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The Public Health Statistics Division begins the preparation of the epidemiological case cards by filling out information such as the address and residence of the patient. Within a week a nurse will have called at the home of the patient, entered the required information on the card and returned it to the Statistics Division. It is then filed by disease in order of receipt of the original case report. These records have proven to be very useful in tracing disease sources. Frequently, investigations of the nurses for completion of the record forms has revealed cases not previously reported.

To insure as complete a file of epidemiological case cards as possible, all report cards of morbidity are corss-checked. Death transcripts for legal and reportable diseases are also cross-checked. If outcome has not been entered, it is done by the Statistics Division from death transcripts or recovery (follow-up) reports from physicians.

For statistical purposes, part of the information contained on the epidemiological case cards is transcribed to a morbidity transcript form. This procedure is parallel to that followed in preparing death transcripts. They are transmitted monthly to the prefectural health statistics offices and from there to the Health and Welfare Statistics Division of the Ministry of Welfare.

Each month all hospitals must submit a report of bed capacity, inpatient load and out-patient load, to be received by the health center not later than the fifth of the following month. It is the responsibility of the Division of Public Health Statistics to combine the individual reports into a single report and transmit it to the prefectural health statistics department by the tenth of the month.

Venereal disease clinics are required to submit a monthly report of cases under treatment according to stage of syphilis, gonorrhea, chancroid and other venereal diseases not later than the fifth of the following month. These reports are summarized into a single report which is sent to the prefectural health statistics department by the tenth of the month.

The records and statistical services of the Division of Public Health Statistics are available to every Division in the health center. All are expected to make use of them. Centralization of these basic records in the health center under this Division, which is charged with responsibility for preparing and keeping them, will result in effective record keeping.

Requests received by the health center for statistical information should be referred to the Public Health Statistics Division for reply. The records and statistics services provided by it will free personnel in other Divisions to devote their entire time to matters not statistical or of a records nature.

The Public Health Statistics Division is expected to furnish other Divisions with such tables, graphs and charts as they may desire. Many of those you will see during these conferences were prepared by it.

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Dr Blanchard

DENTAL HYGIENE SERVICE IN THE HEALTH CENTER DR

8 March 1948

1. Introduction

The oral cavity, first segment of the digestive tract by virtue of its position, is also in close relation with the respiratory system. Inheritable and constitutional factcrs influence its development and reactivity. Blood vessels, lymphatics and nerves insure rapid intercommunication between it and the rest of the body. It is affected by nutrition, metabolism and endocrine balance or imbalance. In many ways, it reflects the state of systemic health and unfortunately, it is one of the areas in the body most vulnerable to endogenous and exogenous insults and irritants. This importance is recognized in any dental health program.

A dental health program may be defined as one which apprises individuals and communities of existing dental defects, suggests and makes available proper treatment so as to achieve satisfactory function, comfort and appearance.

At the present time, the majority of the national health programs in Japan provide for some type of public health dental activity. Dental health service for all age and income groups is provided for by government law in the form of Social Insurance, Daily Life Security, and School programs (See Chart No. 1).

Study of these dental programs reveals considerable variation in type and in the features which receive greatest emphasis. The program content has developed as a result of local conditions, expediency, tradition, available funds, and decision by influential person or groups as the most effective way of spending funds. Consequently, all prefectures do not conform to a single type of program. We know there are insufficient number of dental treatment facilities and that neither funds nor personnel are available for complete dental treatment of the Japanese people. Thus, realism demands that in planning for a community program, we should consider procedures that will achieve the greatest good with the facilities at hand.

The present inadequacy of the dental health program is recognized and until responsible agencies assume their proportionate burden a completely successful national dental health program cannot be attained. Dental service is a relatively new service that has been added to the Health Center program and as such, is in an excellent position to cooperate with these different agencies in conducting dental health educational programs and rendering treatment to the community. To accomplish this requires harmony and cooperation within the Health Center itself.

2. Relationship with other Staff Members.

Dentistry has been established as one of the twelve basic services to be rendered in Health Centers. Chronologically, it is adolescent compared to Medicine; but this does not imply that it is or should be inferior in purpose, achievements, or service. Rather it is an opportunity to prove its worth as a health service. It is time that we evaluate how dentistry and medicine can better assist each other in the care of patients and promote the general public health.

It is obvious that the modern health center dentist must consider the teeth and oral structures in terms of their relation to the body as a whole. The dentist and physician are both concerned primarily with the diagnosis, treatment, and prevention of disease. The correct diagnosis and the best treatment will at times, require the closest cooperation between the dentist and physician. The many inter-relationships between medical and dental practice are not sufficiently appreci-

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ated. As a result, the patient does not always benefit from the co-operative administration of these two professions.

The dentist can do much to bring about close medico-dental relationship by the intelligent and diplomatic handling of patients referred to him by the medical profession. A dental consultation carries a definite responsibility which should be discharged in a manner that will impress both the patient and the referring doctor of his ability -- thoroughness, honesty, and assistance in the particular case.

There is also a need for the mutual understanding and cooperative spirit between the dentist, the medical social worker, and the public health nurse.

Chart #2 shows the relation the dentist has with the community. This relationship carries with it the obligations of civic and social leadership.

You, as health directors, have the responsibility of choosing dentist for your staff that will maintain these relationships.

3. Statement of Policy

Until the present time, no successful method of communal immunization for dental disease has been developed. Until vaccines or some other method of immunizing entire communities can be found, we must rely on early diagnoses and treatment of minor defects as an aid in the prevention of more serious, -even fatal consequences that naturally follow neglect.

It appears that limitations of treatment services, due to insufficient funds and personnel, are best applied on the basis of the number of children or age groups to receive care rather than on the number of services or types of treatment to be made available. It is reasonable, therefore, to provide adequate care for a selected group of children rather than limited services for a large group of children. If dental health programs are developed for the youngest age groups and continuity of care is provided thereafter, an accumulation of dental defects is impossible and an optimum condition of health, comfort, appearance and function would be maintained throughout the period of childhood.

The term "prevention" has been interpreted frequently as treatment for prevention, particularly in the control of dental caries. Based on this interpretation, provision of treatment is justified as a preventive measure on the grounds that filling of carious teeth would control caries to the extent of preventing undesirable sequelae which would culminate in loss of teeth and impairment of health.

Dental health education is a prominent feature of dental programs. In some cases, it is the exclusive feature. Dental health education of the public may extend from presentation of simple facts on dental health for the guidance of the individual to an attempt at broader explanations for the community.

Since many schools have school dentists, health centers should, at least for the time being, confine their treatment activities to the pre-school age group, but should extend their dental health educational programs to the limit of their facilities. Minimum dental service for the pre-school age group should include:

a. Orientation of child to dental environment.

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b. Recommendation or institutions of procedures for breaking harmful habits.

c. Treatment of mouth infections.

d. Prophylaxis.

e. Restoration of carious teeth

f. Extractions--infected supernumerary and deciduous teeth.

The policy and objectives of the Health Center program may be accomplished by education, prevention and treatment, emphasis on each varying with the needs in each locality.

Chart #3 shows how these policies may be realized.

All private practitioners have at some time or other, patients who are unable to pay for dental treatment. These should be referred to the Health Center. Upon arrival at the admission desk, the exact financial status may be ascertained and confirmed by a Medical social worker if necessary. The patient is then referred to the dental clinic where proper treatment is instituted.

Volunteer patients from throughout the health center district may be admitted to the dental clinic for examination and processing, i.e., either receive treatment or be referred to a private practitioner.

Students from schools without a regular school dentist may be examined in groups on certain days at the clinic, or the dentist can, by previous arrangement with school authorities, go to the school and conduct group examinations.

This same method may be applied in servicing welfare agencies.

Within the center itself, patients may be referred from other professional services for consultation and/or treatment.

4. Method for Group Examination.

a. Arrangements will be made with school or institutional authorities for ample space. Sufficient light, adequate facilities, and a definite date and hour, should be made prior to examination.

b. From a roster furnished by the institution, the entries in the heading of the examination chart (such as name, age, address, etc.) should be completed prior to the time of examination.

c. Sufficient sterile tongue depressors, sterile mirrors, and explorers should be available.

d. With the aid of an assistant, the group is arranged in order of the roster.

e. The patient is faced toward a good light and examination of the teeth, tongue, and mucosa made with mirror and explorer.

f. A digital examination of the sublingual and submaxillary glands is made at this time.

g. The results of the examination should be called off to a recorder who makes the entries in duplicate on that patient's chart.

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h. One copy of the chart is given the patient who is referred to a proper place for treatment and is instructed to return with completed chart when treatment is finished. (Patients treated in clinic need only one chart.)

5. Duties of Dental Personnel

While the responsibility for general supervision and uniformity of reports rests at the national level, the local health center dentist has manifold duties to perform as is shown by Chart #4.

Most of the dentist's duties are well understood but the preparation of reports and the dental health education program need some amplification. The educational phase is most important and must form the basis of the entire program. It is continuous and must be applied in all individuals and group contacts. Every possible media for the dissemination of information must be utilized. Samples of suitable material for pamphlets, posters, radio talks, etc. are shown here.

Duties of the dental hygienist and dental assistant are listed on Chart #5.

6. Reports.

There are two reports to be made by health center dentists. Chart #6 shows the flow of these reports. Report of Examination is made on every patient. This report contains name, age, sex, address, and other pertinent data, plus the findings of the examination. If the patient is to be referred elsewhere for treatment, this form is made in duplicate, one copy of which is kept on file and the other accompanies the patient. Upon completion of treatment, the report is returned to the health center where it becomes a part of the permanent record. This report serves two purposes: it shows the result of the examination and a record of treatment.

Monthly Report. A report of dental service is required monthly from every Health Center. This report is made in duplicate. One copy is retained in the Health Center files and one forwarded to the Prefectural Health Department. These reports are then consolidated by the Department of Health and a copy forwarded to the Ministry of Welfare. The Ministry of Welfare Consolidates the reports for the nation and forwards one copy to PH&W, SCAP.

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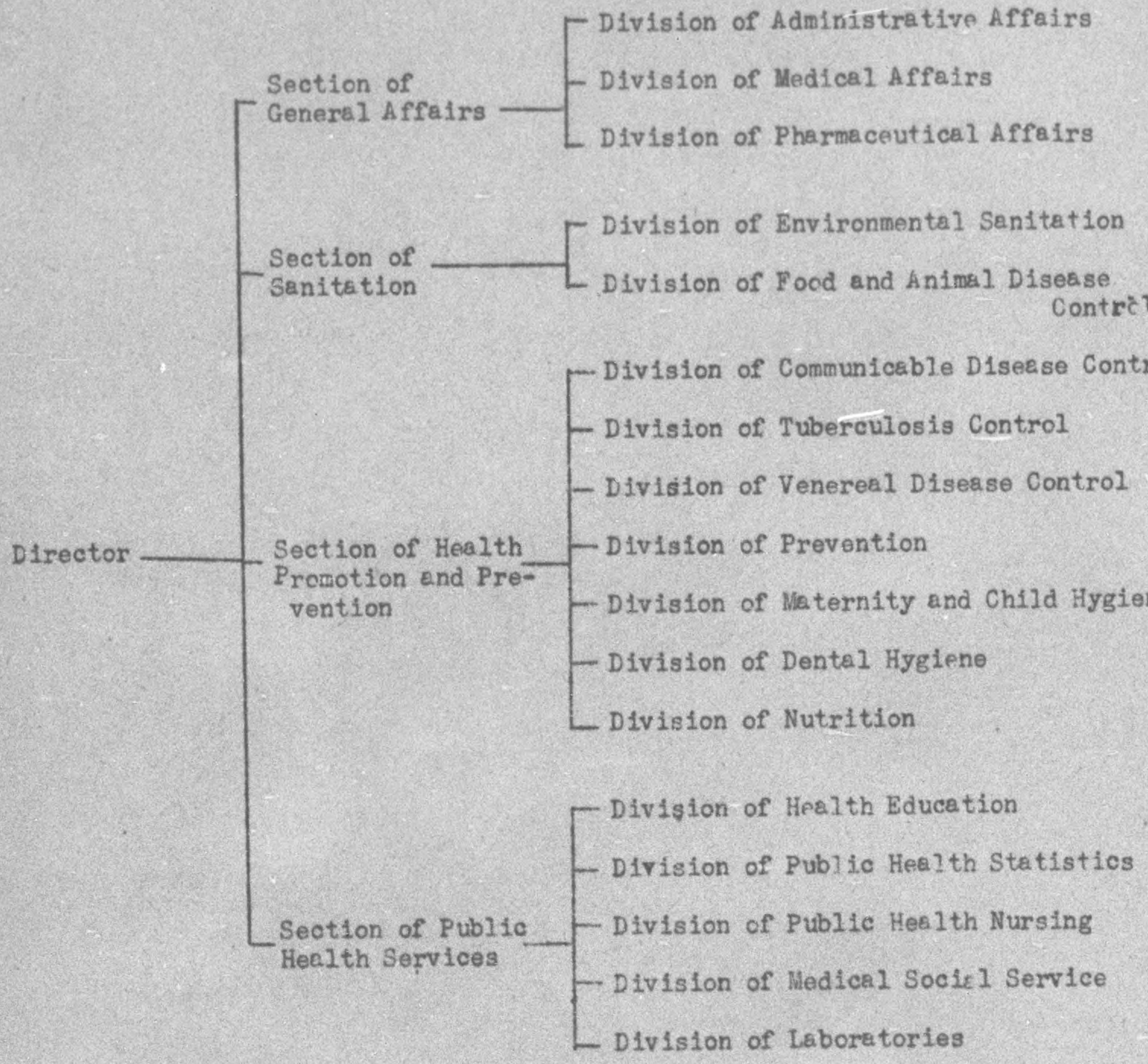
ORGANIZATION OF THE HEALTH CENTER



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S/C Kitaraff

Prefectural Film Libraries

REGION	PREFECTURE	BUILDING	ADDRESS
Hokkaido	Hokkaido	Pref. Library	Nishi-5-chome Kitaichijo Sapporoshi
Tokyo	Tokyo	Pref. Library	28 1-chome, Tsukiji. Chuo-ku, Tokyo-to (Kyobashi Library)
Kanagawa	Kanagawa	CIE Library	Kita-ku. Yokohamaeshi
Shizuoka	Shizuoka	Pref. Library (Aoi Bunko)	254 Ottecho. Shizuoka-shi
Tohoku	Aomori	Pref. Government	Ono.Aomori-shi
	Iwate	Pref. Library	86, Uchimaru, Morioka-shi
	Miyagi	" "	27, Kotodaidori, Sendai-shi
	Akita	" "	29, Higashinekoyamachi. Akita-shi
	Yamagata	Pref. Government	Hatagocho. Yamagata
	Fukushima	Pref. Library	20, Sugitsumacho. Fukushima-shi
	Niigata	Pref. Library	Yoriimachi, Niigata-shi
Kanto	Ibaraki	Pref. Government	Kita-san-no-maru. Mito-shi
	Tochigi	Pref. Library	356, Shiodamachi, Utsunomiya-shi
	Gumma	Pref. Government	Kuruwamachi. Maebashi-shi
	Saitama	Pref. Library	73 3-chome, Takasagomachi. Urawa-shi
	Chiba	" "	2 Ichibamachi. Chiba-shi
	Yamanashi	Pref. Government	Tachibana-cho. Kofu-shi
	Nagano	Pref. Library	Asahi-machi, Nagano-shi
Tokai-Hokuriku	Toyama	Pref. Library	Omotecho, Toyama-shi
	Ishikawa	Kanazawa Municipal Library	65 Tonomachi, Kanazawa-shi
	Gifu	Pref. Government	1 Tsukasamachi, Gifu-shi
	Aichi	Pref. Government	Minami Sotoboricho. Nichi-ku, Nagoyashi
	Mie	CIE Library	Komei-cho Tsu-shi
	Fukui	Pref. Government	Shiro-machi. Fukui-shi
Kinki	Shiga	Industry Cultural Hall	1 Higashiura, Otsu-shi (Sangyo Bunka Kan)
	Kyoto	Pref. Library	Okazaki, Sakyo-ku. Kyoto-shi
	Osaka	" "	Nakanoshima. Kita-ku. Osaka-shi
	Hyogo	Pref. Government	5-chome. Yamatedori. Ikuta-shi
	Nara	Kashiwara Library	Unebicho, Takaichi-gun. Nara-ken
	Wakayama	Pref. Library	Jonai, Wakayama-shi
Chugoku	Tottori	Pref. Library	Nishimachi, Tottori-shi
	Shimane	" "	Tonomachi, Matsue-shi
	Okayama	Pref. Government	Kamiifuka, Okayama-shi
	Hiroshima	" "	Mondo-cho. Hiroshima-shi
	Yamaguchi	" "	Itsukushima, Yamaguchi-shi
Shikoku	Tokushima	Pref. Government	Tomita-Uramachi. Tokushima-shi
	Kagawa	Pref. Library	Gobancho, Takamatsu-shi
	Ehime	Pref. Government	Ichibancho, Matsuyama-shi
	Kochi	" "	Marunouchi, Kochi-shi
Kyushu	Fukuoka	Pref. Government	Tenjinmachi, Fukuoka-shi
	Saga	" "	36 Akamatsu, Sagashi
	Nagasaki	Pref. Library	1 Kaminishiyama-machi, Nagasaki-shi
	Kumamoto	" "	Honmarumachi, Kumamoto-shi
	Oita	" "	Niagemachi, Oita-shi
	Miyasaki	Pref. Government	Miyatamachi, Miyazaki-shi
	Kagoshima	" "	Yamashitamachi, Kagoshima-shi

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RECENT EDUCATIONAL FILMS

A. Motion Pictures

1. Civil Information and Education Section (adaptations and documentary film).

CI&E No.	Title
08	Winged Scourge
21	World Food Problem
28	Government, The Public Servant
29	Children's Supervised Play
32	Medical Specialist
34	Modern Medicine
35	Studying Our Town
47	Pale Horsemen
63	Our Eating Life
86	Have Care of Tuberculosis
95	Defeat Tuberculosis
99	The Doctor (in English only)
109	Lady of Science
111	Stop Silicosis
114	Rodent Control
115	Recreational Health Center
122	Water, Friend or Enemy
123	Public Sanitation
128	The CARE Story
131	The Model Health Center

Prints of the above films are available through the Prefectural Film Libraries.

