	206	193	13	-
Saitama	326	307	14	5
Chiba	445	441	3	1
Tokyo	1,343	1,217	125	1
Kanagawa	368	368	-	-
Niigata	267	255	9	3
Toyama	134	127	7	-
Ishikawa	143	141	2	-
Fukui	116	112	3	1
Yamanashi	92	84	8	-
Nagano	564	453	107	4
Gifu	291	281	10	-
Shizuoka	285	276	8	1
Aichi	363	343	20	-
Mie	139	136	3	-
Shiga	111	100	9	2
Kyoto	252	235	17	-
Osaka	335	317	17	1
Hyogo	504	485	19	-
Nara	82	81	1	-
Wakayama	110	104	4	2
Tottori	222	214	8	-
Shimane	254	246	8	-
Okayama	436	338	98	-
Hiroshima	493	416	77	-
Yamaguchi	436	394	41	1
Tokushima	150	145	5	-
Kagawa	123	118	5	-
Ehime	209	189	18	2
Kochi	114	108	6	-
Fukuoka	472	456	16	-
Saga	201	194	6	1
Nagasaki	235	231	4	-
Kumamoto	518	472	46	-
Oita	361	338	23	-
Miyazaki	531	522	9	-
Kagoshima	710	683	23	4
Total	16,809	15,777	994	38

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

ANIMAL HYGIENE SECTION
BUREAU OF ANIMAL INDUSTRY
MINISTRY OF AGRICULTURE AND FORESTRY

26 December, 1950.

Statistics on the Notification in accordance with the Veterinary License Law Article 21.

Prefecture	Veterinarian engaged in Veterinary Affairs							
	Officials				Personnels of Agricultural Organization	Private facilities of treatment	Employee in Private facilities of treatment	Veterinarians not engaged in Veterinary Affairs
	Total	State	Prefecture	City, Town Village				
Hokkaido	1,593	105	268	43	292	427	458	222
Aomori	276	38	45	-	56	137	-	166
Iwate	502	32	109	2	138	220	1	66
Miyagi	320	7	99	6	64	142	2	82
Akita	270	2	50	4	52	162	-	30
Yamagata	199	-	66	-	34	91	8	3
Fukushima	447	24	105	3	152	155	8	34
Ibaraki	296	6	79	-	49	162	-	26
Tochigi	299	36	75	5	30	143	10	37
Gunma	186	2	78	-	54	51	1	20
Saitama	280	15	89	1	72	103	-	46
Chiba	407	45	100	5	94	148	15	39
Tokyo	1,020	35	255	5	191	174	40	323
Kanagawa	287	14	89	31	84	56	13	81
Niigata	228	1	71	1	50	105	-	39
Toyama	118	-	48	3	30	35	2	16
Ishikawa	112	3	48	1	27	33	-	30
Fukui	100	1	48	1	18	27	5	16
Yamanashi	83	-	31	-	14	36	2	9
Nagano	482	19	179	2	175	107	-	82
Gifu	228	11	87	-	70	56	4	63
Shizuoka	229	9	82	1	75	59	3	56
Aichi	306	9	134	15	103	37	8	57
Mie	130	-	73	44	11	2	-	9
Shiga	76	-	55	1		4	1	35
Kyoto	213	23	83	13	68	18	8	39
Osaka	265	19	106	28	66	40	6	70
Hyogo	380	21	134	9	150	61	5	124
Nara	65	-	36	1	18	10	-	17
Wakayama	74	-	31	1	38	2	2	36
Tottori	188	20	74	-	71	23	-	34
Shimane	179	7	61	1	100	10	-	75
Okayama	386	4	146	2	137	90	7	50
Hiroshima	389	-	144	58	128	59	-	104
Yamaguchi	362	9	147	19	104	75	8	74
Tokushima	135	2	44	-	61	28	-	15
Kagawa	110	4	60	2	34	10	-	13
Ehime	184	1	63	8	83	29	-	25
Kochi	100	7	40	-	25	27	1	14
Fukuoka	367	7	116	2	40	195	7	105
Saga	173	-	57	1	35	73	7	28
Nagasaki	190	2	65	5	69	47	2	45
Kumamoto	473	17	97	16	85	245	13	45
Oita	317	2	100	10	70	135	-	44
Miyazaki	446	21	91	8	145	179	2	85
Kagoshima	604	31	134	22	160	252	5	106
Total	14,074	931	4,192	380	3,637	4,280	654	2,705

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Shikoku Civil Affairs Region 4 December 1950

4-A-a.

PUBLIC HEALTH INFORMATION IN VETERINARY AFFAIRS

Public health in Japan is a large undertaking. There are many branches which must be given attention. It is as difficult to decide how the public health hundred-yen note is to be spent in Japan as it is to decide how the dollar is to be spent in America. Emphasis must be placed where it will benefit the people most, both immediately and ultimately. There can be as many arguments as to where emphasis shall be placed as there are public health experts to argue. If it is true that it is better to build a fence at the top of a cliff than a hospital at the base, then it is true that great emphasis should be placed on the Public Health Information and Education program because this program is surely a rail in the fence of prevention at the top of the cliff.

This discussion is divided into two parts; the importance of public health information and education in general, and the use of public health information in veterinary public health programs. This discussion has only one object and that is to serve as a provocation for a further discussion of the subject by the group in attendance.

Before a public health program can be completely effective, it must have the support of the people. Before the people will give their wholehearted support, they must understand the how and why of the program. When the people acquire a full appreciation of public health, they will demand more of it at election time. Legislators will heed the desire of the people for public health service and cooperate by providing for the needs of the health department. Thus is completed a sort of cycle leading to a more healthful existence for the population. What is the importance of public health information in this cycle? Public health information gives the people both the understanding and the appreciation of the public health service which is so necessary for success.

A public health program must be understood by those whom it affects. If a person is to be required to undergo inconvenience or expense, it cannot be expected that he will do so without getting a satisfactory explanation, unless he is living under some sort of dictatorial authority which has taught him not to ask questions. He deserves an explanation, in as much detail as he wants and in language he can understand. If he is convinced of the wisdom of the program, not only will he gladly cooperate, but he will become a force in the community in support of the program and will influence others toward its support.

Most public health programs are exceedingly valuable to the community in which they are put into effect. This value can usually be understood by the people, if properly explained. The value in many cases is apparent even to the most ignorant, but such should not be assumed by the public health experts. Public health programs can fail if this assumption is made; explanations are not expensive when compared with program costs, and should always be given.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

dysentery epidemic. Some public health measures involve the changing of national customs, attitudes, and practices. This takes education and lots of it!

So much for the importance of public health information — what about our facilities? What tools are available to us?

First of all, in the prefectures and in the regions are groups of specialists upon which we may call - these groups are the information sections. As veterinarians we should not dabble in media - that is not our field. No information program should be undertaken without consulting the Region Information Section. Good liaison here is definitely indicated lest we go off half-cocked. Just as it is important that public health information be scientifically accurate, it is important that media be used properly and to fullest advantage.

Within the prefectural health department, there is the information committee. This committee decides what the current information program of the department is to be, and implements it. Each health center also has such a committee which operates in the same way, only locally.

In the towns and cities there are independent organizations which at times are very much interested in public health problems — for example, associations of food processors or producers, P-T A groups, etc. These organizations can be of great help in certain types of problems.

Then there are the media themselves who are interested in public health from the standpoint of news. Epidemics sell papers just like crimes do.

Lastly, there are the film libraries and assembled collections of periodicals which occasionally are drawn upon to good advantage.

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CORRECTION

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Shikoku Civil Affairs Region 4 December 1950

PUBLIC HEALTH INFORMATION IN VETERINARY AFFAIRS

Public health in Japan is a large undertaking. There are many branches which must be given attention. It is as difficult to decide how the public health hundred-yen note is to be spent in Japan as it is to decide how the dollar is to be spent in America. Emphasis must be placed where it will benefit the people most, both immediately and ultimately. There can be as many arguments as to where emphasis shall be placed as there are public health experts to argue. If it is true that it is better to build a fence at the top of a cliff than a hospital at the base, then it is true that great emphasis should be placed on the Public Health Information and Education program because this program is surely a rail in the fence of prevention at the top of the cliff.