2. Department of the Army Medical Films Released for Use by Military Government Teams for Showings to Japanese Nationals in Public Health and Public Welfare Programs, (see attached list).

3. Japanese Produced Films

a. Environmental Sanitation	Reels	Producer
This Town, That Town	2	Dentsu Movie Company, Tokyo
The Fly	2	Riken Motion Picture Co., Tokyo
The Mosquito	2	Toei Company, Tokyo
Story of DDT	2	Naigai Movie Company, Tokyo

b. Communicable Disease	Reels	Producer
Story of Bacteria	2	Juji-ya Company, Tokyo
Humans and Parasites	1	Juji-ya Company, Tokyo
Diphtheria	1	Takeda Pharmaceutical Co., Tokyo
Diphtheria Immunization	-	Nippon Manga, Tokyo
Japanese Schistosomiasis	5	Shionogi Pharmaceutical Company, Tokyo
Parasites in the Stomach	2	Nihon Caricature Company, Tokyo
Leprosy	2	Nihon Motion Picture Company, Tokyo

c. Venereal Disease Control		
Flesh and the Devil	1	Miyako Eiga Sha, Tokyo
Flowers of the Poisonous Plant		
Part I. The Great Imitator	2	Shionogi Drug Mfg. Co., Tokyo
Part II. Gonorrhea	2	" " " " "

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c. Venereal Disease Control	Reels	Producer
Part III. Chancroid, Lymphogranuloma	2	Shionogi Drug Mfg. Co., Tokyo
Purity of Blood	-	Miyako Eiga Sha, Tokyo
d. Public Health		
Health for the Future	2	Takeda Pharmaceutical Co., Tokyo
Mothers and Child Handbook	2	Hanabusa Yoko Educational Motion Picture, Tokyo
Diary of a Public Health Nurse	2	Yamaguchi Prefecture and Western Japan Movie Film Production Co.
New Health Centers	2	Ministry of Welfare
Penicillin	2	Nagai Movie Company, Tokyo
e. Sex Education - Birth Control		
Sex and Life	2	Riken Motion Picture Co., Tokyo
Beautiful Instinct	7	Radio Motion Picture Co., Tokyo
Flowers and Fertilization	1	Juji-ya Company, Tokyo
Pistil and Stamen	2	Riken Motion Picture Co., Tokyo
Pure and Beautiful	2	Nihon Eigasha, Tokyo
Knowledge of Birth Control	2	?
f. Miscellaneous		
Growing Children	1	Nihon Manga Company, Tokyo
Children's Paradise	1	Educational Motion Picture Company, Tokyo
Story of Soy Bean	2	Toei Company, Tokyo
We Bloom	2	Ministry of Welfare
Japan After the War	3	Repatriate Relief Board
Native Land	2	Ministry of Welfare
Confessions of a Gynecologist	-	Daiei Motion Picture Co., Tokyo
Ports for Repatriates	2	Repatriate Relief Board
Shooting Star is Still Alive	5	Daiei Motion Picture Co., Tokyo
National Park, Fuji and Hakone	3	Sightseeing Company, Tokyo

B. Film Strips

1. Civil Information and Education Section - None.

2. Department of the Army - None.

3. Japanese Produced

a. Environmental Sanitation	Producer
Lice	Micro Film Co., Tokyo
Flies	Micro Film Co., Tokyo
Story of Flies	Okuda-Shokai, Tokyo
Story of Mosquitoes	Okuda-Shokai, Tokyo
Rats	Mainichi Educational Slide Company, Tokyo
b. Communicable Diseases	
Eruptive Typhus	Micro Film Co., Tokyo
Parasites - Part I	Okuda-Shokai, Tokyo
" - Part II	" " "
" - Part III	" " "
Round Worms	Mainichi Educational Slide Company, Tokyo
Spirochaeta	Riken Motion Picture Co., Tokyo

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	Producer
b. Communicable Diseases (Continued)	
Contagious Disease	Mainichi Educational Slide Company, Tokyo
I am a Tubercle Bacilli	Okuda-Shokai, Tokyo
Story of Tuberculosis Prevention	Ministry of Education
Mr. Lungs	Educational Motion Picture Company, Tokyo
Common Sense in Control of Tuberculosis	Okuda-Shokai, Tokyo
Mr. Wakasugi and Tuberculin	Riken Motion Picture Co., Tokyo
When you Contact Tuberculosis	Riken Motion Picture Co., Tokyo
Misunderstanding in Control of Tuberculosis	Okuda-Shokai, Tokyo
Treatment of Tuberculosis	Okuda-Shokai, Tokyo
I am BCG	Riken Motion Picture Co., Tokyo
Venereal Disease	Okuda-Shokai, Tokyo
What is Veneral Disease?	" " "
Blind Birds	" " "
Life of Dysentery Bacilli	Riken Motion Picture Co., Tokyo
Tom's Failure	Okuda-Shokai, Tokyo
Decayed Tooth	" " "
c. Public Health	
Parental Affection	Okuda-Shokai, Tokyo
Because I am a Mother	" " "
For Children	" " "
Mother's Diary	" " "
d. Miscellaneous	
Cats and Sunflower	Riken Motion Picture Co., Tokyo
Story of Blood	Ministry of Education
Before you Consult a Doctor	Micro Film Company, Tokyo
Until a Doctor Comes	" " " "
The First Step in Physical Training	Okuda-Shokai, Tokyo
The Weak Ken-chan	" " "
Story of Taro	" " "
Hands	" " "
Habit	" " "
Dawn of Village	" " "
Menses	" " "
e. Nutrition	
Story of Nutrition	Educational Motion Picture Company, Tokyo
Common Sense of Nutrition	Okuda-Shokai, Tokyo
Correct Nutrition	" " "

C. Miscellaneous Visual Aids

1. Baloptican productions (opaque cards)

Civil Information and Education Section
   a. Model Health Center
   b. Oral Hygiene

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The above productions have been distributed to Civil Affairs Teams and are available through the Prefectural Visual Aid Centers (see "Prefectural Film Libraries").

2. Exhibits

Civil Information and Education Section has prepared several exhibits concerning health and welfare. Arrangements for the loan of these exhibits may be made by contacting the Exhibits Branch, Information Division, Civil Information and Education Section, GHQ, SCAP, APO 500 (ATTN: Mrs. F. Baker).

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Department of the Army Medical Films Released for Use by Military Government Teams for Showings to Japanese Nationals in Public Health and Public Welfare Programs

Film No.	Film Title	Central Film & Equipment Exchange - APO 343	I Corps Film & Equipment Exchange - APO 301	IX Corps Film & Equipment Exchange - APO 309	Kobe Base Film & Equipment Exchange - APO 317	7th Inf. Div. Film & Equipment Exchange - APO 7	1st Cav. Div. Film & Equipment Exchange - APO 201	24th Inf. Div. Film & Equipment Exchange - APO 24	25th Inf. Div. Film & Equipment Exchange - APO 25	GHQ Film & Equipment Exchange - APO 500
FMF 5020	Removal of Magnetic Foreign Bodies from the Eye	X								
FMF 5021	Removal of Intrathoracic Foreign Bodies	X								
FB 195	DDT - Weapon Against Disease	X	X	X	X	X	X	X	X	X
FS 8 -49	Animal Injuries - Prevention, First Aid and Emergency Treatment	X	X							
FS 8 -54	Animal Diseases - Prevention, First Aid, Emergency Treatment	X								
FS 8 -55	Classes and Grades of Poultry	X	X	X	X	X		X	X	X
FS 8 -60	First Aid and Sanitation - Disposal of Waste	X	X	X	X	X		X	X	X
FS 8 -62	Water Supply and Purification	X	X	X	X	X		X	X	X
FS 8 -63	Communicable Disease Control - Control of Respiratory Diseases	X	X	X	X	X		X	X	X
FS 8 -64	Control of Insect Borne Diseases	X	X	X						
FS 8 -70	First Aid for Non-Combat Injuries	X	X	X	X	X		X	X	X
FS 8 -79	Anatomy and Physiology	X	X	X	X	X		X	X	X
FS 8 -81	Ward Management and Nursing - Part I - Ware Management, Temperature, Pulse, Respiration, Bedmaking, Bathing	X	X	X						
FS 8 -82	Ward Management and Nursing - Part II - Foods and Fluids, Body Wastes, Specimens, Enemas, Medicines, Heat and Cold	X	X							
FS 8 -98	Sterile Technic	X								
FS 8-102	Roller Bandages, Circular Modified Gibson, etc.									

Department of the Army Medical Films Released for Use by Military Government Teams for Showings to Japanese Nationals in Public Health and Public Welfare Programs

Film No.	Film Title	Central Film & Equipment Exchange - APO 343	I Corps Film & Equip. Exchange - APO 301	IX Corps Film & Equip. Exchange - APO 309	Kobe Base Film & Equip. Exchange - APO 317	7th Inf. Div. Film & Equip. Exchange - APO 7	1st Cav. Div. Film & Equip. Exchange - APO 201	24th Inf. Div. Film & Equip. Exchange - APO 24	25th Inf. Div. Film & Equip Exchange - APO 25	GHQ Film & Equip. Exchange APO 500
TF 8-953	Malaria, Cause and Control	X	X	X	X	X	X	X	X	X
TF 8-999	The Fly	X	X	X	X	X	X	X	X	X
TF 8-1378	Clinical Malaria	X	X	X	X	X	X	X	X	X
TF 8-1382	Care of the Sick and Injured-Surgical Dressings	X	X	X	X	X	X	X	X	X
TF 8-1383	Care of Sick and Injured, Enemas	X	X	X	X	X	X	X	X	X
TF 8-1388	The Heart and Circulation	X	X	X	X	X	X	X	X	X
TF 8-1389	Mechanism of Breathing	X	X	X	X	X	X	X	X	X
TF 8-1390	Digestion of Foods	X	X	X	X	X	X	X	X	X
TF 8-1391	Control of Body Temperature	X	X	X	X	X	X	X	X	X
TF 8-1392	The Work of the Kidneys	X	X	X	X	X	X	X	X	X
TF 8-1393	The Nervous System	X	X	X	X	X	X	X	X	X
TF 8-1394	The Eyes and their Care	X	X	X	X	X	X	X	X	X
TF 8-1395	Endocrine Glands	X	X	X	X	X	X	X	X	X
TF 8-1396	Body Defenses Against Disease	X	X	X			X	X		
TF 8-1429	Physiology of Anoxia - The Basis of Inhalation Therapy	X	X	X	X	X	X	X	X	X
TF 8-1430	Oxygen Therapy Procedures	X								
TF 8-1460	Care of Sick and Injured, Chain of Asepsis	X	X	X		X	X	X	X	
TF 8-2049	First Aid for Non-Battle Injuries	X	X	X			X	X		
TF 8-2096	Dental Health	X	X	X				X		X
Misc 1230	Schistosomiasis (Snail Fever)	X								
PMF 5016	Thoracic Surgery - Part I, Hemothorax with Consideration of Specific Remedial Exercises	X								
PMF 5017	Thoracic Surgery Part II - Foreign Bodies in the Lung and Mediastinum									
PMF 5018	Thoracic Surgery, Part III- Foreign Bodies in the Pericardiem and Heart	X								

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LABORATORY SERVICE IN THE HEALTH CENTER

HHH
8 March 1948

I. INTRODUCTION

The laboratory in a health center differs from the other functional divisions in one respect: it is primarily a service unit. Its chief function is that of aiding the other divisions in their epidemic and sanitation control programs and in their diagnosis and treatment of the patients within the health center district. Consequently, the scope of its activity should be governed by the needs of the other divisions in the health center.

Though the laboratory service fill a "supporting role", it should not be relegated to a place of secondary importance. Its task is vitally important and upon it rests much of the responsibility for the success of the other services; consequently, it must have adequate space and equipment and well-trained personnel if it is to fulfill its obligation. Its activities should be clearly defined. Too often the laboratory has too little space and a skeleton staff of inadequately trained personnel. The scope of activity of the laboratory has often been confined to the performance of a very few simple examinations and even these have been poorly done. In defining the scope of activity of a Health Center laboratory, it must be remembered that the health center is the first eschelon of health care for the community. It is the agency which contacts most intimately the populace; consequently, it must be considered as a "clearing house" for all health activitiies within the district. A natural corollary fact is that all laboratory specimens originating within the district should be sent to the health center laboratory. It will then be necessary for the Health Center laboratory to decide whether the specimens are to be processed within the health center laboratory or sent on to prefectural diagnostic laboratory. The health center laboratory should do as much as possible of the laboratory work within the district. However, because of limited staff and laboratory facilities it may sometimes be necessary to forward certain specimens to the prefectural diagnostic laboratory or to other designated laboratories such as the laboratory of a general or national hospital. In such cases the Prefectural Department of Health should inform the health center laboratory concerning the arrangement. The scope of its activity will depend upon several factors:

1. The accessibility of the prefectural diagnostic lab.

2. The space available within the health center.

3. The number of trained technicians.

4. The adequacy of the equipment.

The plan outlined in succeeding paragraphs is designed to apply to the average health center. Important variations are pointed out which will make the plan adaptable to individual health center needs.

II. SPECIMENS

A. As has already been stated, all specimens originating within the district should be sent to the health center laboratory. There they will be processed within the laboratory or sent on to prefectural diagnostic laboratory or other laboratory designated by the prefectural department of health. Likewise, reports from a higher echelon laboratory should be returned to the health center laboratory and distributed from there to the originator of each specimen.

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B. Specimens will be received from the following sources:

1. Patients visiting the health center clinics for consultation.

2. Patients under the care of private medical practitioner within the health center district. The practitioner may send the specimen to the health center or he may send the patient with the request that a speciment be collected at the laboratory.

3. Schools, factories and other organizations within the health center district.

4. Sanitary teams or other health center units collecting specimens throughout the health center district. These will usually be for the purpose of epidemic or sanitary control.

C. Channels for routing specimens and reports (see attached chart).

All specimens for laboratory examination originating within the health center district will be routed through the health center laboratory. The following scheme is suggested for channeling the specimens:

1. Those processed within the health center laboratory:

   a. Specimen should be logged in the laboratory daily ledger.

   b. After processing, duplicate report forms should be returned to the originator of the specimen and to the chief of the health center service concerned.

2. Those processed in the Prefectural Diagnostic Laboratory or other laboratories designated by the prefectural department of Health:

   a. Specimens should be received at the health center laboratory accompanied by a request form properly executed.

   b. Upon receipt at the health center laboratory the specimen should be logged in the laboratory daily ledger.

   c. The specimen is then forwarded to the higher echelon laboratory for processing.

   d. Report is returned by the higher echelon laboratory to the health center laboratory.

   e. Duplicate report forms are then returned to the originator of the specimen and to the chief of the health center service involved.