This discussion is divided into two parts; the importance of public health information and education in general, and the use of public health information in veterinary public health programs. This discussion has only one object and that is to serve as a provocation for a further discussion of the subject by the group in attendance.

Before a public health program can be completely effective, it must have the support of the people. Before the people will give their wholehearted support, they must understand the how and why of the program. When the people acquire a full appreciation of public health, they will demand more of it at election time. Legislators will heed the desire of the people for public health service and cooperate by providing for the needs of the health department. Thus is completed a sort of cycle leading to a more healthful existence for the population. What is the importance of public health information in this cycle? Public health information gives the people both the understanding and the appreciation of the public health service which is so necessary for success.

A public health program must be understood by those whom it affects. If a person is to be required to undergo inconvenience or expense, it cannot be expected that he will do so without getting a satisfactory explanation, unless he is living under some sort of dictatorial authority which has taught him not to ask questions. He deserves an explanation, in as much detail as he wants and in language he can understand. If he is convinced of the wisdom of the program, not only will he gladly cooperate, but he will become a force in the community in support of the program and will influence others toward its support.

Most public health programs are exceedingly valuable to the community in which they are put into effect. This value can usually be understood by the people, if properly explained. The value in many cases is apparent even to the most ignorant, but such should not be assumed by the public health experts. Public health programs can fail if this assumption is made; explanations are not expensive when compared with program costs, and should always be given.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

In a democracy the public official has not much authority. Indeed, in a new democracy, many officials feel that their authority is virtually nil, and they act with less force than is really indicated. In a country rebounding from a state of total official authority, there is a tendency on the part of some people to resent officialdom - a tendency to not cooperate, or to obey only as much as is strictly necessary. In this period of adjustment, greater information effort is indicated. Both the people and the officials the people elect must be reminded of their powers and their duties.

Public health is a highly technical field in many respects. It is a field in which the people have had little education. Unlike governmental functions of reducing crime or fire, its object is not always clear to those not trained in the subject. If a certain disease is not present in the community, why vaccinate against it? After all, if there was no history of fire in the community, you would not advise an elaborate fire protection service. Why shouldn't I wash my vegetables in the ditch? The practice never harmed me and the water looks clean. Why should cleanliness in the handling of raw milk be necessary when the milk is going to be pasteurized anyway? Doesn't pasteurization kill all the harmful germs? Why should a canning factory be clean if all the food is going to be sterilized in cans? Should we insist that a man spend a great deal of money cleaning up a canning factory without answering this last question? What is the difference between sanitation and esthetics? The purpose of public health information is to answer these questions and hundreds like them in the best way possible for the enlightenment of the people who deserve to know.

There are many aspects of public health with which the people should be acquainted. First of all, the people should know that there is a public health service in their government whose function is to protect them and teach them to protect themselves against disease. Disease itself is a mystery to some. The epidemiology of many common diseases can be explained so that most of the people can protect themselves through the practice of personal hygiene. Methods of personal hygiene should be constantly brought to the people's attention by information media. The same is true of environmental sanitation. When people are sick, they should not, in their ignorance, die and suffer; they should be informed about available health agencies. Knowledge of maternal and child hygiene lowers the number of birth deaths of both mothers and babies. Lately in the United States stress has been placed on the early recognition of degenerative disease and the result of this public knowledge will surely be the reduction of cancer mortality. After knowledge of health and disease, comes appreciation for health programs, which results in increased public demand for these programs and this demand is reflected in the attitude of legislatures and budget committees.

I once heard Japan referred to as "the land of the runny nose". The wag who coined this phrase undoubtedly was impressed by the high incidence of upper respiratory infection here. Along with the annual harvest festival and annual New Year festival, there is the annual

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

dysentery epidemic. Some public health measures involve the changing of national customs, attitudes, and practices. This takes education and lots of it!

So much for the importance of public health information — what about our facilities? What tools are available to us?

First of all, in the prefectures and in the regions are groups of specialists upon which we may call - these groups are the information sections. As veterinarians we should not dabble in media - that is not our field. No information program should be undertaken without consulting the Region Information Section. Good liaison here is definitely indicated lest we go off half-cocked. Just as it is important that public health information be scientifically accurate, it is important that media be used properly and to fullest advantage.

Within the prefectural health department, there is the information committee. This committee decides what the current information program of the department is to be, and implements it. Each health center also has such a committee which operates in the same way, only locally.

In the towns and cities there are independent organizations which at times are very much interested in public health problems — for example, associations of food processors or producers, P-T A groups, etc. These organizations can be of great help in certain types of problems.

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Lastly, there are the film libraries and assembled collections of periodicals which occasionally are drawn upon to good advantage.

In Japan we have a pretty good set of tools for the job we have to do, but unfortunately some of them are dull and they must be sharpened so they will produce. We can sharpen them by surveillance. In the surveillance of the public health information facilities, we will first consider the information sections. Surveillance of these sections is done by the Region Information Section. The only times we, as regional veterinarians, are concerned with surveillance of this organization is when we encounter deficiencies in this section more or less by accident. We call such deficiencies to the attention of the Region Information Section whose job it is to look into the problems and correct the deficiencies. The information committees of the health departments come under our jurisdiction, but in liaison with our own Information Section. We want these committees to operate so that information goes out to the people, but we want them to operate properly, so we consult with our Information Section who can solve the problem for us. We can collect data from these committees as to organization, qualifications of personnel, budget, program, liaison, carrying out of directives, etc.,

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

and we take that material to the information people of the Region and confer. Out of this will come some answers and some experience which will enable us to evaluate the efficiency of the public health information organizations.

Perhaps we will want to talk on the importance of public health information, or urge the hiring of one person trained in the arts of public relations and advertising. We will want to check on whether good use is made of films which are available, whether the prefecture is carrying on surveillance at the health center level of information activity. Money is provided for public health information at the prefectural level. Is this money being spent on information?

Every health department program, properly written up, is news. Is this fact taken advantage of? To what extent? By and large, the main surveillance is the job of the Region Information Section, and we should not take that function over.

I have said that every health department program written up in proper form will be considered by the newspapers as news. This suggests that when a health program gets under way, it should be written up in the form of news or a press release. Even this is not enough. The progress of the program is also news. Periodic press releases to the papers and radio concerning the success or failure of a program should be made. If a program fails because of lack of money, the public is interested - or should be - and should be so notified. This may have a favorable effect on future budgets.

It should not be expected that the newspapers are interested in everything which is written for publication. Before an article can be considered to have news value, it must meet certain general specifications. It should not be taken for granted that any effort expended toward health information and education will be effective. In order to be fully effective, this effort must be:

a. Scientifically correct.

b. Presented in non-technical language that can be understood by those to whom the material is directed.

c. Interesting.

d. Practicable.

Sentimentality generally should be avoided - it does not appeal to everyone. Be brief - long words, long sentences, long paragraphs, and long articles call for an effort by the reader which he may not be willing to expend. Avoid covering too many subjects in one article - one telling punch at a time will have more effect. An article for a newspaper must tell of a happening; it should not be a lecture or an instrument for uplifting. A good editor will always look for the who, what, when, where, and sometimes why and how.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Radio is the most difficult media to use. The audience is heterogeneous and difficult to please. Requirements for good delivery of the material are hard to satisfy. Material on public health can be pretty dull unless prepared by a specialist - and that does not mean a public health specialist!

Generally speaking, the use of media is not easy and requires special training. We, as veterinarians, should steer clear of it because it is just as possible to harm a program by bad information as it is to help it with good information.

There is no question but that information is of value in a program aimed at the control of disease. There are many obstacles encountered in any such program. A militant minority can sometimes threaten a program which is favored by the majority. One good example of this is research in the United States. Vivisection is an important part of disease research. The Anti-vivisection Society - a small but exceedingly clamorous minority - campaigned vigorously against the use of animals in research, being helped by the silence of the medical profession, and came close to hamstringing the whole program of medical research. They were successful to the extent of making research more difficult than necessary. In the United States now medical science is no longer silent on the subject and have awakened the majority to the benefits of medical research to the general public - even to the anti-vivisectionists. An example of such an obstacle in Japan is the attitude encountered toward the dog-catcher, who is an important tool in rabies control. The traditional function and especially the traditional methods of the dog-catcher in this country have earned him the hatred of dog-lovers and the disfavor of the general public. Beating a dog to death in public makes few friends for the cause. The methods of the dog-catcher can be changed by law, but his standing in society and society's attitude toward his function can be changed only by information which aims at giving him and his work a social build-up. Posters which show the public that the dog-catcher and his functions are valuable to society just as a fireman and his are will help. Editorials which assure the public that the modern dog-catcher's methods are humane are also valuable. "Vagrant dogs, like vagrant human beings, contribute nothing - they consume and menace."