III. EXAMINATIONS TO BE DONE IN THE HEALTH CENTER LABORATORY

A. Bacteriologic Examination: The following is a list of the bacteriologic procedures which can ordinarily be done within the health center laboratory. Some variation is to be expected in the ability of each health center to do bacteriologic examination. Some health centers will be equipped to do only part of the list; others will be able to add to the list:

1. Typhoid Bacillus

2. Paratyphoid Bacillus

3. Salmonella Bacillus

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4. Dysentery Bacillus

5. Cholera vibrio

6. Meningococcus

7. Corynebacterium diphtheriae

8. Tubercle Bacillus

9. Geonococcus

B. Urine: Routine urine examination should be done in the health center laboratory. Practice of doing urine examination in the individual clinics in the health center should be discouraged. Specimens may be collected in the clinic but should be sent to the laboratory for examination.

C. Feces: Examination of feces will be one of the most important of the health center laboratory activities. Laboratories should be capable of examining a relatively large number of stools daily.

I. Sputum: Examination of sputum specimens in the health center laboratory is extremely important in the program to control tuberculosis within the district. In some instances, laboratories in tuberculosis institutions will be available to examine sputum specimens. This, of course, is highly desirable. However, in a majority of health districts the health center laboratory will be the agency for examination of sputum. Specimens should be received in uncontaminated, sanitary recepticles. The examination of the specimens should be confined to a specific portion of the laboratory to diminish the possibility of contamination of the entire laboratory with tubercle bacilli. The laboratory technician should remember that the tubercle bacillus can live for an indefinite period of time in a desiccated state; consequently, any contamination may lead to serious results. Culture of the organism may be done in the health center laboratory but animal innoculations should be reserved for a higher eschelon of activity.

E. Blood: The doing of routine blood counts and sedimentation rates in the individual clinics should be discouraged. These should be done within the laboratory of the health center. The following examinations should be done:

1. Enumeration of leucocytes and erythrocytes

2. Differentiation leucocyte count

3. Sedimentation rates

4. Bleeding and clotting times

5. Quantitative hemoglobin determination.

Some health centers may find it convenient to have their laboratory technicians take the blood specimens from the patients. This can be decided by the personnel of each health center.

F. Water Analysis: Survey of the water supply within a health center district will necessitate the processing of samples within six hours of the time they are collected. This makes imperative the use of the health center laboratory for routine bacteriological examination. It is recommended that the following examinations should be done:

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1. Presumptive test - Lactose fermentation

2. Confirmatory test - Plating on Endo's media with colony count. Usually the chemical analyses of water should be reserved for a higher eschelon laboratory.

IV. EXAMINATIONS TO BE DONE (USUALLY) IN HIGHER ESCHELON LABORATORIES:

A. Sero-diagnostic procedures.

Whenever convenient, the serodiagnositc procedure should preferably be done in the prefectural diagnostic laboratories. Some health centers, however, may find it more convenient and efficient to do these examinations within their own laboratories.

The blood samples originating from patients in the Health Center clinics should usually be drawn in the individual clinics and not in the laboratory.

The health center laboratory should be equipped to draw blood samples on patients referred directly to them.

B. Clinical Biochemistry.

Attempts to do clinical biochemical procedures within the health center laboratory is probably unwise in most health centers because of limited space, equipment and personnel. These procedures are more often the function of a hospital laboratory or of the prefectural diagnostic laboratory.

C. The following tests will normally be done in higher eschelon laboratories.

1. Pregnancy tests.
2. Semen examination
3. Rabies diagnosis
4. Peritoneal, pleural, pericardial fluids
5. Cerebral-spinal fluid
6. Animal innoculations
7. Gastric and duodenal contents
8. Miscellaneous tests such as nasal washings.

V. LABORATORY PROCEDURES USUALLY DONE IN THE CLINICS:

A. Immunizations: There has been no uniform policy in Japan concerning the sphere of responsibility for immunizations within the health center. In some centers the individual immunizations and intradermal tests are done in the clincs. In others, the laboratory performs this function. The following standard procedure is suggested:

1. Storage of diagnostic antigens and vaccines should be the responsibility of the laboratory. They must be stored in a manner which will insure their sterility and potency. These should not be stored in close proxinity to pathologic material. This will necessitate the use of a separate compartment within the laboratory refrigerator or the use of a separate refrigerator. The latter is preferable.

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2. Responsibility for intradermal tests (Shick, tuberculin, etc.) should usually be vested in the clinic involved. This will include the administration and subsequent reading of the tests. The laboratory will assist whenever the clinic desires.

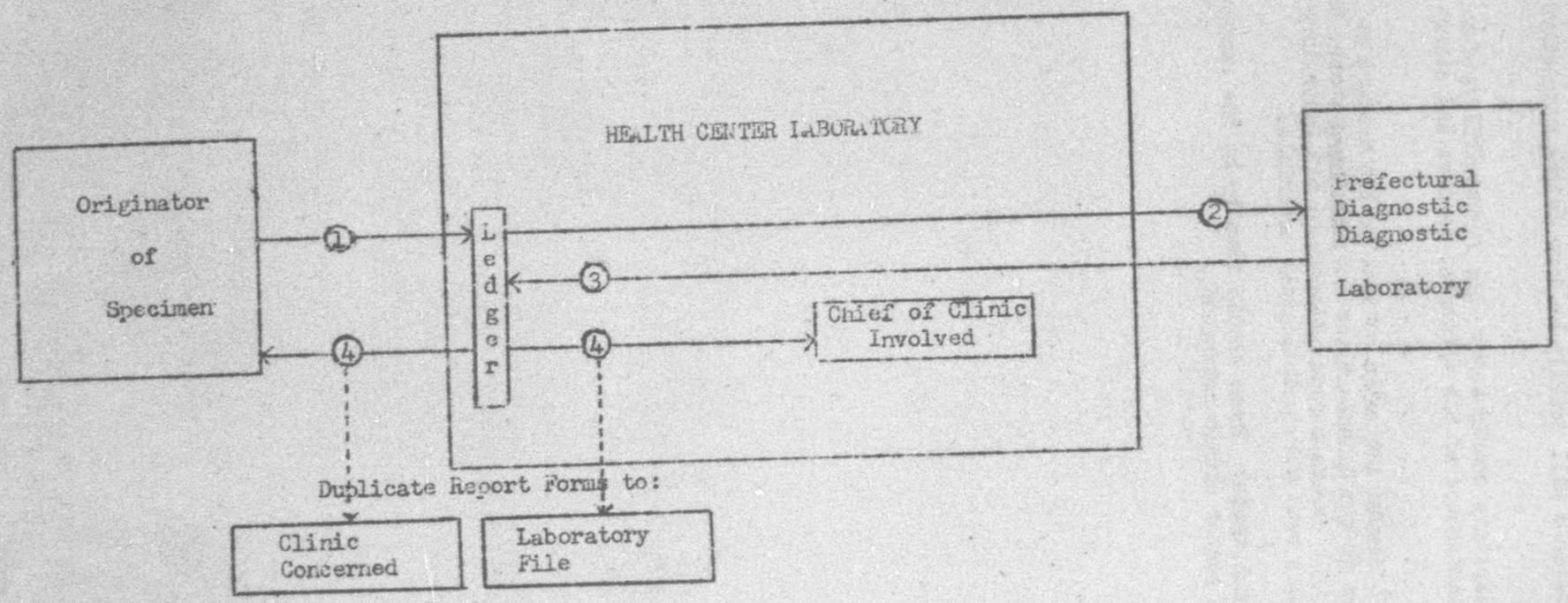
3. Immunizations will usually be done in the respective clinics.

4. The laboratory should assume the responsibility for the sterilization and maintenance of the syringes, needles and other equipment.

5. If it is deemed advisable by some health centers to have the laboratories do the immunizations and intradermal tests, then they should be done in a separate room adjacent to the laboratory rather than in the same room with pathological materials.

B. Allergy dermal tests: These should usually be the responsibility of the health center clinic concerned.

CHANNELS FOR ROUTING SPECIMENS TO PREFECTURAL DIAGNOSTIC LABORATORY



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LABORATORY SERVICES IN THE HEALTH CENTER

SRB
3 October 1949

1. Introduction

The laboratory service offered through the Health Center System has improved considerably since March 1948. The extent of this improvement generally parallels the improvement of the health center system. As more model health centers have been established, more laboratory service has been made available. The extent of laboratory service improvement per se is difficult, if not impossible, to assess at this time. Progress has been made but much remains to be done before its extent in terms of the overall program can be determined.

Experience gained during the past eighteen months indicates that the role of the health center laboratory must, at least for the time being, be that of a screening laboratory. Only a few health centers are equipped at the present time with physical and laboratory facilities and personnel to provide the bare minimum of service which should be expected from such a diagnostic center. However, under the present program all health center laboratories are to be furnished with the necessary facilities and personnel to provide at least the minimum of service.

A minimum schedule of test performance has been established and personnel training courses based on these standards have been inaugurated. In time better standards and broader improvements can be made. In terms of the overall conditions prevalent in Japan the test performance schedules which have been devised are considered to be the maximum than can be carried out by health center laboratories on the one hand and on the other hand they are the minimum that should be carried out.

If the results of such laboratory examinations, well conducted, together with clinical signs and symptoms do not furnish sufficient information of the type necessary to enable an adequate and satisfactory diagnosis, then additional laboratory analysis should be advisably obtained from a higher echelon laboratory.

Where health centers do have the personnel and facilities to do work in addition to the recommended schedule they should be given every reasonable means of assistance and encouragement necessary to enable them to perform this work. However, the consensus is that it is a better policy to perform one well selected and carefully conducted test for diagnosis of each disease than it is to perform several different laboratory tests upon one type of sample at the expense of not being able to analyze other types of samples.

Two training courses for health center laboratory personnel have been conducted this year at the Institute of Public Health in Tokyo. The first course was a short course for the (1) chiefs of health center laboratories. The second course given was a laboratory training course for (2) other health center laboratory personnel. The latter course was of two months duration. Another course of this type will begin in December 1949.

It is anticipated that such courses will be conducted regularly and more frequently after March 1950.

For the information and guidance of all persons concerned a summary of laboratory examinations and the methods to be used for the examinations and the methods to be used for the examinations which the Institute of Public Health is teaching to health center laboratory personnel is listed below:

a. Bacteriological

(1) Typhoid - Widal - Culture of stool and blood.

(2) Paratyphoid - Agglutination - Culture of stool and blood.

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(3) Salmonella - Agglutination - Culture of stool and blood

(4) Dysentery - Stool culture

(5) Cholera - Staining and demonstration of motility of culture organisms

(6) Meningococcus - Gram stain of smears

(7) Diphtheria - Loeffler's Mettoylene blue stain

(8) Tuberculosis - Acid-fast stain and concentration of sputum and gastric washings

(9) Gonococcus - Gram stain of smears

(10) Pneumococcus - Gram stain and (Neufeld reaction)

(11) Treponema - Darkfield examination and Giemsa stain.

b. Parasitological

(1) Simple smear examination of feces for ova and protozoa

(2) Concentration of ova by salt flotation

(3) Blood smears for malaria - Giemsa stain of thin film

(4) Simple identification of insects and presentation of specimens

c. Water Analysis

(1) Chemical and physical - residual chlorine, 5-day BOD (Biological Oxygen Demand)

(2) Bacteriological - U. S. Standard Method for completed test for coliform organisms

d. Milk Analysis

(1) Chemical and physical - specific gravity by lacometer and fat content by Gerber and Babcock methods.

(2) Bacteriological - breed count - American Public Health Association standard method for coliform bacilli.

e. Food

(1) Screening tests for putrification by PH test for ammonia and test for degeneration of protein

f. Other Clinical Laboratory Tests

(1) Blood - Sedimentation rate, Icterus index - total leucocyte count - red blood cell count - hemoglobin (Sahli) specific gravity by Cu SO_4 (copper sulphate) method - leucocyte differential - blood grouping - clotting time - bleeding time.

(2) Urine - Specific gravity - acidity reaction - sugar by Nylander method - albumin. Microscopic examination of sediment-acetone - Diazo reaction and test for bile pigments.

(3) Sputum - gross appearance, heart failure cells, leucocytes and red blood cells.

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(4) Pleural and Ascitic Fluid - protein content by Rivalta reaction specific gravity - cell count.

(5) Spinal Fluid - total and differential cell count - globulin reaction - tryptophane reaction - a test for total protein.

(6) Gastric contents - test for lactic acid - titration for free hydrochloric acid.

(7) Feces - Occult blood by benzidine method - microscopic examination

g. Serological Tests for Syphilis. MURATA and IDE flocculation tests. (Health Centers having adequate physical facilities and personnel should perform one of these tests. Positive tests should be confirmed in a higher echelon laboratory, preferably the prefectural laboratory, by a Wasserman test. Both the Murata and Ide tests are hypersensitive and confirmation by Wasserman is advisable where possible. Laboratories not having adequate physical facilities and/or personnel should not attempt to perform any serological test for syphilis.)

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Dr. Abelmann

"THE STORY OF KEIKO"

- Script For Paper Theatre Installation -

TITLE PAGE

This is the story of an average Japanese family that meets with illness and other misfortunes. The presentation was prepared primarily to interpret the services of the Medical Social Worker of a Public Health Center. The characters were created in an effort to present some of the many possible situations.

I

Jiro Suzuki is a boilerman of a certain tin-container factory. His age this year is 45, and it is already 20 years that he has been in this foundry. The wheels of time, through the Artumns and Springs, have made him the parent of 6 children. Braving winds and rains, he has worked earnestly as a boiler-man through long months and years.

Then one day -----

II

"Hey, look out! What's happened anyway? It's dangerous, Suzuki. If you fall into the boiler you will surely die!"

"Oh, It's nothing really."

Suzuki, as he is shovelling coal into the boiler, is unexpectedly overcome by dizziness. He staggers and nearly pitches into the fire. He is assisted by one of his fellow-workers and his boss comes to see what has happened.

III

Suzuki is referred to the Health Center by his boss.

The doctor makes a thorough physical examination and questions Suzuki about any symptoms of illness he has had

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III

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The doctor makes a thorough physical examination and questions Suzuki about any symptoms of illness he has had.

Every day Suzuki suffers from fatigue and his temperature rises in the late afternoon. Each night he perspires in his sleep and recently he has been suffering from chest pains.

Chest X-Rays are made and Suzuki is asked to return to the Health Center at a specified time.

IV

Suzuki has returned on the appointed day. The doctor is speaking:

"Mr. Suzuki, your illness has been diagnosed as active Pulmonary Tuberculosis. In order to arrest the progress of the diseases, it will be necessary for you to undergo certain treatment which will include bed rest for approximately one year. The best way for you to do this will be to be admitted to a Tuberculosis Hospital where facilities for such treatment are available. Your case is not too far advanced, and if you will follow the prescribed treatment you should be able to recover sufficiently to continue to support yourself and family, if not in your present employment, some lighter work."

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Suzuki speaks: "So I have tuberclosis! Isn't there any way in which I can be treated while working? I have a large family and our only income is my earnings. I want to get well but it is absolutely impossible for me to give up my work. My family will be unable to get along. Even as it is we are barely able to survive."

"If you are really interested in arresting the disease," says the doctor, "I am sure arrangements can be made for your care and the care of your family. We have a Medical Social Worker on the Staff here at the Health Center who is familiear with such matters. Would you care to discuss your social problems with her? I'm sure she will be able to assist you in making plans to care for your family."

"I shall be very happy to talk with the Medical Social Worker," says Suzuki.

V.

"Mrs. Tanaka, may I present Mr. Jiro Suzuki," says the doctor, "Mr. Suzuki has active pulmonary tuberclosis. I have recommended that he be hospitalized for approximately one year. He has some family obligations which he would like to discuss with you".

VI.

"Come right in, Mr. Suzuki, where it is quiet and where we have privacy. Now, let us talk about your problems. Would you care to tell me what some of your problems are?" says Mrs. Tanaka.

"Well, my family --- they need my money. I can't see how I can give up my work for a year."

"There are ways, Mr. Suzuki, of taking care of just such situation as yours. Are you familiar with the Daily Life Security Law? I'm sure that you, as a taxpayer, have contributed to the government funds which are being expended in cases such as yours. There are many types of assistance and many facilities which are available. However, just as the doctor must know all of the symptoms in order to make a medical diagnosis, it will be necessary for you to tell me in detail about your family so that a proper social diagnosis may be made. Then we shall be able to determine which of the avaiabe facilities are best suited to take care of your needs," says Mrs. Tanaka.

"I shall be very glad to anser any questions you may ask,"

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"I shall be very glad to anser any questions you may ask," says Mr. Suzuki.