According to Japanese law dogs are to be vaccinated twice yearly. Let us assume that all the prefectures of this island have a joint conference and decide that on April first a drive will begin to get all dogs either registered and vaccinated, or destroyed. Plans should be made a sufficient time in advance for an information program to be prepared. The information program should be started a little ahead of the actual drive. The drive should get publicity in the newspapers - it is news. The newspaper articles should contain the reasons for the drive, the law involved, and its mechanics. The stray dog should be depicted as an evil, a potential health menace, and an economic drain on the community by virtue of the large quantities of food he consumes. Here is an opportunity to acquaint the public with the facts about rabies - a disease of humans as well as dogs. The importance of not killing a dog that has bitten a

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

human should be stressed along with the importance of notifying the health center of the incident. The dog-catcher should be justified. The reason for the registration fee should be explained. If some money is spent in the process, it will be small compared to the cost of failure of the program, or the costs of a large population of stray dogs at large, taxing the public with their appetites. One news article containing in one dose all the aspects of the drive is not enough. A series of articles, posters, leaflets, magazine articles, talks to groups illustrated with films, and radio announcements is indicated to do a successful job.

What has been said of rabies may be said for nearly any public health program in which knowledge by the public is an important factor - grading of food shops, elimination of food stalls, regulation of street vendors, closing up of major uncooperative food processors where there may be political pressures involved, condemning of large quantities of unfit food, slaughtering of diseased animals, compulsory vaccination of animals, extensive quarantines, community projects, new laws and regulations, etc. Any time that a large segment of the population is involved, information is indicated.

As regional veterinarians, it is our job to do all we can within reason to make suggestions which will further the programs on which we do surveillance. If the use of public information is indicated in a certain program or project, it is reasonable that we stress the importance of information in connection with that program or project. Unless we do that, our jobs cannot be said to have been completed.

B. J. SHINN, V.M.D.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Ring Test — JWX

REGIONAL VETERINARIAN
TOKAI-HOKURIKU CIVIL AFFAIRS REGION

4 December 1950

Brucellosis

The testing program for brucellosis is very limited at present. Some prefectures are testing at the direction of the Ministry of Agriculture and Forestry in order to estimate the incidence of the disease in Japan. In some other prefectures, some testing is being done, but in no prefecture are all cattle being tested. From all indications, the incidence of brucellosis here is only a very small fraction of the estimated 5 to 10 percent infection in the U.S. In Tokai-Hokuriku region in 1949, there were only eleven reactors from 14,252 cattle tested; in 1950 to Nov. 1, there were 3,382 tested with 7 reactors and 1 suspect.

The methods of testing used at present do not appear to be entirely satisfactory. In a pamphlet issued by the Animal Hygiene Laboratory in Tokyo, the use of either whole blood or serum is recommended in the agglutination test. Although whole blood agglutination testing has been found reliable in pullorum testing, to the best of my knowledge, it has not been approved or recommended for brucellosis testing in the U.S. Japanese livestock officials often complain that the agglutination test is positive, but the compliment-fixation test is negative. I feel that this is in large part due to the use of whole blood. In witnessing the testing of about 100 samples, 3 were diagnosed as positive when whole blood was used, but all were negative when only the serum was used. Evidently, the presence of erythrocytes interferes with the reading of the tests. Although testing with whole blood is more simple, I don't believe it to be as accurate.

I also feel that while we are testing, we may as well slaughter the reactors and pay indemnity rather than to permit them to serve as foci for further infections. Also, the brucellosis and TB testing of cattle can be conducted simultaneously at less expense and work for both the farmer and the veterinarian. It will save travel expenses, and cattle will only have to be brought together twice rather than three times. Trichomonaisis and mastitis examinations might also be conducted at the same time, although I feel the latter should be left to practitioners.

Indemnities for TB reactors

The Agricultural Ministry has asked the prefectures to appropriate funds for the payment of indemnities. The prefectures are reimbursed at the end of the fiscal year. Some prefectures are reluctant to make the appropriation as it ties up funds which bear no interest. In some cases, farmers are thus kept waiting for months for their indemnity

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

payments. This does not tend to increase their enthusiasm for the tuberculin test. They need the money for the purchase of another animal. It would be preferable if some advance appropriation could be made by the National government.

Hog Cholera Vaccine

The short immunity provided renders the present vaccine impractical. There is disagreement as to how long immunity lasts, but most livestock veterinarians say 4 months. During a recent cholera outbreak at the Aichi breeding farm, the hogs had been vaccinated almost exactly 4 months before. If the use of some other vaccine, such as Boynton's or Chrystal Violet is possible, it would be desirable.

Pullorum Disease Control

Pullorum testing has been conducted in Japan for more than a dozen years, but the incidence remains quite high. In 1949 in Tokai-Hokuriku the incidence was 7.3 per cent; to Nov. 1, 1950, the incidence has been 7.4 per cent. A system of hatchery and breeder accreditation similar to the successful control programs in the U.S. might prove valuable in lowering the incidence.

a. Pullorum tested - less than 10% infection and a decrease of one percent annually to 5%. All birds over 5 months are tested and reactors are removed.

b. Pullorum controlled - Less than 2% infection. All birds over 5 months tested and reactors removed.

c. Pullorum passed - no reactors on test.

d. Pullorum clean - No reactors on 2 tests run at least 6 months apart and within year previous to hatching.

Rabies Control

Although the new Rabies Law is very good, there are a few items which I feel are unsatisfactory. In Article 10, the radius of the quarantine area following the occurrence of a rabies case is stated to be not more than five kilometers. Many rabid dogs travel 15 kilometers or more. The wanderings of these dogs in all cases will not be known, and they may bite dogs outside the five kilometer radius. Sixteen kilometers as a radius would seem preferable.

In Article 3 of Ordinance #103 of the Ministry of Agriculture and Forestry, the quarantine period for dogs entering and leaving Japan is listed as 30 days. If rabies is ever eliminated from Japan, the freedom

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

from the disease thereafter will depend on a rigid quarantine of all dogs and cats entering the country. Thirty days is about the minimum incubation period for rabies. Most countries which are free of rabies have a much longer quarantine requirement. This requirement is inconvenient to a few, but provides protection for many.

Recently, the Vice Minister of Welfare sent instructions to each prefecture regarding the administration of the Rabies Law. One part stated that private practitioners should be used to vaccinate dogs where possible, but that a health center official should be present to issue certificates. It would appear that if private practitioners can be entrusted to vaccinate dogs, they could also issue certificates and not necessitate the employment of an extra HC veterinarian to stand by and watch. If a HC veterinarian is going to be out there, he may as wellvaccinate the dogs himself.

Private Practitioners

Today the private practitioner appears to be on the verge of extinction. In Tokai-Hokuriku, there are less practitioners than there are veterinarians employed by cooperatives, and less than one-half as many practitioners as there are veterinarians working in an official capacity. Of 1,180 veterinarians in the region, only 210 are practitioners. Most animal disease control is being done by livestock officials. They are also doing artificial insemination and sterility work. Much of the treatment is in the hands of cooperative veterinarians. In the recent influenza epidemic, animals were treated by district and animal health clinic veterinarians in one place where plenty of practicing veterinarians were available. These veterinarians in this locality were not even placed on the control team. The director of this control team was the animal health clinic veterinarian, the assistant director was the district veterinarian, and his assistant was the Agricultural Relief Ass'n. veterinarian. The headquarters of the control team was the Agricultural Cooperative office, and when farmers reported a sick animal, some member of the control team was dispatched to render diagnosis and treatment. In this particular area, there were 10 practitioners, 1 relief association veterinarian, 2 cooperative association veterinarians, 1 district and 1 animal health clinic veterinarian.

In three prefectures in the region, a livestock veterinarian is president of the prefectural veterinary medical association. In two of these prefectures, health officials have reported that the president was hesitant to cooperate in using practitioners in rabies vaccination programs. Their belief was that the president of the association foresaw the possibility of practitioners acquiring more animal disease control work. There is little benefit to be derived by the practitioner's being a member when the president of the association is helping to drive him out of business.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

The services of the Agricultural Cooperative and the Agricultural Relief Association are well publicized. The private practitioner is violating the Veterinary License Law if he advertises to any great extent.

The animal health clinics have been quite expensive in construction and operation. In Gifu, the cost of insemination of one cow has been 5,000 yen, of which 3,600 is borne by the government. This does not include the cost of the building and fixed equipment. I feel that further construction of these clinics should be discouraged and the activities of the present ones limited to animal disease control and artificial insemination.

In conclusion, the further use of private practitioners in animal disease control, rabies control and artificial insemination should prove more efficient and more economical. Also, the further entrenchment of those forces operating against him should be discouraged. I don't think we can build a strong profession with a bunch of bureaucrats who are dominated by another profession.

Strengthening of Regulations under Slaughterhouse Law.

Present regulations state that the inspector shall take the temperature at the poll and the base of the ear. Some prefectures which use thermometers consider cattle eligible for slaughter if the temperature is below 41°C or 106°F. A cow can be quite incapacitated and still meet this requirement. Some of these high fever cases are being diagnosed by practitioners and cooperative veterinarians as colic or tympany. Some later prove to be anthrax, encephalitis or other severe infectious disease. These animals may be bled at the farm and then carried to the slaughterhouse under emergency slaughter regulations, thus presenting a hazard to both public and animal health. I feel that definite temperature standards for each species should be established, and any animal suffering a temperature above the standard during the previous 7 days would not be eligible for slaughter. No veterinarian would legally be permitted to sign an emergency slaughter certificate on any such animal.

The following temperatures are suggested:

Cattle - Below 40°C or 104°F.
Horses - Below 40°C or 104°F
Swine - Below 40.5°C or 105°F.
Sheep - Below 40°C or 106°F.
Goat - Below 41.5°C or 107°F.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

KANTO CIVIL AFFAIRS REGION
PUBLIC HEALTH SECTION
APO 500

2 December 1950

SUBJECT: Dog Collection Program

TO: Custodian
Grant Heights
Dependent Housing Area
Attn: Capt. McCormoh

1. The following personnel will participate in joint dog collection program which is to be held at Grant Heights beginning 5 December 50.

a. The following list of people is to be engaged in dog catching in and around Grant Heights.

(1) Dog catching team - 4, 2-man teams

No. 1 Team - Mr. Okamura and Mr. Saito
No. 2 Team - Mr. Takahashi and Mr. Tsuruta
No. 3 Team - Mr. Kobayashi and Mr. Iizuka
No. 4 Team - Mr. Iwasaki and Mr. Aminaka

(2) Veterinarians from Nerima Health Center

Dr. Kuwata and Dr. Kiuchi

(3) Veterinarians from Veterinary Affairs Division, Tokyo-To Health Bureau

Dr. Osawa and Dr. Yamadera

2. The dog catching teams will report at the Grant Heights main check point at 0900 hours each morning during the time dog collecting campaign is in effect.

CHARLES R. PEGG
Public Health Veterinarian

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

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

RR/ff
1 December 1950

MEMORANDUM FOR RECORD

SUBJECT: Bovine Influenza

1. Meeting between Veterinary Affairs Division and Japanese officials disclosed the following information, cited by Japanese as their findings re Bovine Influenza since August 1950.

a. Hematological studies revealed a leucopenia with increase of young neutrophiles and decrease in number of mature forms, indicating a virus as the causative agent.

b. Cases were divided into two main types, primary and secondary.

(1) Primary was typified by a short course (3-7 days) with a single temperature curve pattern, temperature maintaining 40 - 42°C. for 3-4 days.

(2) Secondary cases typified by a longer course, and by two temperature curves. The first temperature curve of 3-5 days, reaching 40 - 42°C., followed by 3-10 days of normal temperature and apparent convalescence, then a relapse resulting in a second temperature rise. The secondary cases result in a higher percentage of mortality than the primary cases.

c. Post-mortem findings:

(1) Primary type - 4 autopsies.

(a) Respiratory organs - Hyperemia of mucous membranes of nasal passages, larynx, pharynx, trachea, bronchi, bronchioles and alveoli. Extensive interstitial emphyzema of lungs. Dr. Junji Nakamura reports one case of extensive

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

and violent lung hemorrhage evident on autopsy.

(b) Digestive Organs - Hyperemia of all mucous membranes. Hemorrhage and hyperemia of the abomasum, small intestine and caecum.

(c) Cloudy swelling of liver, spleen, kidneys, and skeletal muscles.

(2) Secondary type - 3 autopsies, of which one animal had died and two were slaughtered.

(a) Autopsy of the animal that died of the disease disclosed food and water in the nasal passages, pharynx, trachea and bronchi, with congestion of these parts. Hard impaction of rumen, reticulum and omasum, diapeditic hemorrhage of the entire mucosa of the small intestine, and congestion of the mucous membrane of the caecum.

(b) The two other animals were fed immediately before slaughter. Autopsy revealed no pathological changes in respiratory and digestive tracts, but food in the nasal passages, trachea and bronchi.

(c) Many cases of death in secondary cases due to dysfunction of larynx and pharynx.

(d) Dr. Ochi, Dean of Veterinary School at the University of Tokyo, reported that of 109 secondary cases in the Tokyo area exhibiting complete or partial paralysis of the pharynx and larynx, 31 animals died. Dr. Ochi observed 13 autopsies, and was unsuccessful in isolating a bacterial organism in any of these 13 cases.

(e) All of the Emperor's stable of 5 cattle were affected. One died, after only one day of sickness; 4 others recovered.

2. The total number of cases from figures available to date is 445,141 with 4,896 deaths. This is a total mortality

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

of 1.1%, with variations of mortality between 0.3 - 10%, approximately, in different areas. It is surmised that a large portion of this variation in mortality may be due to a greater prevalence of emergency slaughter in some areas than in others. Differences in method and promptness of treatment in the different areas are also possible factors involved.

3. The disease, because of its rapid and extensive spread resulting in loss of milk and work in addition to loss of a total large number of animals, is an important economic problem. Possible methods of prevention, treatment and control are being continuously studied by the Japanese, and will be discussed at the forthcoming meeting of Civil Affairs Veterinarians at Shikoku.

4. The information prepared by Japanese on symptoms, post mortem findings and treatment is attached for reference.

1 Incl
a/s

R. REISINGER, DVM
Ass't Chief, Vet. Affairs Div.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Japanese Report

Symptoms of the Cattle Which Has Contracted Cattle Influenza and Treatment of Them

(By Dr. Kimata)

1. Generally speaking, we can find out several types in symptoms.

2. Symptoms of the 1st Type of Cattle Influenza.

   Common Symptoms:

   a. Loss of appetite and of will to drink water.
   b. Discontinuation of peristalsis.
   c. Tear
   d. Nasal discharge
   e. Fever (40-42°C) for 3-4 days

   Special Symptoms:

   a. Impossibility of standing up.
   b. Hyperaemia of the gingiva behind the incisers.
   c. Excretion of bloody feces.
   d. Nervous symptoms.
   e. Irregularity of the temperature of the skin.

3. It is very noticeable that there are very few cases which died from pneumonia.

4. Treatment for influenza of the 1st type
   The following medicines are used for the treatment.

   a. Camphor
   b. Vagostigmin (stimulates peristalsis)
   c. Salysilic acid
   d. Sodium sulphate
   e. Vitamin
   f. Saline

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Japanese Report

Chief Findings at Post-mortem Examination
(Preliminary Report up to November 10th 1950)

6 died and 3 killed cases were examined.

Died cases:

Swelling, congestion, extravasation, and edema were generally seen in mucous membrane of nasal cavity, pharynx, larynx and trachea.

Lungs were very voluminous on account of remarkable interstitial emphysema, which sometimes spread to mediastinum and realy to suboutis of cervical region. (No. 23 and 15) Congestion, haemorrhage, interstitial and vesicular edema were also generally found, and lobular collapse resembling mosaic were very impressive.

In right ventricle of heart much clot was seen, and myocardium, liver and kidney were often cloudy.

Spleen did not swell, but somewhat soft.

In many cases much fodder remained in rumen, and congestion and extravasation were found in subomasum, small intestine and caecum.