"Then tell me about the various members of your family --- let's start with you. What is your age? What educational background do you have and what has been your employment experience?" says Mrs. Tanaka.

VII.

"I had a primary school education. I only had temporary jobs until I went to work in the factory. I always wanted to get a better job, but the babies kept coming and I just had to keep working. I have worked here for 20 years. My earnings are very small and my family has always had to get along with very little. Lately there has been much unrest in my family and the older children do not spend much time at home. I feel that I have failed in my parental duties."

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VIII.

"My wife, Hanae, is now 40 years old. She is a good woman. She comes from a very good family. She has brought up the children under such poor conditions and has managed to scrape through without losing hope. She is always sacrificing herself for the others. Even now she is over 6 months with child."

IX.

"My eldest son, Ichiro, aged 20, is away from home most of time. He is old enough to be of some help to me, but instead he engages in blackmarket activities, frequents cafes and mingles with bad companions. He has been arrested many times by the Police. He is bringing disgrace to my family home, but I think it is my fault. If only Ichiro could work earnestly in an honest job, even if the pay is small."

X.

"My next child is a daughter, Kikue, aged 18. She is disgusted with the small hut in which we live in such crowded circumstances. She also has left the home, and according to rumors, is a street girl who hangs around Yurakucho."

XI.

"Saburo, aged 15, like his sister was unhappy at home and ran away. I hear he is sleeping at Ueno Station and during the day spends his time chining shoes and begging Americans to give him chocolate which he sells in the blackmarket. I understand he obtains food from the garbage cans of the Occupation Billets."

XII.

"Our next daughter is 12. Masako is unlike other children. She has always been very sullen. She doesn't like to play. She stays in the house even when the sun is shining and she does not seem to learn much in school."

XIII.

"The two younger children are Tomiko, aged 5, and Yukiko, aged

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XIII.

"The two younger children are Tomiko, aged 5, and Yukiko, aged 3. They are constantly with their mother and taking care of them all day makes her very tired."

XIV.

"Oh yes, I almost forgot -- my mother also lives with us. She is 76 years old. Because she is old and weak, she is quite a care. We try to do all we can to make her comfortable and try to buy her the kind of food she likes to eat, but it is very difficult.

XV.

"Mr. Suzuki," says Mrs. Tanaka, "if you are really interested in doing the right thing for your family, you should immediately submit

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to the hospitalization recommended by the Doctor. You are probably entitled to some money from the Health Insurance Association at the tin factory. We shall apply for this and it will tide your family over until arrangements can be made for assistance under the Daily Life Security Law."

"Please go ahead make the plans, Mrs. Tanaka. I am willing to go immediately to the hospital. you may arrange all other matters with my wife," says Mr. Suzuki.

"That is showing a good spirit, Mr. Suzuki. I shall call on y you from time to time at the hospital, and keep you informed regarding your family," says Mrs. Tanaka.

XVI.

Mrs. Tanaka, they visits the family home and talks with Mrs. Suzuki. Arrangements have been made and Jiro Suzuki has been admitted to Matsuoka Tuberculosis Hospital. Mrs. Tanaka explains the Daily Life Security Law to Hanae Suzuki. For the first time, Hanae realizes that there are public funds available to assist families such as hers in times of stress.

XVII.

Mrs. Suzuki, accompanied by Mrs. Tanaka visits the home of the Minsei-iin in her neighborhood where she makes application for assistance under the Daily Life Security Law. At first she is sad and embarassed but the kind treatment given her by Mrs. Tanaka and the Minsei-iin soon puts her at ease and she realized that these two people are sincerely concerned about her problems.

From here on, our story takes a brighter turn as consideration is given to the needs of the individuals in the family.

XVIII.

Three months have passed since Jiro Suzuki started his treatment at the National Hospital.

The Hospital is located quite some distance away, at the seashore.

Mrs. Tanaka has kept her promise and is visiting Mr. Suzuki, to inform him about his family.

"I have brought you happy news today," says Mrs. Tanaka.

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Tuberculosis Hospital. Mrs. Tanaka explains the Daily Life Security Law to Hanae Suzuki. For the first time, Hanae realizes that there are public funds available to assist families such as hers in times of stress.

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XIX.

"Immediately after you were hospitalized, a new and better home was found for your family. They moved into a Boshi Ryo. There are new tatami on the floor. Bathing, laundry and cooking facilities are available and it is much easier to keep clean and neat. There is plenty of ventilation and sunlight entering the home. New clothes were provided and your family has received kind consideration from the neighbours."

XX.

"your mother is now living in an Old Folks Home where she will be kept warm and clean. Her meals will be planned for her and there are plenty of planned programs in which she may participate to keep her mind occupied. There is a doctor in attendance all the time to take care of any illness she may suffer. She is happy and seems to be enjoying her new home. She is particularly interested in a small gardening venture which she takes care of herself."

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XXI.

"Through the efforts of the Minsei-iin, your eldest son, Ichiro, was persuaded to give up his riotous living. He is a good boy at heart and is willing to do whatever he can to help you recover. He was just a victim of careless thinking and bad associates. He is now attending a vocational training school where he is learning to do electrical repair work. He is showing a great deal of aptitude for this type of work and when he competes his course we shall arrange for occupation assistance to enable him to start a small shop. Perhaps, if you are interested, you may be able to carry on the shop with him as I am sure there will be business enough to warrant expension."

XXII.

"After repeated efforts I finally got in touch with your daughter, Kikue. She was ill when I finally found her, so she was referred to the Health Center for examination. She was found to be suffering from Venereal Disease. She was hbspitalized and given the necessary treatmn ment. When she recovered she was admitted to a Home for Rehabilitation of Street Girls where she is learning to wew. Due to the good guidance she has received, she, too, is of a different mind. She will not return to her former means of earning money, but when she finishes her training she will be referred to an Employment Agency, through which she will be placed in employment."

XXIII.

"Saburo was picked up in a raid at Ueno Station and taken to the Child Welfare Center. He was found to be suffering from Typhus. He was hospitalized and after his treatment, was returned to his home and mother. Through the efforts of the Minsei-iin and your wife, Saburo has come to understand the great need for education. Yesterday, I made an entrance application for him and today he is attending school."

"I am very thankful," says Mr. Suzuki, wiping tears from his eyes.

XXIV.

"your daughter Masako, was examined by the Psychiatrist at the Health Center and was discovered to be mentally retarded. No matter

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ment. When she recovered she was admitted to a Home for Rehabilitation of Street Girls where she is learning to sew. Due to the good guidance she has received, she, too, is of a different mind. She will not return to her former means of earning money, but when she finishes her training she will be referred to an Employment Agency, through which she will be placed in employment."

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XXIV.

"your daughter Masako, was examined by the Psychiatrist at the Health Center and was discovered to be mentally retarded. No matter how long she remained at home, she would never improve in health. After consultation with your wife, the Minsei-iin and the Psychiatrist it was decided to permit Masako to enter a home for feeble-minded children. The Home is operated under every high standards. The staff of highly trained specialists will train her to utilize her faculties to the utmost. You need not worry about her. She will be happier with other children of the same mental age. You should plan to visit her when you recover."

XXV.

"The two younger children are well and happy. They have learned to play by themselves and with other children. At present, they are being cared for in a Nursery School while their mother is away from home."

"Why is their mother away from home?" asks Mr. Suzuki.

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XXVI.

"Since you left for the hospital, Hanae has been regularly examined at the Pre-Natal Clinic at the Health Center and given valuable instructions relative to diet, hygiene and other preliminaries pertinent to the expected arrival of the baby. Two days ago, she was admitted to a Maternity Hospital where, only yesterday, another baby girl was born into your family."

XXVII.

"This is a healthy, beautiful baby girl. Your wife wants you to suggest a name for her. What would you like to call her, Mr. Suzuki?"

"I can't tell you how happy I am about all of this, Mrs. Tanaka.. For the first time in my life I feel true happiness. I feel that a heavy burden has been lifted -- as though I were stepping from darkness into light -- Reimei -- I know, the name of the new baby shall be REIKO , the first light of dawn. I hope from now on the members of my family will be able to maintain higher standards and live better lives. My mind has been put at ease. I'm sure it will be easy for me to recover now that my family has been taken care of. I feel much better even now."

XXVIII.

Over one year has passed since our last scene. Jiro Suzuki has recovered sufficiently from his illness so that he has been discharged from the Hospital. During his convalescence at the Hospital, he studied electrical work under the Occupational Therapist. He is now able to carry on the business that was started by Ichiro with the occupational loan. The family has been re-united and all are enjoying the pleasures and satisfactions gained through honest labor and co-operation.

XXIX.

"We are very glad you came to visit, Mrs. Tanaka. There have been many changes since last year. My wife and I can't thank you enough for all the kind consideration you have given us. If it were not for your kind help, I probably would not even be alive today and my broken family would still be just barely existing," says Mr. Suzuki.

[illegible] the changes that have come about in your

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into light -- Reimei -- I know, the name of the new baby shall be Reimei, the first light of dawn. I hope from now on the members of my family will be able to maintain higher standards and live better lives. My mind has been put at ease. I'm sure it will be easy for me to recover now that my family has been taken care of. I feel much better even now."

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"I too am happy over the changes that have come about in your family, Mr. Suzuki, and I know you are grateful but you are wrong about one thing. It was not I, personally, nor I alone, that helped you accomplish the changes. I was the fulfilment of my duties as a Social Worker in co-operation with the other members of the staff of the Health Center --- the Doctors, the Nurses, the Dieticians, and the Technicians. Through the use of our combined skills and abilities much has been accomplished in the way of social gains, not only for your family, but for many others."

- The end -

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(1)

鈴木次郎は或る鐘紡製造工場のボイラーマンであります。彼は今年四十五才、この工場に勤める三十年であります。幾度か春秋を迎へ時はめぐって、彼は大人の子供の親となりました。雨の日も風の日も彼は長い年月ボイラーマンとして勤勉に働いてまいりました。

……所が或る日……

(2)

「おい、気をつけろ！一体どうしたのだ？危いぞ鈴木 ボイラーの中に落ちたら死んでしまうぞ」

「いや何んでもないんだ」

鈴木はシャベルで石炭をボイラーの中に入れて居る時、突然目まひがしたのです。よろめいて もう少しで火の中にひっくり返へる所でした。彼が仲間の工に助けられて居る所へ 傭主が何事が起ったのか見に来ました。

(3)

鈴木は傭主から保健所へ行く様にいはれました。お医者様は徹底的に身体検査をした後、之まで何か病気の経験がなかったか尋ねました。

毎日鈴木は疲労し夕方近くなると体温が上るのでした。又安眠睡眠中に汗をかき最近は肋部に痛みを覚えるのでした。胸部の X光線がとられてから、鈴木は定められた日に、又保健所へ来る様に云われました。

(4)

鈴木は定められた日に保健所へ再びまいりました。お医者様は「鈴木さん あなたの病気は開放性肺結核にする為には適当な治療を受け一年位絶体安静が必要です。一番いい方法はさういう治療の設備のある結核療養所に入院する事です。あなたの病気はまだそんなに進んで居ませんから適方通りの治療を受けられましたら立派に回復し、たとへ今のお仕事は出来なくても 何もっと楽なお仕事をして、御自分や御家族を今まで通り養って行く事が出来ませう」と申しました。

「では私は肺病なのか！働きながら治療を受ける方法はないものでせうか？私の家族は多く私共の収入といっては私のかせぎ高だけなのです。不可能なのです。私の家族は暮して行けなくなります。」と鈴木が申しました。

「あなたがぼんとに病気をなをしたいとお思いならば、あなたやあなたの家族のお世話をしてくれる方法がきっと講ぜられると思います。この保健所の私員の中に医療社会事業家というのがいて、その人はかういう事情によく通じて居ります。あなたのお困りの問題をその人と御相談になさってはどうですか、あなたの御家族を保護する計画をきっとたてこくれませう。」

「その医療社会事業家とお話したいんですが……」

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タイトルの頁

これは病気やその他の不幸に遭遇する日本の一般の家庭のお話であります。この演出は公衆保健所の医療社会事業家の仕事を知らせるのが元来の目的なのであります。そして登場人物は多くの起りそうな問題の中のいくつかを紹介する為につくり出されたものです。

(1)

鈴木次郎は或る鐘製造工場のボイラーマンであります。彼は今年四十五才、二の工場に勤める二十年であります。幾度が春秋を迎へ時はめぐって、彼は大人の子供の親となりました。雨の日も風の日も彼は長い年月ボイラーマンとして勤勉に働いてまいりました。所が或る日……

(2)

「おい、気をつけろ！一体どうしたのだ？危いぞ鈴木　ボイラーの中に落ちたら死んでしまうぞ」
「いや何んでもないんだ」
鈴木はシャベルで石炭をボイラーの中に入れて居る時、突然目まひがしたのです。よろめいて少しで火の中にひっくり返へる所でした。彼が仲間の私工に助けられて居る所へ、備主が何事が起ったのか見に来ました。

(3)

鈴木は備主から保健所へ行く様にいはれました。その後かなかったが尋ねました。
毎日鈴木は疲労し夕方近くなると体温が上るのを覚えるのでした。胸部のX光線がとられてから、
(4)
鈴木は定められた日に保健所へ再びまいりました。お医者様は「鈴木さんあなたの病気は開放性肺結核と診断されました。病気と人と争ふ

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ばなりません。さうしますと、私共は利用出来る設備の中でどれが、あなたのお困りの問題を解決するのに最も適してゐるかわかります。」と田中夫人が申しました。

「あなたの御質問に何んなりとお答へいたします。」と鈴木が申しました。

(7)

「では 御家族の一人一人について話して下さい。まあ 御主人の年齢や、お仕事の御経験は？」と田中夫人が申しました。

「私は小学校教育を受けました。今の工場で働く様になるまで一時的の仕事をあれこれしたにすぎません。私はいつももっといい仕事をほしいと思いましたが、子供がつぎつぎに生れた為に私は唯働きづくめなければなりませんでした。私の収入は大変少く私の実家はいつもきりつめた生活をして来ました。最近家庭内は大変くつろいだし、年上の子供達は大低家に居りません。私は親としてのつとめを果し得なかったと思って居ります。」

(8)

「妻の花枝は今年四十才です。彼女はいい女です。実家は大変いい家柄なのです。かういう貧しい状態の中で彼女は子供を育て希望を失ふ事なく、やりくりして来ました。いつも他の者の為に彼女自身を犠牲にして居ります。今も彼女は姑候大ケ月以上なのです。

(9)

「長男は一郎といって二十才なのですが殆んど家を外にして居ります。もう私の手助けをしてもいい年なのですが、闇取引をしたり、カフエーに出入りしたり、悪い仲間とつきあったりしてゐます。度々警察にもつかまりました。彼は一家の恥さらしなのですが私に責任があるのだと思います。一郎がたとへ収入は少くともまともな仕事を本気でしてさへくれたらと思います。」

(10)

「次は娘で菊枝といい十八才になります。やさしくとても様ってゐます。彼女も又家に居つかず噂によりますと闇の女となり、有楽町のあたりをうろついてゐるとの事です。」

(11)

「三郎は今年十五才ですが姉と同じく家に居る事を好まず家出してしまいました。彼は上野駅で、ねとまりし、靴みがきをしたり、アメリカ人にチョコレートをせがみそれを闇で売ってゐるとの事です。今私は進駐軍の芥箱の中から拾って居るのだと思います。」

(12)

「次女は十三才です。正子は他の子供達と違ってねます。いつも非常にむっつりしてゐます。遊ぶ事を好まず、日が暮ってゐる時でも家に居り、学校でもあまり物を覚えない様です。」

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(5)

「田中さん、この方は鈴木次郎さんと申されますか。」

に車ばかり入院なさる様におすすめ致しました。鈴木さんには家庭の御事情があって、その事について

あなたとお話なさりたいのですが。」とお医者様が申しました。

(6)

「お入り下さい 鈴木さん 此処は静かで誰も居りません。さあ、あなたの御商売について御相談いたしませう。その御事情を私に話して下さいませんか。」

「はあ、私の家族……家族はお金が必要なのです。一年もどうして仕事をやめる事が出来ませう」

「鈴木さん丁度あなたの様な御事情の下にある人々に支出する急の政府の資

保護法というのを御存じですか。あなたはあなたの様な御事情の下にいると思います。扶助にはいろいろの種類があり又その取

金に納税者としてきっと参與して居られると思いますが、あなたは、あらゆる援助を知らなければならないのと同じ様に二つ

ばなりません。さうしますと、私共は利用出来る設備の中でどれが、あなたのお用りの問題を解決するのに

最も適してるかわかります。」と田中夫人が申しました。

「あなたの御病気に何んなりとお答へいたします」と鈴木が申しました。

「では 御家族の一人一人について話して下さい。あなたから始めませう。 あなたのお年は？ 又御教育

程度や、お仕事の御経験な？」と田中夫人が申しました。

(7)