Petechiae and echymoses were often found in musculature, endocardium and tongue.

Lymph-nodules, especially retropharyngeal, were remarkably swollen, edematous and congested.

Killed cases;

Upper respiratory tract were less involved, but edema and lobular collapse were clearly seen in lungs. In other organs characteristic lesions rare exepting slight swelling of lymph-nodules.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

KANTO CIVIL AFFAIRS REGION
PUBLIC HEALTH SECTION
APO 500

CP
Vet-gen

13 November 1950

CERTIFICATE

This is to certify that one (1) Dalmatian Dog; name: "Toby", age, nine (9) years; color, black and white and weighing approximately 65 pounds, owned by Mr. Jeffrey Robert Hanna, 6 Enokisaka-Machi, 1-Chome, Akasaka Minato-Ku, Tokyo was physically examined by the undersigned and found to be free of any contagious disease to the best of my knowledge and belief.

I further certify that no cases of rabies have been reported in Akasaka Minato Ward area during the past 120 days and that the subject animal was vaccinated within sixty (60) days prior to the date of this certificate.

Rabies Vaccination Tag No. 532600 - 1950.

CHARLES E. PECK, VMD
MAJ AR VETS

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Cattle Influenza Nov. 9, 1950

Prefecture	Cattle population as of Feb. 1, 1949	Attacked	Died	First case	Functional Disturbance of Pharynx and Larynx: Attacked	Functional Disturbance of Pharynx and Larynx: Died	Number of cases 1949
Hokkaido	52,953						
Aomori	11,131						
Iwate	29,398						
Miyagi	38,353						
Akita	17,146						
Yamagata	41,025						
Fukushima	35,927	46		Oct. 25			
Ibaraki	56,462	15,380	66	Sep. 24	?		
Tochigi	21,861	2,839	18	" 19			
Gumma	46,086	2,813	23	" 18			
Saitama	43,391	10,346	139	" 10			
Chiba	67,851	8,917	114	" 22	?		
Tokyo	12,152	4,758	102	" 22			
Kanagawa	30,430	10,985	119	" 19			
Niigata	66,408	1,238	3	" 17			
Toyama	8,791	168	2	Oct. 4			
Ishikawa	21,089	539	9	Sep. 25			
Fukui	11,431	1,294	45	" 12	?		450
Yamanashi	10,147	211	4	" 28			
Nagano	44,803	5		Oct. 20			
Gifu	36,383	6,415	70	Sep. 18	204		39
Shizuoka	47,060	33,797	214	" 11	10	3	Rate 0.06%
Aichi	46,026	41,176	353	" 4	140		
Mie	54,303	20,777	406	" 15	778		599
Shiga	29,091	1,928	51	" 18	64	36	1,919
Kyoto	40,324	12,012	57	" 7	400	200	1,845
Osaka	37,676	2,210	45	" 4	?		5,561
Hyogo	125,376	37,684	634	July, early	1,062	262	16,456
Nara	24,314	1,153	123	Sep. 19	?		1,505
Wakayama	39,770	1,439	145	" 21			4,080
Tottori	49,350	6,618	7	" 10			2
Shimane	66,241	3,410	2	" 4			228
Okayama	106,694	39,740	145	Aug. 26			2,540
Hiroshima	105,951	44,703	129	" 18	511	96	4,468
Yamaguchi	78,064	30,830	129	" 17			862
Tokushima	49,522	16,368	104	" 29			1,184
Kagawa	53,286	15,299	201	" 23			3,683
Ehime	66,586	25		" 21			4,125
Kochi	39,326	3,343	65	Sep. 12	30		1,134
Fukuoka	73,416	5,242	23	" 1			3,578
Saga	37,940	459	13	" 24			3,607
Nagasaki	81,132	182	1	Oct. 19			43,350
Kumamoto	83,176	1,525		Sep. 24			5,244
Oita	80,583	11,646	5	" 5	9	4	3,044
Miyazaki	56,942	544	109	" 9			17,829
Kagoshima	117,983	487		July, 14			34,635
Total	2,294,250	398,551	3,675		~~2430~~ 3208	601	161,967

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Japanese Government
Ministry of Agriculture and Forestry Bureau of Animal Industry
Animal Hygiene Section
2-2 Kasumigaseki. Chiyodaku, Tokyo, Japan

24. NOV. 1950

Prefecture	Cattle Population as of Feb 1. 1949			Examined Cattle	Results				Reactor Percent for examined
	Milk Cow	Other Cattle	Total		Normal	Suspected case	Positive Case	Reactor Total	
Hokkaido	52.804	147	52.953	54.579	54.391	132	56	188	0.34
Aomori	2,117	9.014	11.131	1.185	1.174	11	–	11	0,93
Iwate	10,134	19,266	29.400	5.102	5,026	71	5	76	1.49
Miyagi	4.796	33.557	38.353	2.402	2.374	9	2	10	0.42
Akita	1.472	15,674	17.140	473	473	–	–	–	0.00
Yamagata	5,648	35,377	41.025	4.566	4.550	16	–	16	2.35
Fukushima	4,111	31.816	35.972	2.829	2.751	77	1	78	2.76
Ibaragi	2.438	54.024	56,462	1.719	1.716	2	1	3	0,17
Tochigi	2,647	19.214	21,861	2,150	2,148	–	2	2	0.09
Gunma	5,834	40,252	46.086	4.703	4,668	28	7	35	0.74
Saitama	6.793	36.593	43,386	6.580	6.503	46	31	77	1.13
Chiba	12,045	55,800	67,851	8,489	8,262	177	50	227	2,67
Tokyo	5,547	3.605	12,152	3,806	3,803	2	1	3	0,07
Kanagawa	7.475	22.955	30,430	9.380	9,086	287	7	294	3,06
Niigata	3,174	63,234	66,408	2.457	2.441	14	2	16	0,65
Toyama	1.299	7.492	7,791	1,002	966	21	15	36	3,60
Ishikawa	1.405	19,684	21,081	1,385	1,336	18	31	49	3,54
Fukui	1.012	10.419	11,431	703	672	23	8	31	4.41
Yamanashi	1.547	8,600	10.147	1.219	1,197	21	1	22	1,80
Nagano	7,433	37,370	44803	7.169	6766	334	69	403	5.62
Gifu	2,516	33.867	36,383	1.306	1251	32	20	52	2,88
Shizuoka	9.616	37,442	47,060	5.807	5,387	276	144	420	7,23
Aichi	6.602	39.505	46.107	5.364	5,211	90	63	153	2,85
Mie	1.716	52.931	54.647	1.437	1.423	3	11	14	0,97
Shiga	1,214	27.877	29,091	1,234	1,155	45	34	79	6.44
Kyoto	1,661	38,663	40,324	1,363	1,287	5	71	76	5.58
Osaka	1,994	35.682	37,676	1.885	1,747	103	35	138	7,32
Hyogo	5.576	119.800	125.376	5.561	5,401	136	24	160	2,88
Nara	638	23,676	24.314	575	547	10	18	28	4.92
Wakayama	935	38.835	39.770	1050	1,022	4	24	28	2,67
Tottori	941	43.409	47.350	1.459	1,447	1	4	5	0,34
Shimane	530	65.711	66.241	899	898	–	1	1	0,11
Okayama	2,854	103.840	106,694	2,773	2,559	110	34	144	5,16
Hiroshima	2,023	103.928	105.951	1,324	1,315	3	1	9	0,68
Yamaguchi	2,334	75.730	78.064	1,807	1,796	5	6	11	0,61
Tokushima	2,133	47.389	49.522	813	812	1	–	1	0,12
Kagawa	1,893	51.393	53.286	1.457	1.441	12	4	16	0,10
Ehime	1,622	64.964	66.586	1.374	1,372	2	–	2	0,15
Kochi	267	39.059	39.326	173	170	2	1	3	1.93
Fukuoka	3.647	69.769	73.416	3.168	3.086	42	40	82	2.58
Saga	2,147	25.794	37.941	2.430	2.421	–	9	9	0,37
Nagasaki	1.367	79.765	81.132	1.832	1.803	2	7	9	1.49
Kumamoto	2,106	81.070	83.176	686	664	20	2	22	3.21
Oita	1.250	79.333	80.583	1.237	1.234	–	3	3	0,24
Miyazaki	1,328	55,614	56.742	1.824	1.818	5	1	6	0,33
Kagoshima	3,144	144.839	117.983	2.452	2.389	49	14	63	2,57
Total	201.787	2091.986	2293.773	173,708	170,597	2251	860	3,111	1.79

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

LIAISON SECTION
CHIBA PREFECTURAL GOVERNMENT

Oct. 18, 1950

TO : Chief, Kanto Civil Affairs Region.

ATTN: Public Health Section.

THRU: Kanto Liaison & Coordination Office.

FROM: Chief, Livestock Sect., Chiba Pref. Gov't.

SUBJ: About purchase of biologically manufactured medicine.

In compliance with your instruction K.D.H. No. 2810 dated Apr. 18, 1950, we applied to the Chief of Livestock Sanitation Laboratory, Agri. & Forestry Ministry for the following medicine which is necessary on the occasion of outbreak of Swine Erysipelas.

1. Serum for Swine Erysipelas ---------- 1,000 c.c.

1. Time when we need it ---------- Middle of October.

For the Chief:

Signed by: K. Kishiro
Kazuo Kishiro
Chief, Liaison Section,
Chiba Pref. Gov't.

Received
K.L.C.O.
25 10 19
ATTN

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

NAGANO PREFECTURAL GOVERNMENT
PUBLIC HEALTH SECTION

File: NLS-1201
Oct. 12, 1950

TO: Dr. C. Pegg, Veterinarian,
Public Health Section,
Kanto Civil Affairs Region

THRU: Kanto Liaison & Coordination Office

SUBJECT: Opening of a Dog Show

An application of the said show has been made as follow, so we beg your directive whether it will be approved or not.

1. Name and address of the sponsore:

Genzo Haniuda,

Chief of Nippon shepherd dog
register asson. Nagano-ken Branch

1871, Togura-machi, Hanishina-gun,
Nagano-ken

2. Date of opening: Oct. 23, 1950

3. Place:

Togura-machi middle school ground, Hanishina-gun

4. No. of dogs to be attend and prefectures to be joined

50 dogs in the prefecture will be the chief body of the show, but as the show will be announced in the asson. magazine some dogs from other prefectures where no rabies outbroken (we expect Aichi, Niigata and Toyama Prefectures) may be brought in as sample dogs which possess rabies vaccination certificates.

5. Feedings for the dogs on show day:

The opening day will be only one day, therefore each owner will bring feed for his own dog.

Received
K.L.C.O.
25. 10. 13
TIMB

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6. Equipment of the show ground:

The show dogs will be brought into the ground in a dog box or with a dog chain (or rope) and fasten at the fixed places. Spectators will see dogs 2 meters or more apart from dogs so that the dogs will not injure visitores. For other details we follow the directions of the prefectural authority.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

E. GENERAL INFORMATION

1. What training programs were accomplished for prefectural veterinarians (P.H.)?

We gave guidance on actual business for butchery inspection.

2. What educational programs were conducted for processors of food stuff?

None

3. Discuss cold storage and refrigeration plants from the standpoint of sanitation and storage capacity.

Although we have a few refrigiration plants in this pref., there is almost no anxiety because the offices and plants of milk and meat dealers are all equiped with refrigirators according to each capacity. And we guided them to have equipments of electric refrigirators.

4. What licensing procedures are followed in the licensing of new food processing establishments? How many such plants have been licensed? How many plants have had licenses revoked and for what reasons?

Licenses are granted based on the standard of Food-stuff Sanitation Law and Pref. By-Law.

Plants licensed:	None
Plants of licenses rescinded:	None

5. Discuss present methods of transporting slaughtered carcasse raw milk, etc. and outline trends toward improvement.

It may be ideal if we can avail ourselves of refrigiration cars in conveying slaughtered meat and raw milk for long distance, but it is rather impossible to do so at present.
We, however, are doing efforts for prevention of contamination of the meat conveyed from butcheries.

As for the raw milk conveyed from dairy farms, trucks and auto-tricycles are used in its transportation. Especially, in warmer season, we give guidance on making speedy transportation lest they should be acidified.

6. Discuss any other problems relevant to veterinary (P.H.) problems.

None

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Scheduled Plan

1. Wiping out of stray dogs, fastening of domestic dogs, enforcing preventive injection and preventive dissemination etc. in order to attain entire extermination of rabies.

2. Sanitary training for butchery employees in each butchery.

3. Regular conference of sanitation veterinaries (on 5 May)

Singed K. Izumi

Veterinary Division

Tochigi Prefecture

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Reference for B - 3

a. Kind of animal : Milk-cow, Holstein, female, 12

b. Slaughter house: Ashikaga Slaughter house

c. Slaughtered on 11 March 1950

d. Tuberculin test:

1st time result (in April 1949), swollen in 3 mm (suspected)
2nd time result (in February 1950), swollen with hardness in 5 mm (reddened)

The above tuberculin test was given at Pref. Libestock Industry Section, which determined the cow as T. B.

e. Autopsy revealed following:

No change in the lymphatic glands in the various parts.
Recognized distoma hepatica in the liver .
Found a needle as long as 10 cm. in the second stomach which was reaching to the diaphragm.

f. Name of the disease: Reticuliitis traumatica
(It is considered due to para allergie that the cow showed reaction at tuberculin test)

g. Disposition: The meat was approved for consumption.
The slaughter-house was, for precaution, disinfected after autopsy.

h. The lymphatic glands at the various parts of the body was reserved and sent to Tochigi Pref. Domestic Animal Medical Laboratory asking for the culture-test.

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COPY

1/12

MINIMUM REQUIREMENT
of
ICE CANDY MANUFACTURERS

1. Transparent freezing tube is the ideal tube to use. But, the metal tube that has no angle corners and does not get rusted, shall be allowed to be used for the time being.

2. Original water to use shall be drinkable water. But, on using wate , excepting the sterilized city water, the water shall be either be sterilized by five-minutes boiling or treated with more effective sterilization than this.

3. Materials of such animal nature as milk, condensed milk and powdered milk, etc. shall be sterilized with over five-minutes boiling on their use.

4. Manufacturing apparatus shall be, on their use, sterilized with either boiling or some other suitable means. But, on the above being unavailable, washing them with original water shall be allowed.

5. Materials shall be stored in the containers with lids on, and on their being poured into freezing tube, they shall be kept from finger touch.

6. Sticks of either HASHI or other suitable one shall be affixed. But, wrapping with unsoakable paper shall replace it. Sticks shall be new and sterilized with over five-minutes boiling before being put to use.

7. Warming water, for the use of drawing ice candy out of tube, shall be the running and drinkable water.

8. Ice candies shall be kept under insect proof and dust proof equipments on their preservation (inclusive of transportation), kept from their drained water and their edible part kept from finger touch on delivery.

9. Portable containers for retail purpose shall show clearly names and address of manufacturer (others that can be replaced).

10. In manufacturing and preserving ice candy that is acidity by either containing acid fruit juice or others metals acted by acid, shall not be used.

11. Bacteria count in loc of the melted water of ice candy shall be less than 500 (on such material of animal nature as milk, condensed milk and powdered milk, etc. being used as for the main components.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

9

bacteria count shall be less than 1,000). (Bacteria count is based on the number of group grown with cultivation at 37° C., for 24 hours in the ordinary agar incubator.)

12. Coli-group bacteria that changes Endo's medium (Fuchsin Milch sugar agar agar) red, shall not be found in 1cc of the melted water of ice candy. (Endo's coli-group is the group that shows red color on being cultivated at 37° C, for 24 hours in Endo's incubator).

C
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Y

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Vet. Gen

STANDARD FOR ICE CANDY

The following standard was established by the Ministry of Welfare in the manufacturing of Ice Candy. This standard was presented to a representative group of members of the Japan Ice Candy Associations who will disseminate the information to all members for compliance. Prefectural Government Health Departments will be notified of the standards and will take the necessary action to obtain compliance.

a. Freezing tubes must be large enough to adequately observe and clean the interiors. Metal tubs that do not become rusty will be required. Eventually angular corners will be replaced by rounded corners.

b. Original water must be city water or a laboratory certified water safe for drinking. However, boiling of the water will be required that is to be utilized in making the candy. The length of time of boiling will be five minutes, and if sediment is present in the water, it will be filtered.