「私は小学校教育を受けました。今の工場で働く様になるまで一時的の仕事をあれこれしたにすぎま

せん。私はいつももっといい仕事をほしいと思いましたが、子供がつぎつぎに生れた為にそ私は唯働ざろ

ざけなければなりませんでした。私は此処で二十年働きました。私の収入は大変少く私の家族はいつも

きりつめた生活をして来ました。最近家庭内は大変くつろいだし、年上の子供達は大低家に居りませ

ん。私は疲れてのつとめを果し得なかったと思って居ります。」

(8)

「妻の花枝は今年四十才です。彼女はいい女です。実家は大変いい家柄なのです。かういう貧し

い状態の中で彼女は子供を育て希望を失ふ事なく、やりくりして来ました。いつも他の者の様に

彼女自身を犠牲にして居ります。今も彼女は姓病大ケ月以上なのです。

(9)

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「田中さん、何とぞよろしくお願い申し上げます。私は病院へ毎更参いります。私は何事も妻とよろしくおはからい下さい。」と鈴木が申しました。

「鈴木さん。よいお心掛けです。私も時々病院におたずねし、御家族の事をお知らせ致しませう。」と田中夫人が申しました。

(16)

田中夫人はそれから鈴木の家庭を訪問し、妻の花枝と語りました。手続きがすんで、鈴木は国立結核療養所へ入院してねました。田中夫人は鈴木花枝に注射保護法を説明しました。花枝の場合の様に困窮した家庭を援助する為に公共の費金があるという事を はじめて知ったのであります。

(17)

鈴木の妻は田中夫人に伴はれて、近所の民生委員の宅を訪ねました。そしてそこで生活保護法による援助の申請を致しました。最初彼女は悲しく、きまりが悪うございましたが、田中夫人が民生委員の親切な御扱いを受けて間もなく気持が晴ぎました。そして彼女は二人の子供から彼女の問題を考へてくれて居る事を了解しました。

「此度から家庭の一人一人に必要な考慮が拂はれて、この物語は明るい方面へ轉換致します。」

(18)

鈴木次郎が国立療養所で治療を受け始めてから三月たちました。

療養所はかなり遠くの海辺にあります。

田中夫人は約束通り鈴木を訪問し家族の事を知らせてゐます。

「今日はいいお知らせがあるのです。」と田中夫人が申しました。

(19)

「あなたが入院して間もなく新しいよい家が御家族の為にみつかりました。畳も新しく入浴、洗濯、炊事の設備があり、清潔や整頓がずっとし易くなった家に移りました。通風も、日當りも、大変よろしうございます。新しい衣服も與へられて居ります。」

(20)

「お母さまは、老人ホームに住んで居られ暖かく清潔にして居られます。食事もお母さまに適当な物を作ってくれる事でせう。又氣晴しに出来るいろいろな事が計画されてゐます。お客はいつもついて居て病氣になったり世話をしてくれます。彼女は幸福で現在の生活をたのしんで居られる様です。お母様はさゝやかな庭作りの試みに特に興味を持たれ御自分で世話をして居られます。」

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「下の三人の子供は五才の、とみ子と三才のゆきこです。二人ともいつも母の側に居て、一日中その世話で彼女は大変疲れてしまいます。」

(13)

(14)

「あ、そうです、もうすこしで忘れる所でした 私の母も秋実と一緒に住んで居ります。七十六才です。年とって居て動いのので 大変手がかかります。彼女を女衆にし、又食べたがる物を買ってやろうと 私共は出来るだけの努力をするのですが、なかなか難しい事です。」

(15)

「鈴木さん、あなたが御家族の為になすべき事をしないと本当にお気の毒になるのですし、お若様のおっしゃる様にすぐに入院なさらなければ、組合からいくらかのお金をもらへるでせう。私達はその申請をいたしません。あなたは多分 雇工場の健康保険の御家族は生活保護法による援助の手続が出来るまで 何とかやって行けませう。」

「田中さん、何とぞよろしくお願い申し上げます。その他の事は何事も妻とよろしくお相談下さい。」と鈴木が申しました。

「鈴木さん。よいお心掛けです。私も時々病院におたずねし、御家族の事をお知らせ致しませう。」と田中夫人が申しました。

(16)

田中夫人はそれから鈴木の家庭を訪問し、妻の花枝と語りました。手続きがすんで、鈴木花枝は國立結核療養所へ入院してねました。田中夫人は鈴木花枝に生活保護法を説明しました。彼女の場合の様に困窮した家庭を援助する為に公共の資金があるという事を はじめて知ったのであります。

(17)

鈴木の妻は 田中夫人に伴はれて、近所の民生委員の宅を訪れました。そして そこで生活保護法による援助の申請を致しました。最初彼女は悲しく、きまりが悪うございましたが、明日委員の親切な取扱いを受けて間もなく氣持が寛ぎました。そして彼女は 三人の子供から彼女の問題を考へてくれて居る事を了解しました。

「此処から家庭の一人 一人に必要な考慮が拂はれて、この物語は明るい方面へ轉換致します。」

(18)

鈴木光明が國立療養所で治療を受け始めてから三月たちました。

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いで、修業期間がすみましたら 私共も又考へが変りました。彼女は前の様な紹介所に紹介され、其処から就職をするでせう」

(23)

「三郎さんは上野駅の押込みでつかまって居りました。そこで入院し治療を受けた後、家庭とお母様の許へ戻ってまいりました。民生委員とあなたの奥さんの努力の結果、三郎さんは教育の非常に必要な事がわかって来ました。昨日私は三郎さんの入学の申請をしましたが、今日はもう学校に行って居ります」

「どうもありがとうございました。」と鮫木は涙を拭き乍ら申しました。

(24)

「お嬢さんの正子さんは、保健所の精神病医の調べた所、精神発育不良と診断されました。いくら彼女が家に居た所で健康はよくなりません。奥さんや民生委員や精神病医と相談の結果、正子さんを精神薄弱児施設に入れる事にきめました。よく訓練された専門の職員が彼女の能力を最大限度に用いる様に指導してくれるでせう。その施設は程度が非常に高うございます。よくなったら、正子さんの事は御心配に及びません。彼女は同じ精神年令の子供達と一緒ですので前よりも仕合せでせう。よくなつたら、正子さんをたずねておあげなさい」

(25)

「下の二人のお子さんは丈夫で幸福に暮らして居られます。二人は自分達だけやく、他の子供達と遊ぶ事を学びました。現在お母様が家に居なくてもらってゐます」

「何故、母親が家に居ないのですか？」と鮫木がたづねました。

(26)

「あなたが病院に行かれてから、花枝さんは、保健所の低婦診療所で、定期的に見てもらひ、食餌、衛生、その他出産に必要な準備に関して大切な指示を受けました。二日前 彼女は産院に入り、昨日 お嬢さんが生まれたばかりです」

(27)

「それは健康な可愛い赤ちゃんです。奥様はどんな名前をつけたらいいかをきゝたがって居られます。何とおつけになりますか？」

「田中さん 今までのお話を伺ってどんなに 私が感しく思ってゐるか、言葉に言ひ表はす事が出来ません。生れて始めて 私は本当の幸せを味ひました。私は重い荷がとりのぞかれた様な気が致します——丁度 暗闇から光の中へ踏み出した様な——黎明——さうです。生れた子供の名前は澄子とつけませう。夜明けの最初の光りという意味です。今後、家族の者が今より高い生活、よりよい生活を送れたらいゝと思います。私は、私はさっと すぐよくなる事でせう」。

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「民生委員の努力によって長男の一郎さんは、就職も
(21)
無事に成立はいい、少年なのです。そしてあなたを回復させる為に自分の出来る事なら何んでもするお気持でおいでになったのでした。彼はかういう仕事に対する非常な適性を示して居ります。唯 軽はづみな考へと悪い仲間の せいで 電気に関する修繕の仕方を学んで居ります。二の過程を了へたら、小さな店を始める様に お金が下りる様に 私共も手続をとりませう。あなたも興味がおありでしたら 多分 御一緒にお店を経営して行けるでせう。拡張してゆくだけお仕事は充分あると思います。」

(22)

「幾度も努力した結果、とうとう菊枝さんと聡雄がとれました。秋が最後に彼女を見つけた時 彼女は病気でしたので、診断してもらう様、保健所に照会しました。そして性病にかゝってゐる事がわかりました。彼女は入院して必要な治療を受けました。回復後、聞の女の更生寮に収容され 今戦艦を習ってゐます。よい指導を受けた結果、彼女も又考へが変りまして、修業期間がすみましたら 私共紹介所に紹介され、其処から就職をするでせうと思ひます。」

(23)

「三郎さんは上野駅の附近みでつのまり、児童福祉施設につれて行かれました。彼は発疹チフスにかゝって居りました。そこで入院し治療を受けた後、家庭とお母様の許へ戻ってまゐりました。民生委員とあなたの奥さんの努力の結果、三郎さんは教育の非常に必要な事がわかりました。私は三郎さんの入学の申請をしましたが、今日はもう学校に行って居ります。」

「どうもありがとうございました。」と般木は涙を拭き乍ら申しました。

(24)

「お嬢さんの正子さんは、保健所の精神疾患が調べた所 精神発育不良と診断されました。いくら彼女が家に居た所で健康はよくなりません。奥さんや民生委員や精神病医と相談の結果、正子さんを精神薄弱児施設に入れる事にきめました。その施設は程度が非常に高うございます。よく訓練された専門の係員が彼女の能力を最大限度に用いる様に指導してくれるでせう。正子さんの事は御心配に及びません。彼女は同じ精神年令の子供達と一緒ですので前よりも仕合せでせう。よくなったら、正子さんをたずねて おあげなさい。」

(25)

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(28)

前の場面から一年以上すぎました。金木次郎は病気が立派によくなりましたので療養所から御父さんが生業指付金で始めた仕事を学んでゆく事が出来ます。家族の者は再び一緒に暮りみんなは、真面目な労働と協力の結果得た所の喜びと満足を味ってゐます。

(29)

「里中さん、ようこそおいでくださいました。昨年からいろんな変化がありました。家内と私は、あなたの御親切なお心遣ひに対して何と御礼を申し上げていゝか解りません。あなたの御援助がなかったら私は多分 今生きて居りません。又私のめちゃくちゃになった家族は今もなほ幸うじて生きてゐるにすぎない状態にある事でせう之」と金木が申しました。

「金木さん あなたの御家庭が お受けになった事は 私も うれしうございます。又あなたの感謝のお気持もわかります。然し一つあなたは間違って居られます。あなた方が、お受けになったのは私の個人的な援助によるのでもなければ又私一人だけの力でもありません。保健所の他の私員人即ち お医者様や看護婦や栄養士や技術者の方々の協力の下に、私は職業社会事業家として の務を果したのであります。お互いの技術や能力を合せて 私共は社会福祉の為に、あなたの御家庭のみならず 多くの御家庭の為にいろいろと尽して来たのであります。

終

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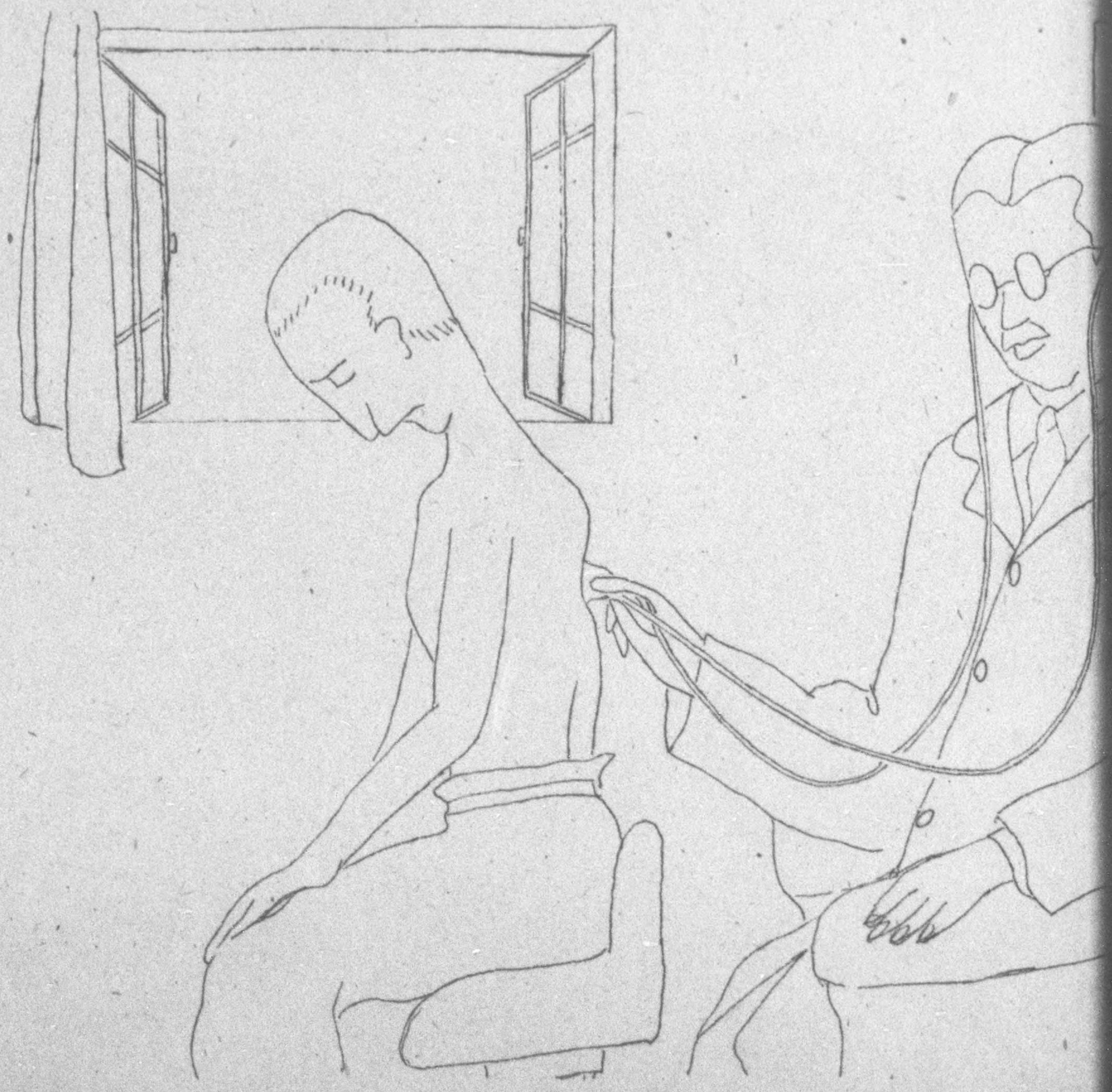