100°

c. Equipment utilized for mixing or preserving the materials and freezing tubes must be sterilized either by boiling or soaking in chlorine water (750 p.p.m).

d. The liquid used for the ice candy will be kept in clean and lidded vessels and when transferred to the freezing tubes, the transfer tubes must be thoroughly cleaned prior to use. When food solids are mixed with the liquids, pincettes shall be used.

e. Ice candy will have a stick handle (hashi) and the hashi will be boiled prior to use. The completed product will be handled by the handles only.

100°

f. Water for melting and drawing the frozen product shall be certified water.

g. The finished product must be retained in containers that are protected against fly and dust and free from the presence of melted water.

h. Ice candy shall not contain more than 1,000 bacteria per cc of melted water, and when milk is used, not more than 3,000 per cc. Ice candy shall have no coli-group bacteria that changes Endo-medium (Fuschin-milchsugar agar agar red).

i. Artificial sweet materials, pigments or flavours which are used for ice candy shall be suitable according to the provisions of the Food Sanitation Law.

j. Ice candy shall not contain any materials of animal origin except gelatin and for the time being, milk.

k. Ice candy shall not contain any materials of mineral origin except as stated in item i.

l. Ice candy that contains Indian beans, fruit juice, etc., shall not contain any artificial pigments.

m. Metal containers shall not be cadmium plated or plated with any other plating subject to chemical action when placed in contact with fruit juices.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Outbreak of Three Cattle Infectious Diseases In Japan during past 38 years

October 5, 1950

	Rinderpest	Contagious Pleuro-pneumonia	Foot & Mouth disease	Outbreaks at quarantine station
1905	-	-	-	
6	177	-	-	
7	328	-	-	
8	3,331	-	579	
9	-	-	-	
10	2,935	-	1	
11	-	-	-	
12	-	-	-	
13	-	-	-	
14	-	-	-	
15	-	-	-	
16	-	-	-	
17	-	-	-	
18	-	-	-	
19	-	-	-	
20	12	-	-	
21	7	-	-	
22	20	-	-	
23	-	-	-	
24	-	-	-	
25	-	234	-	R. - 71 at Moji
26	-	24	-	CPP - 1 at Moji
27	-	28	-	
28	-	20	-	
29	-	231	-	CPP - 2 at Yokohama
30	-	34	-	
31	-	-	-	
32	-	-	-	
33	-	-	-	F & M D 243 at Moji
34	-	-	-	
35	-	-	-	
36	-	-	-	
37	-	-	-	
38	-	-	-	
39	-	-	-	
40	-	-	-	
41	-	18	2	
42	-	-	-	
43	-	-	-	
44	-	-	-	
45	-	-	-	
46	-	-	-	
47	-	-	-	
48	-	-	-	
49	-	-	-	
50	-	-	-	

Remarks: These cases are only true cases of each disease excluding suspecious cases.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Outbreak of Three Cattle Infectious Diseases In Japan during past 38 years

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7	328	-	-	
8	3,331	-	579	
9	-	-	-	
10	2,935	-	1	
11	-	-	-	
12	-	-	-	
13	-	-	-	
14	-	-	-	
15	-	-	-	
16	-	-	-	
17	-	-	-	
18	-	-	-	
19	-	-	-	
20	12	-	-	
21	7	-	-	
22	20	-	-	
23	-	-	-	
24	-	-	-	
25	-	234	-	R. - 71 at Moji
26	-	24	-	CPP - 1 at Moji
27	-	28	-	
28	-	20	-	
29	-	231	-	CPP - 2 at Yokohama
30	-	34	-	
31	-	-	-	
32	-	-	-	
33	-	-	-	F & M D 243 at Moji
34	-	-	-	
35	-	-	-	
36	-	-	-	
37	-	-	-	
38	-	-	-	
39	-	-	-	
40	-	-	-	
41	-	18	2	
42	-	-	-	
43	-	-	-	
44	-	-	-	
45	-	-	-	
46	-	-	-	
47	-	-	-	
48	-	-	-	
49	-	-	-	
50	-	-	-	

Remarks: These cases are only true cases of each disease excluding suspecious cases.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

THE INSTITUTE OF PUBLIC HEALTH,
SHIBA-SHIROKANE-DAIMACHI, MINATO-KU.
TOKYO.

TELEGRAPHIC ADDRESS
"HEALTH TOKYO"

Tentative Schedule in the Public Health
Veterinarian's Course XII

Lecturer Dr. Pegg

Subject Meat Inspection (Introduction)
Oct. ~~17 (Tue.)~~ 20 (Fri.) 9:00 - 12:00

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THE INSTITUTE OF PUBLIC HEALTH,
SHIBA-SHIROKANE-DAIMACHI, MINATO-KU,
TOKYO.

TELEGRAPHIC ADDRESS
"HEALTH TOKYO"

Lecture Schedule for the 12th V.P.H. Course
(Sept. 4 - Oct. 28, 1950)

1 Week

Hour→ / Date↓	9 - 10	10 - 11	11 - 12	1 - 2	2 - 3	3 - 4
4 Mon.		Opening Exercise	Physical Examination	Seminars		
5 Tue.	Outline of Public Health (Shiga)			Food Control Administration (Asomura)		
6 Wed.	Introduction to the V.P.H. (Dr. Beechwood)	Meaning of Public Health (Koya)		Administration of Nutrition (Arimoto)		
7 Thu.	Bacteriology and Immunology (Introduction) (Someya)			Epidemiology (Introduction) (Kubo)		
8 Fri.	Public Health Statistics (Kawakami)			Abnormal Condition and Diseases of Slaughter Animal (Yamamoto)		
9 Sat.	Public Health Statistics (Kawakami)					

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THE INSTITUTE OF PUBLIC HEALTH,
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TOKYO.

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"HEALTH TOKYO"

II Week

Hour→ Date↓	9 - 10	10 - 11	11 - 12	1 - 2	2 - 3	3 - 4
Sept. 11 Mon.	Public Health Statistics (Kawakami)			Health Center (Kimura)		
12 Tue.	Public Health Statistics (Kawakami)			Sea - food General (Hiyama)		
13 Wed.	Chemistry of Sea - food (Amano)			Seminars		
14 Thu.	Bacteriology of Sea - food (Toyama)			Abnormal Condition and Diseases of Slaughter Animals (Yamamoto)		
15 Fri.	Administrative Aspect of Slaughtering and the Law relating to Processing Plant of Dead Animal and Others (Asomura)			Bacteriology and Immunology (Ochi)		
16 Sat.	Animal Infectious Disease Control (Tanaka)					

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THE INSTITUTE OF PUBLIC HEALTH,
SHIBA-SHIROKANE-DAIMACHI, MINATO-KU,
TOKYO.

TELEGRAPHIC ADDRESS
"HEALTH TOKYO"

III Week

Hour→ Date↓	9 - 10	10 - 11	11 - 12	1 - 2	2 - 3	3 - 4
Sept. 18 Mon.	Sanitation of Slaughter House (Ikeda)			Processing Plant of Dead Animal and Others Practice		
19 Tue.	Feeding and Management of Dairy Animals (Ogoshi)			T. B. Control (Tsuda)	Communicable Disease Control (Bamba)	
20 Wed.	Chemistry of Sea - food (Amano)			Sea - food General (Hiyama)		
21 Thu.	Bacteriology of Sea - food (Toyama)			Abnormal Condition and Diseases of Slaughter Animal (Yamamoto)		
22 Fri.	Inspection of Food Establishment (Dr. Beechwood)			Bacteriology and Immunology (Ochi)		
23 Sat.	Holiday					

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

THE INSTITUTE OF PUBLIC HEALTH,
SHIBA-SHIROKANE-DAIMACHI, MINATO-KU.
TOKYO.

TELEGRAPHIC ADDRESS
"HEALTH TOKYO"

IV Week

Hour→ Date↓	9 - 10	10 - 11	11 - 12	1 - 2	2 - 3	3 - 4
Sept. 25 Mon.	Chemistry of Milk (Miyao)			Construction and Equipment of Food Establishment (Sato)		
26 Tue.	Theory and Application of Refrigeration (Watari)			Theory and Application of Refrigeration Practice (Watari)		
27 Wed.	Chemistry of Sea - food (Amano)			Bacteriology of Milk (Matsui)		
28 Thu.	Water (Sago)			Abnormal Condition and Diseases of Slaughter Animal (Yamamoto)		
29 Fri.	Manufacturing of Milk Products and Sanitation of those Factory (Tsugo)			Bacteriology and Immunology (Ochi)		
30 Sat.	Production of Food Meat Products and Treatment of byproducts from Slaughtering (Sasaki)					

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V Week

Hour → / Date ↓	9 - 10	10 - 11	11 - 12	1 - 2	2 - 3	3 - 4
Oct. 2 Mon.	Production of Food Meat Products and treatment of by-products from Slaughtering (Sasaki)			Inspection Tour to the Food Meat Products Factory		
3 Tue.	Administrative Aspects of Sea-food (Asomura)		Inspection Tour to the Milk Products Factory			
4 Wed.	Public Health Education (Shiga)			Inspection Tour to the Factory of by-products from Slaughtering		
5 Thu.	Nutrition General (Nakagawa)			Abnormal Condition and Diseases of Slaughter Animal (Yamamoto)		
6 Fri.	Food Poisoning (Chemical) (Kinbara)			Bacteriology and Immunology (Ochi)		
7 Sat.	Abnormal Condition and Diseases of Slaughter Animal Practice (Yamamoto)					

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VI Week

Hour → / Date ↓	9 - 10	10 - 11	11 - 12	1 - 2	2 - 3	3 - 4
Oct. 9 Mon.	Sewage (Sago)			Water, Sewage Practice (Sago)		
10 Tue.	Sanitation of Fresh-fish and fish-products (Dr. Beechwood)			Bacteriological Examination of Milk Practice (Nakano)		
11 Wed.	Food Inspection System (Kitaura)			Bacteriological Examination of Milk Practice (Nakano)		
12 Thu.	Administrative Aspects of Sea-food and Rabies (Asamura)			Bacteriological Examination of Sea-food Practice (Nakano)		
13 Fri.	Food Poisoning (Bacteriological) (Natta)			Bacteriological Examination of Sea-food Practice (Nakano)		
14 Sat.	Bacteriological Examination of Meat Practice (Nakano)					

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VII Week

Hour → / Date ↓	9 - 10	10 - 11	11 - 12	1 - 2	2 - 3	3 - 4
Oct. 16 Mon.	Diagnosis and Vaccination of Rabies (Kondo)			Diagnosis and Vaccination of Rabies Practice (Matsui)		
17 Tue.	Meat Inspection (Dr. Pegg)			Chemical Examination of Milk Practice (Miyao)		
18 Wed.	Chemical Examination of Sea-food Practice (Miyao)			Chemical Examination of Sea-food Practice (Miyao)		
19 Thu.	Insect and Rodent Control (Yamaguchi)			Insect and Rodent Control Practice (Yamaguchi)		
20 Fri.	Sanitation of Dairy Farm and Milk Plant (Matsui)			Chemical Examination of Meat Practice (Miyao)		
21 Sat.	Inspection of Dairy Farm and Milk Plant Practice (Matsui)					

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

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TELEGRAPHIC ADDRESS
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VIII Week

Hour → / Date ↓	9 - 10	10 - 11	11 - 12	1 - 2	2 - 3	3 - 4
Oct. 23 Mon.	Field Practice					
24 Tue.	Ditto					
25 Wed.	Ditto					
26 Thu.	Principles of Detergents (Motoyama)			Problems of Budget (Hinoue)		
27 Fri.	Seminars			Seminars		
28 Sat.		Closing Exercise				

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

KANTO CIVIL AFFAIRS REGION
PUBLIC HEALTH SECTION
APO 500

6 October 1950

SUBJECT: Priority Activities (Veterinary Affairs)

TO: Chief, Public Health Section

1. In compliance with check sheet dated 3 October 1950, this headquarters, the high priority veterinary activities for the months of October, November and December 1950 are submitted as follows and in order of their importance to the public health program for each phase of interest.

a. Public Health (Veterinary)

(1) Sea Food Control

(2) Rabies Control

(3) Grading of Establishment

(4) Other

b. Animal Disease Control

(1) Cattle Influenza

(2) Swine Disease Control

(3) Others

2. Methods of implementation in the above priority programs will be as follows:

a. Public Health (Veterinary)

(1) Sea food control - The primary object in this program will be to develop establishment sanitation to the extent that all operators will meet with requirements of the food sanitation law, protection of stored products by adequate screening and refrigeration and attempting to improve transportation facilities.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

(2) Rabies control - Implementation of the Rabies Control Law by encouraging the early establishment of retention pounds and setting up schedules for the initial vaccination program of 1951.

(3) Grading of establishments - Continue the present grading program in an attempt to effect completion of all food establishments by the end of December 1950.

(4) Others - Continue veterinary surveillance in other phases of the public health program.

b. Animal Disease Control

(1) Bovine Influenza - In view of the great number of cases in Kanto Region at the present time and since it will remain endemic throughout the remainder of the year, control work will be primarily directed to bringing this disease under control.

(2) Swine disease control - Continue vaccination in the cholera and ersipelas programs.

(3) Others - Other animal disease control problems will be injected into the present priority list as their importance becomes apparent.

3. The pricrity classification will be subject to change in the event of changes in the public health significance of any phase of veterinary activity.

CHARLES E. PEGG, VMD
Veterinarian

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

O Cmdr Dr Lay
Pt Jun 24 Aug 1940
12 Sept 40

Appropriation of Budget to Public Health Section.

Total amount:	¥39,238,385.00
Expenditure for the Foodstuffs Hygiene	1,622,180.00
Expenditure for Milk & Meat Hygiene	1,189,600.00
Expenditure for the prevention of Rabies	2,777,220.00
Others:	
Expenditure for the 28 Foodstuffs Hygiene Inspectors	4,375,146.00
Expenditure for the Seafood Poisoning Preventives.	288,880.00

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

SHIZUOKA PREFECTURAL GOVERNMENT

Aug. 24, 1950.

SUBJECT: Public Health Section's Request for Additional Fund for the fiscal year 1950.

TO : Chief, Public Health Section,
Kanto Civil Affairs Region.

1. Name of works for which the request for additional fund is made:

Increase of the Foodstuffs Hygienic Inspectors.

2. Reason for the request, and plan.

In accordance with the Welfare Department Enforcement Regulation concerning Foodstuffs Hygiene, foodstuffs establishments are to be inspected for certain number of times, and also they are to be graded. Against the number of establishments, which is 30,000, (excluding those in Shizuoka City), there are only 38 inspectors.

Further, affairs concerning licences and reports will also increase hereafter.

Such being the case, we wish to increase the number of inspectors by 32. The personnel expenditure is estimated at ¥1,863,672.00.

(The above request was presented to the Prefectural Assembly, Regular October Session)

FOR THE GOVERNOR

I. KAMEYAMA

Chief,
Liaison Office,
Shizuoka Pref.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

11 August 1950

SUBJECT: Unification of the Administration for the Veterinary Affairs

1. Present Conditions

The Veterinary Affairs in the administration system are divided between Kosei-Sho and Norin-Sho in the central government; and are divided between the agricultural division and the public health department in the prefectural government and are divided between the prefectural branch and the health center.

Accordingly, the communication and cooperation of each other of the veterinary officials cannot be conducted easily. Especially in the education and guidances for people are sometimes doubled and there are found some differences, and thus, the improvement and increasing the efficiency of these business are reduced to a great extent.

The defect as abovementioned are often found in the execution of the business and the research work.

Hence, it should be readjusted with consideration to the budget and personnel needed for this administration.

2. Concentration of Ability of the Veterinarians

All licensed veterinarians have studied in the same college or university, but their graduation they have been separated by assignment in different administrative areas, therefore, they rarely have chances to contact one another for discussion of veterinary problems.

3. Object of Administration

The object of these administration is all the same in the fields, and so it is preferable to have only one competent ministry, so that the improvement and progress of the administration will be more enhanced.

4. Future of the Administration

These two administrations will be complicated and many-sided. Now and then, it is preferable to establish a proper administrative system from the start to the goal of these veterinary affairs.

5. The Voices of Veterinarians and Inclination of People

The unification of the administration for the veterinary affairs is a essential matter; seeked for a long time, and no voice to oppose for them have been heard; furthermore, before the war, these two administration were under the public health section in most of the prefectures.