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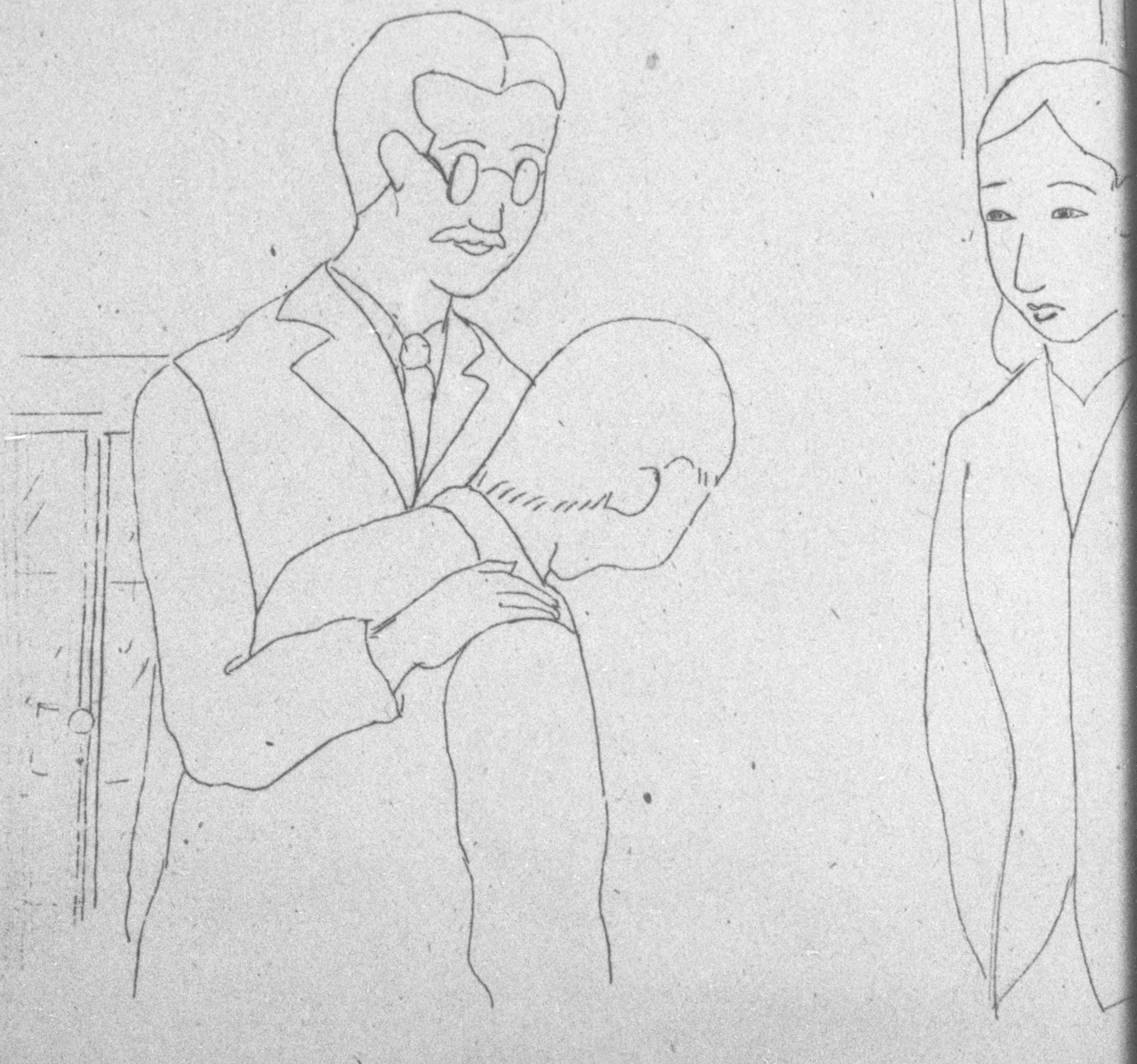

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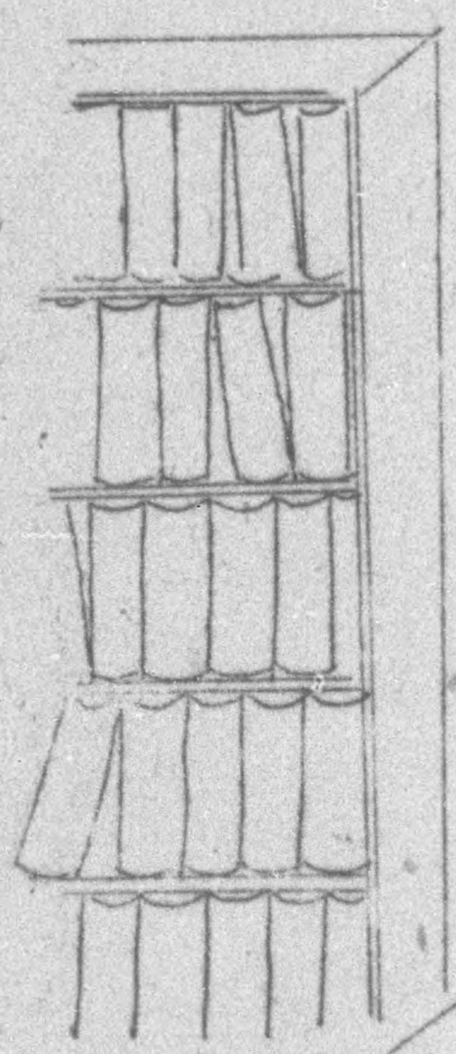

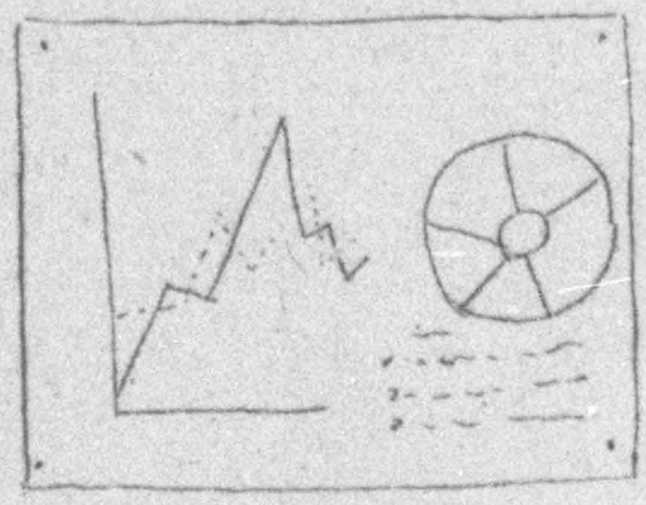

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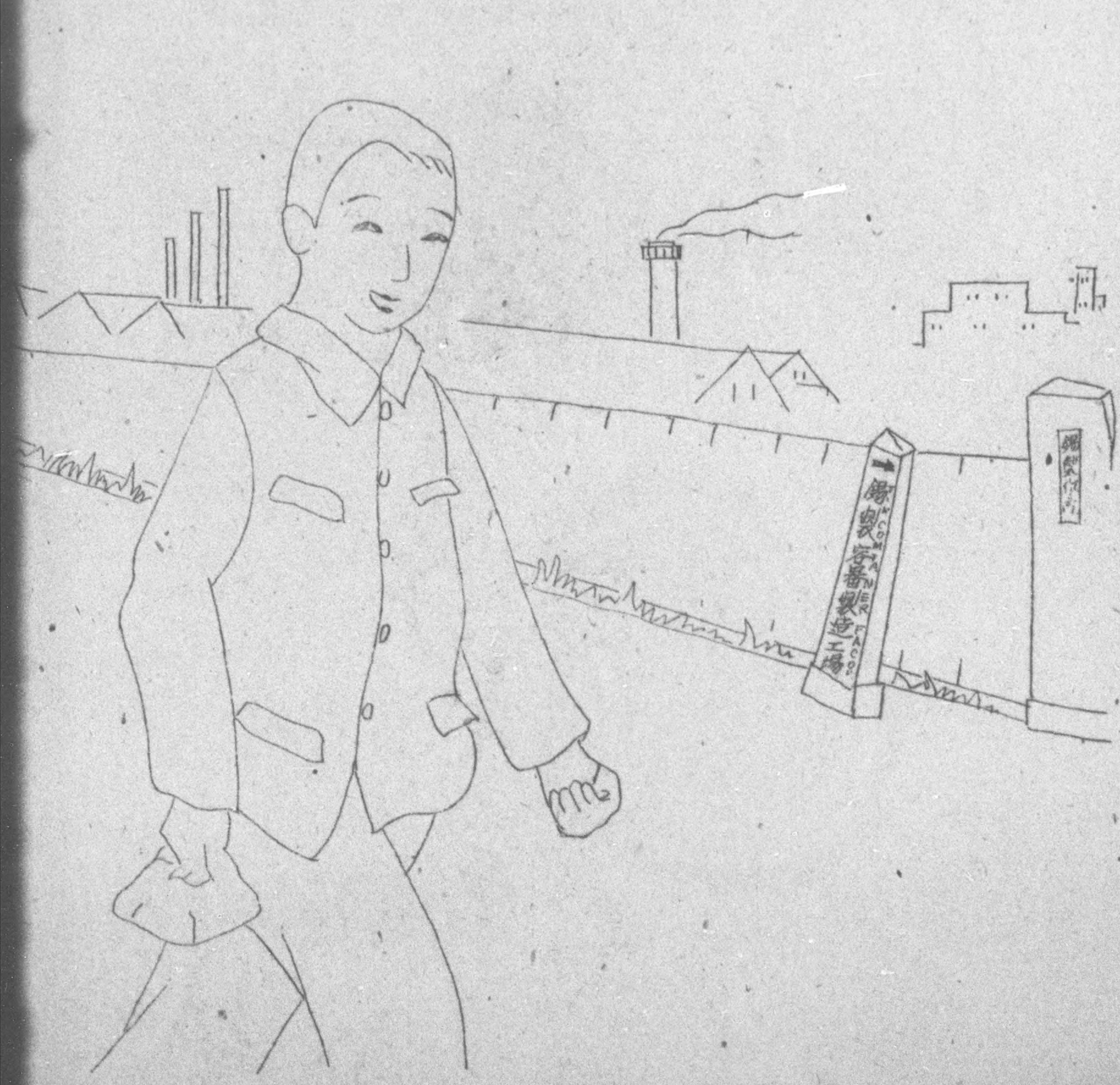

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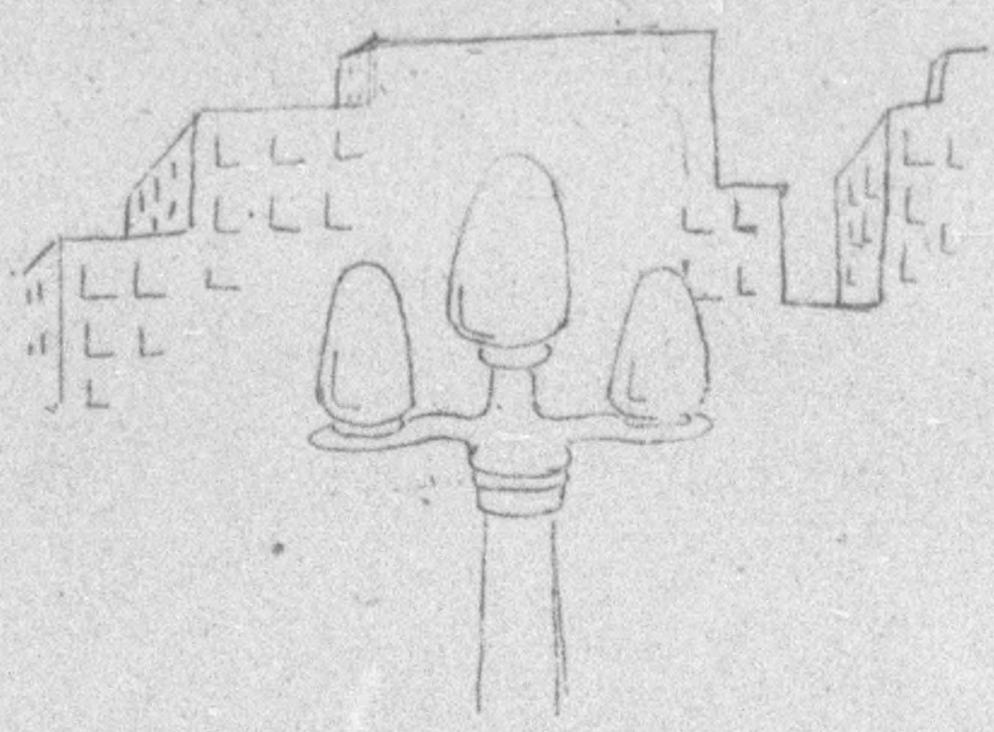

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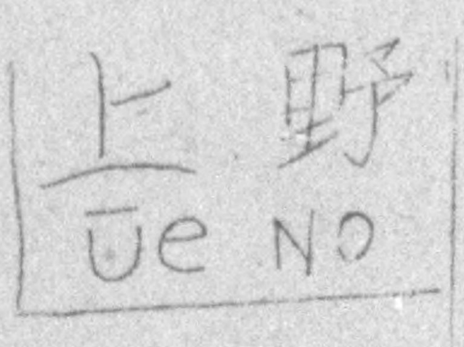

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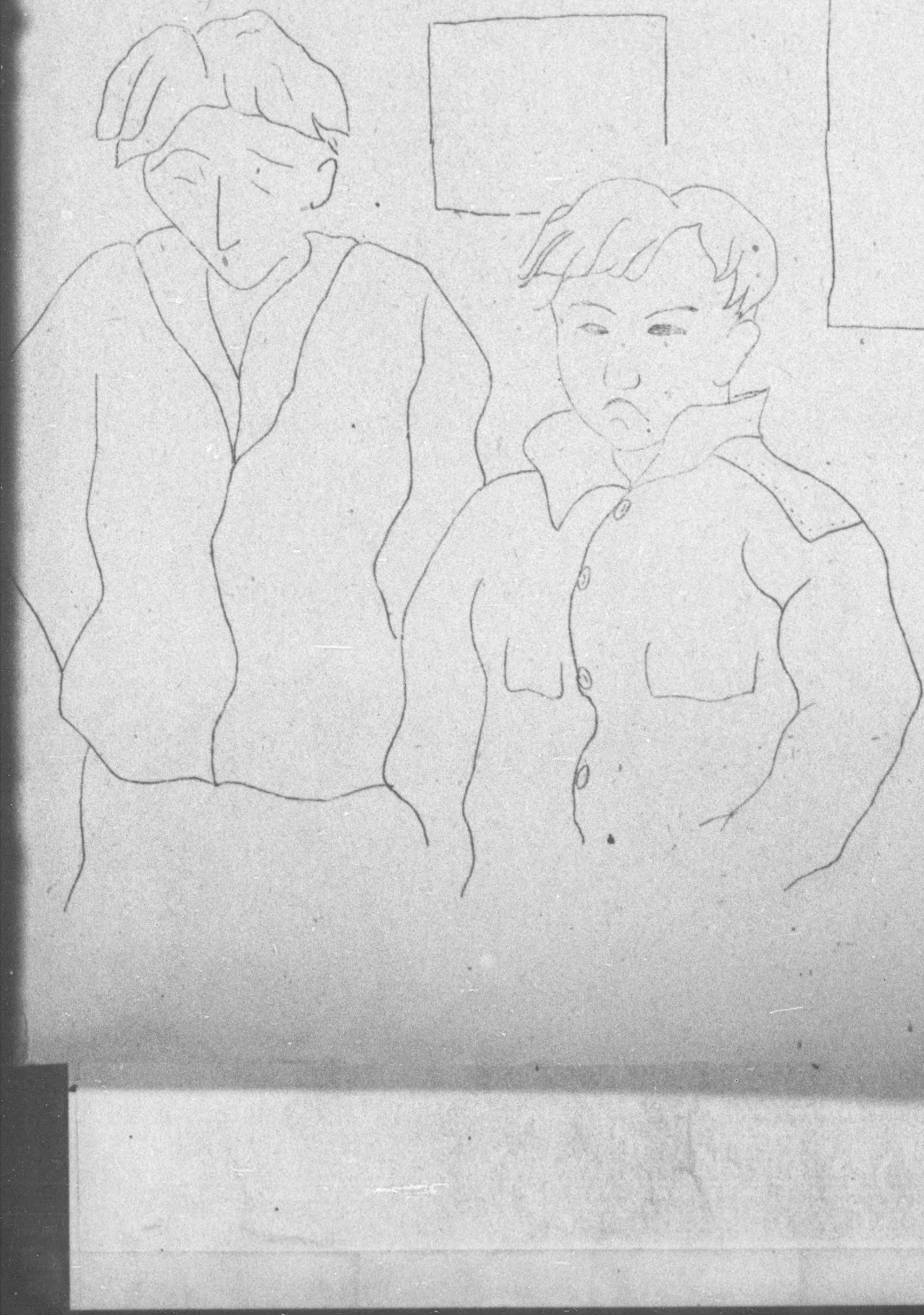

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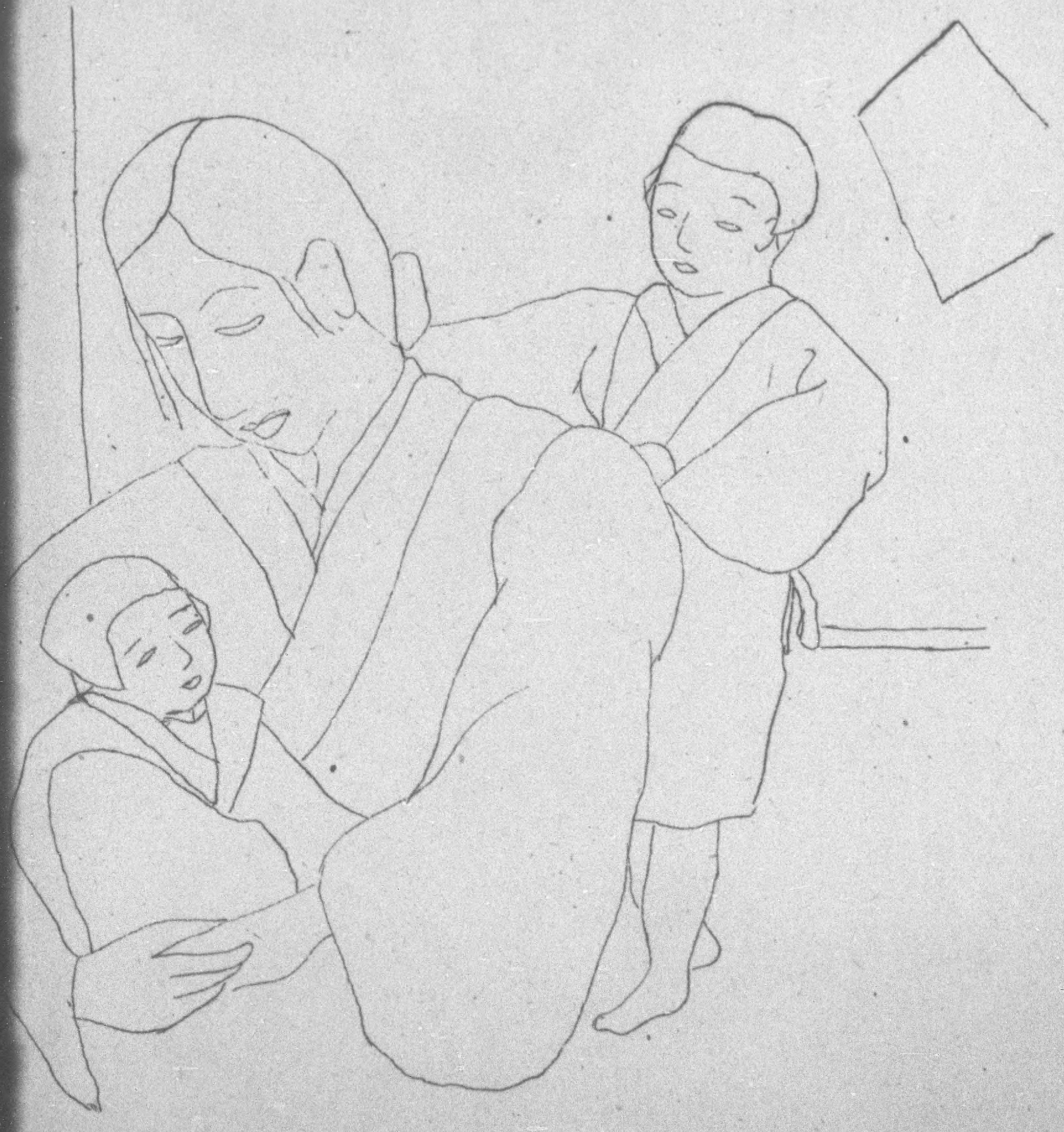

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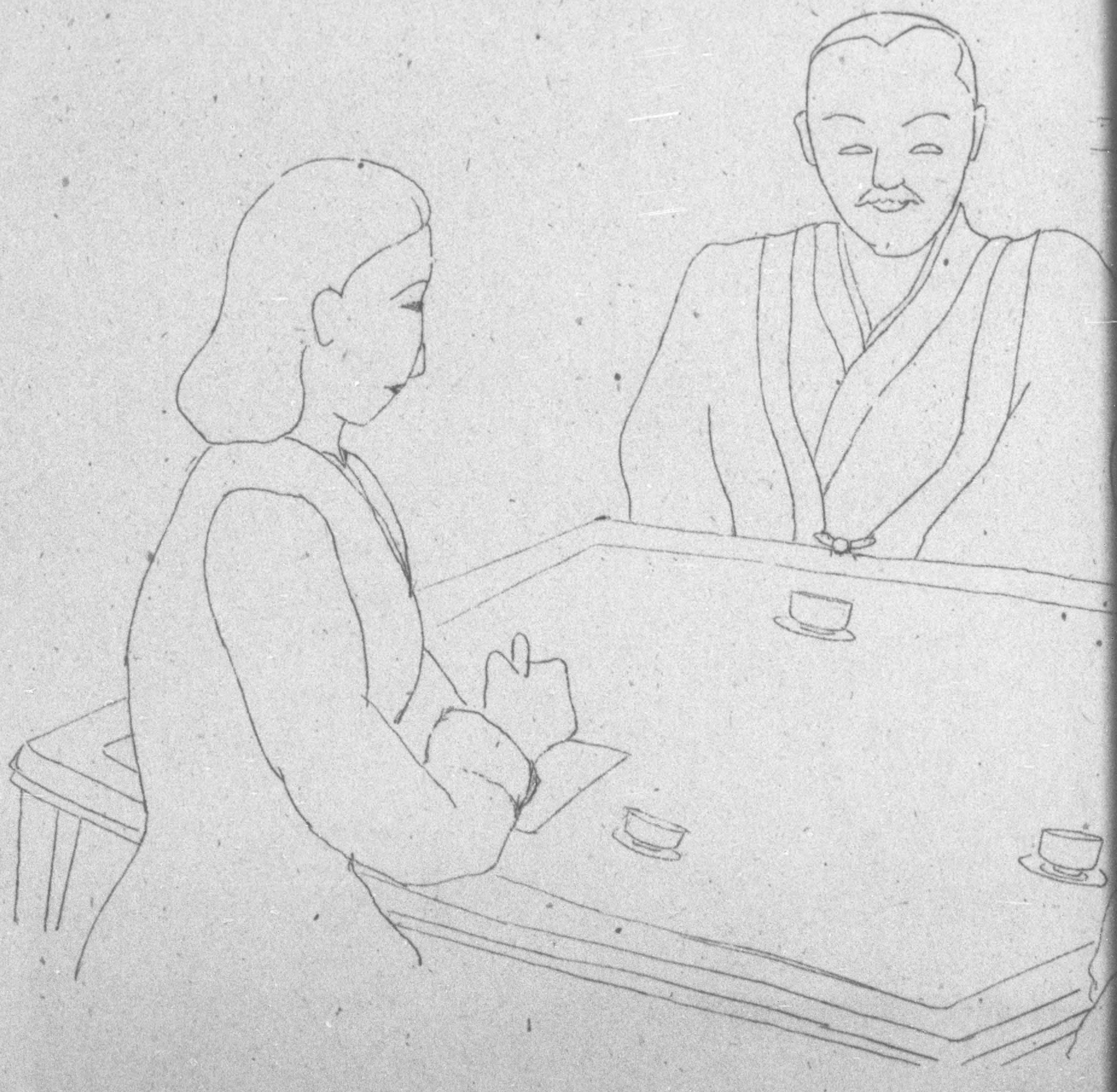

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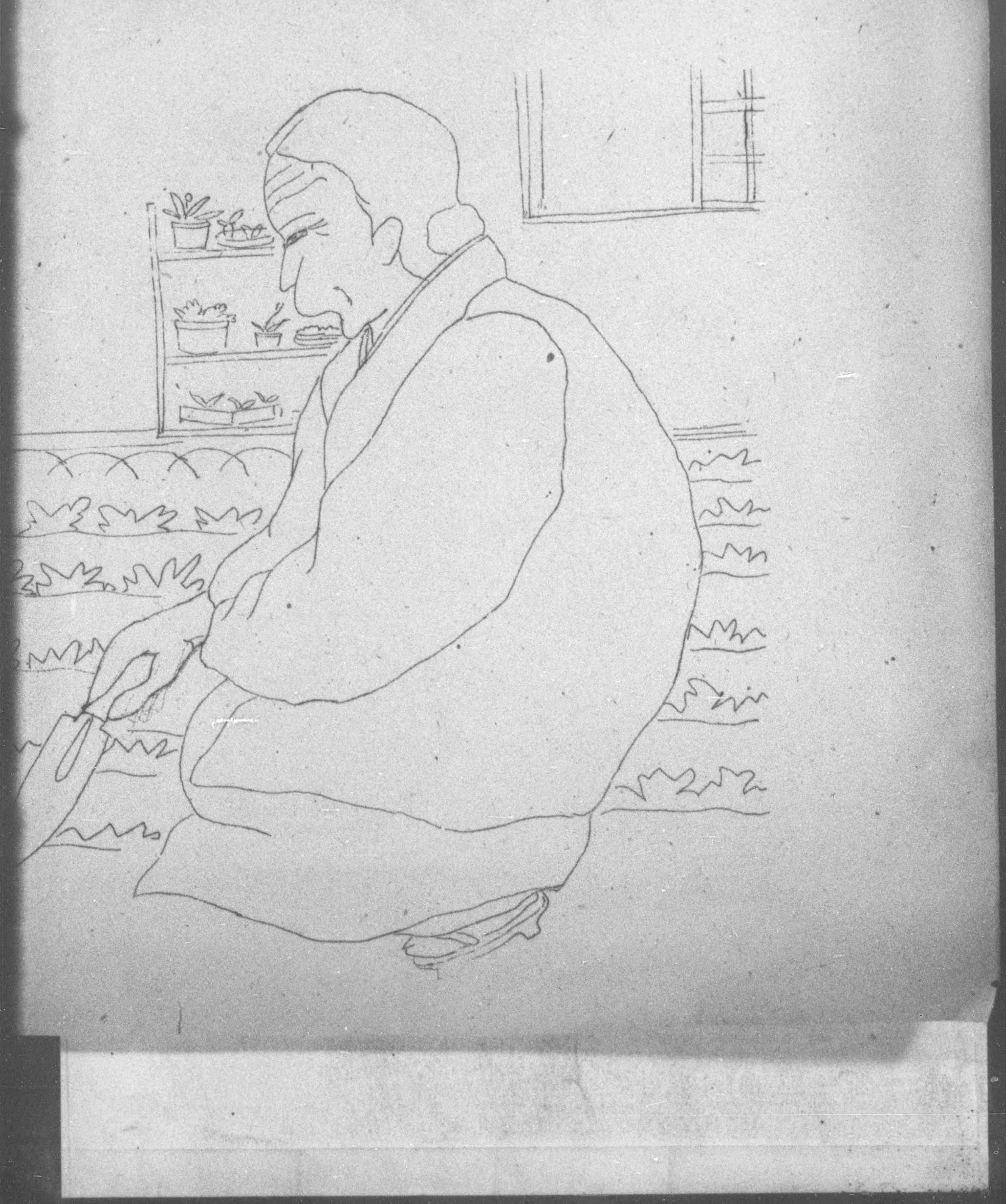

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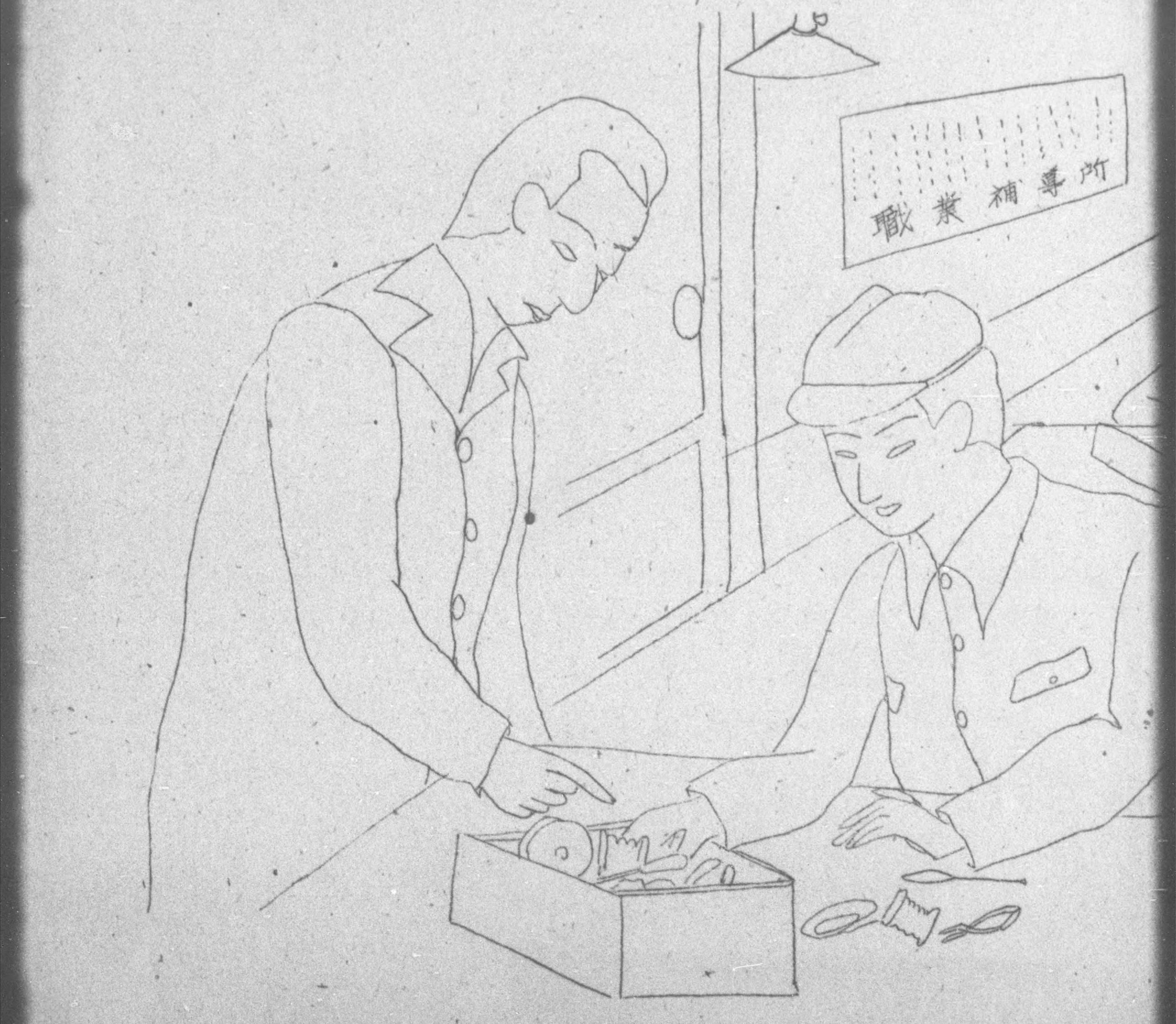

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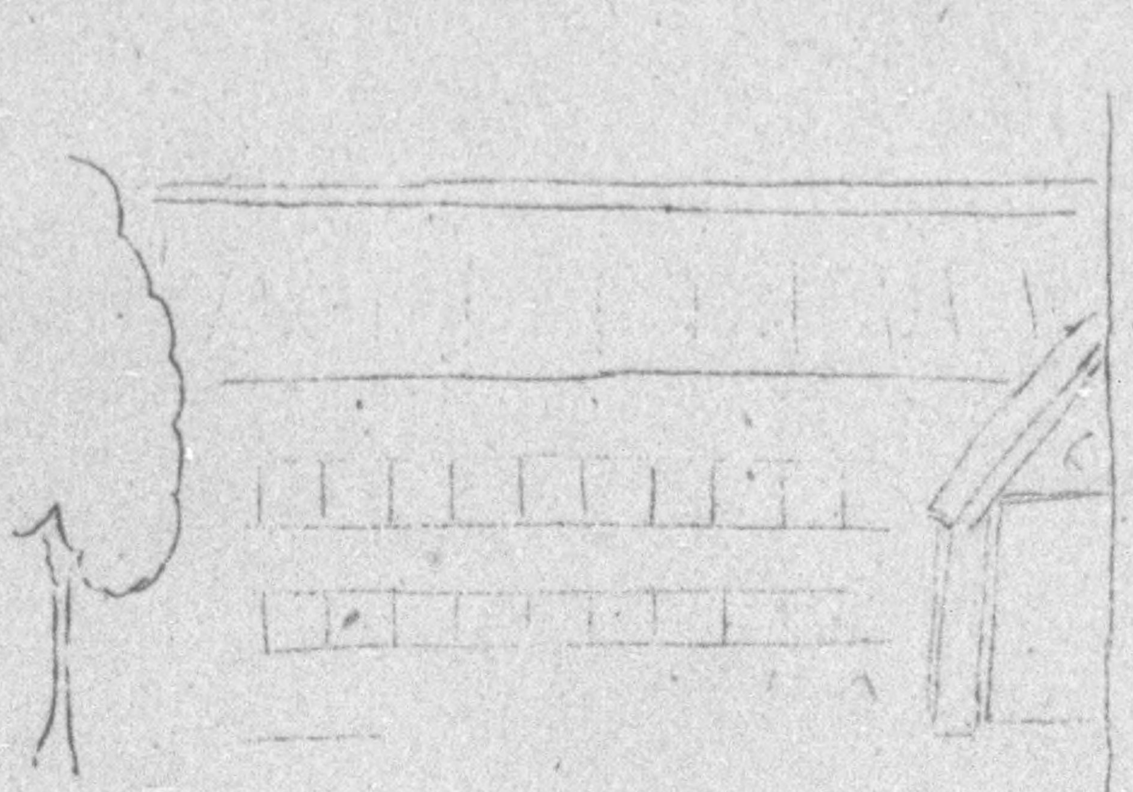

小学校

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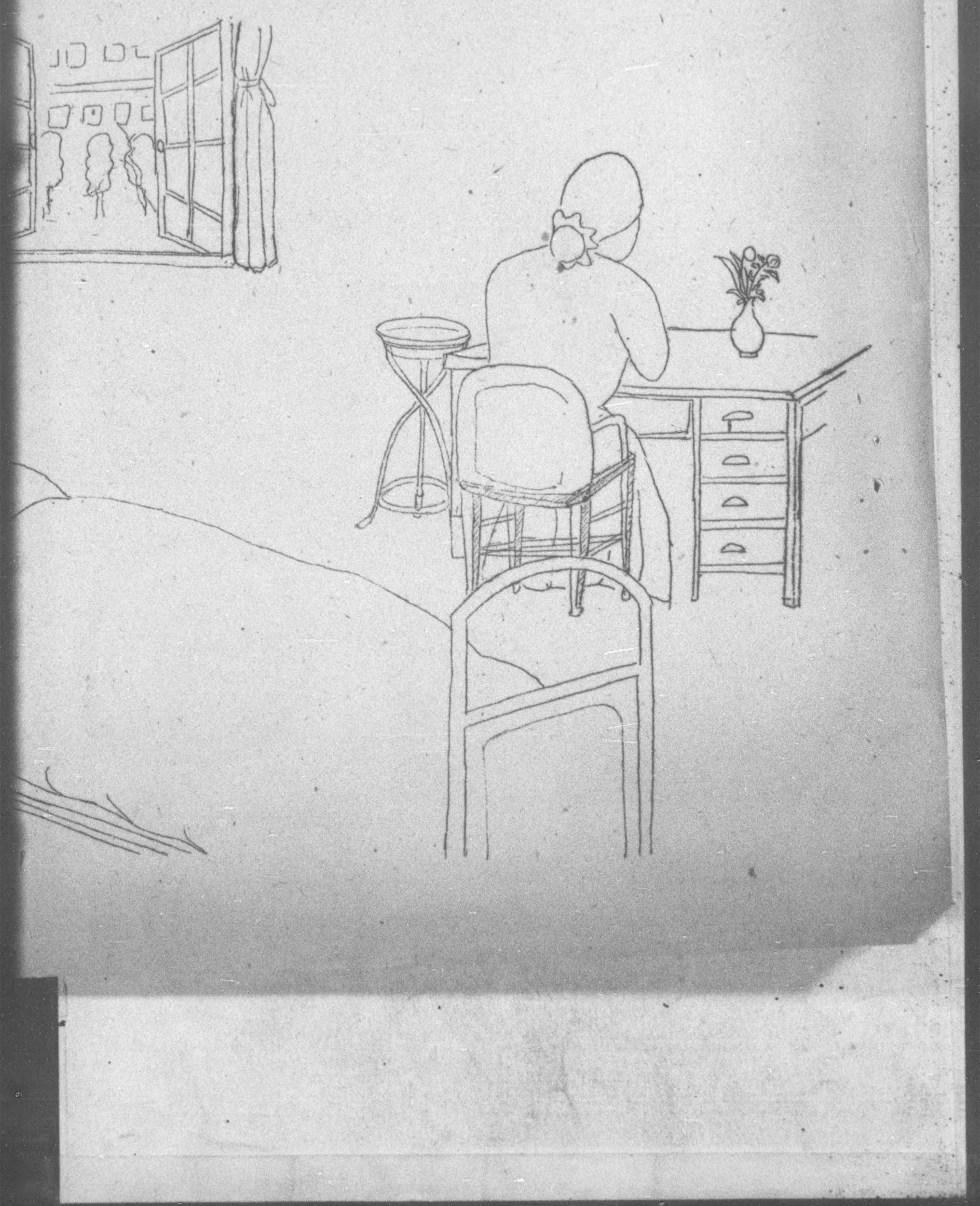

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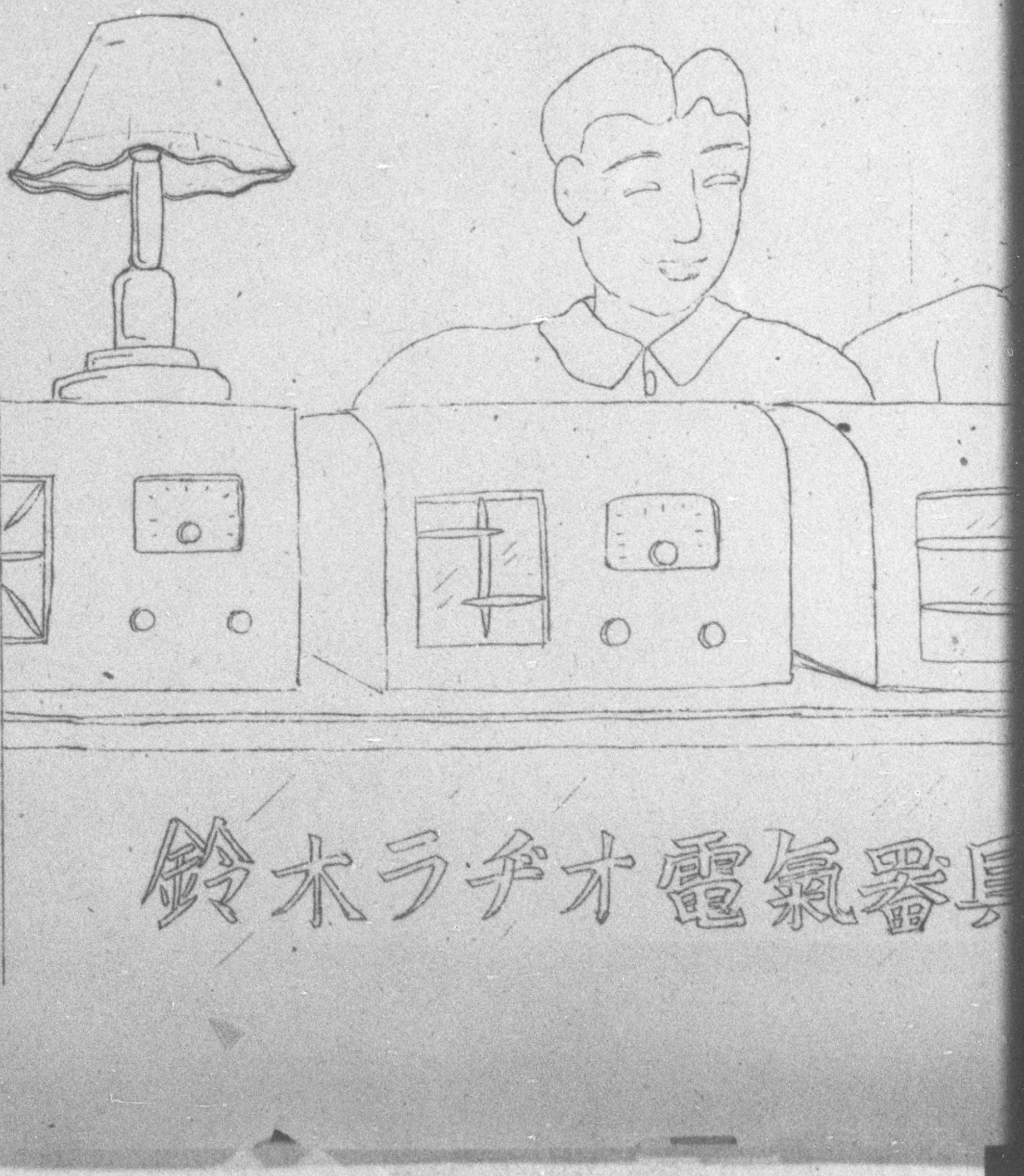

鈴木ラヂオ電氣器具

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ヂオ電氣器具の店

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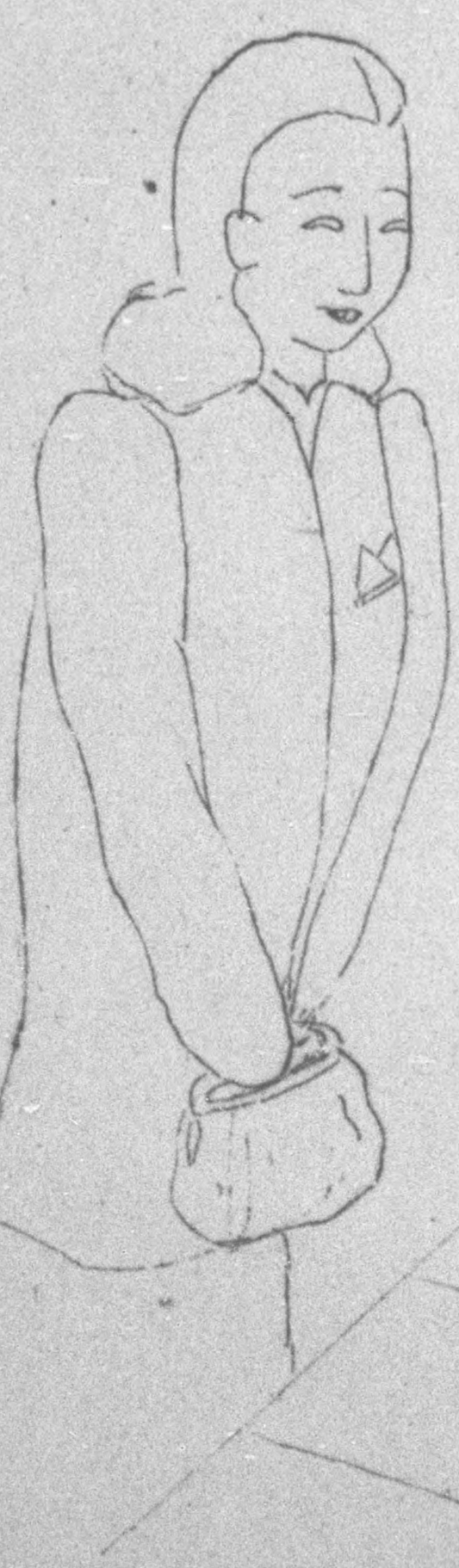

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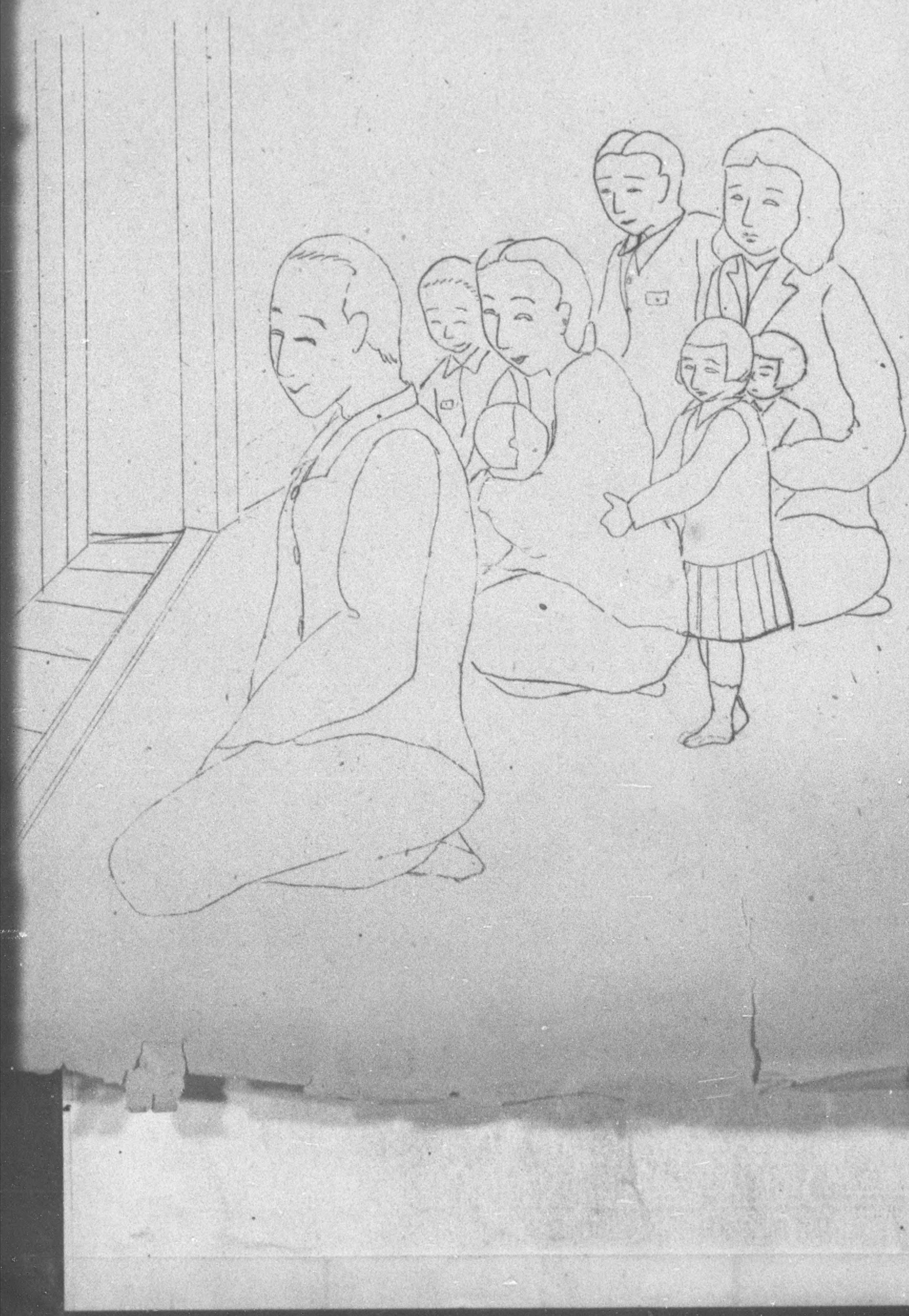

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NUTRITION SERVICES IN THE HEALTH CENTER

-EVP ARoD
3 October 1949

I. General

A nutrition service in common with other health programs has been set up in this Health Center. During the past year nutrition services in the Model Health Center has shown a gradual and encouraging improvement. The programs developed here can be used as a pattern for establishing others in similar organizations throughout Japan.

Several important nutrition functions have been added while the existing nutrition projects initiated at the inception of the Model Health Center have been somewhat expanded.

To fill the shortages of specially trained personnel, nutrition training courses for health center nutritionists and others, an important feature in the progra have been developed with the assistance of the Institute of Public Health.

These brief refresher courses will serve to augment the dietetic personnel. Students on completion of these nutrition courses have been assigned to health centers, so that at present there are approximately two nutritionists in each of the 46 model Centers. Health officials throughout Japan are encouraged to make every effort to avail themselves of these educational projects devised to train applicants in standard methods or techniques for successfully carrying out nutrition projects in Health Centers, hospitals and prefectural health departments.

The kind and number of nutrition services offered at Suginami Health Center are so arranged as to take care of as many as possible of the nutritional problems of the area.

These services have been established so as to educate the community and individuals in sound nutrition principles, develop well-rounded nutrition programs, with special attention to certain vulnerable population groups, such as pregnant and nursing mothers, infants, school children and industrial workers.

At present there are two nutritionists employed on the staff here in Suginami. This increase in nutrition personnel over that of last year has enabled the people of the district to have a more efficient nutrition service.

The schedule is a busy one but is so arranged that the nutritionists' services will be absorbed where the need is the greatest.

The nutrition Health Center schedule is as follows:

Monday through Saturday - Individual consultation or instruction is available to patients visiting the various clinics.

Monday and Friday - Special lectures and instruction in food and nutrition is given to tuberculosis patients. Public Health nurses visiting the homes of tuberculosis patients are also counselled on suitable diets for these patients.

Tuesday and Thursday - Nutrition activities include participation in the maternal and child health clinics. Lectures and demonstrations on food and diet are given to the expectant mothers, nursing mothers, as well as feedings and formula preparation for infants and children. Nutrition assistance is also given to anyone desiring information on any child feeding program.

Wednesday - Preparation and utilization of imported food items available on the current ration is given through active demonstrations of the preparations of these foods to the housewife or others of the Suginami Health Center district. Instruction for those responsible for school feeding are also conducted on this day.